Torbay and South Devon NHS Foundation Trust

Inspection report

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

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

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

Ratings

Overall rating for this trust	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good
Are resources used productively?	Good
Combined quality and resource rating	

Summary of findings

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

Background to the trust

Torbay and South Devon NHS Foundation Trust was established in October 2015 when the former South Devon Healthcare NHS Foundation Trust, and Torbay and Southern Devon Health and Care NHS Trust merged. The trust was the first integrated care organisation in England, bringing acute and community healthcare and social care together.

The trust provides a number of services across Torbay and South Devon. Most of these services are within the Teignbridge, Torbay and South Hams district areas. The trust's services cover a resident population of around 300,000 people, with around 100,000 visitors at any one time during the summer holiday season.

The hospital dates back to 1928. It was one of the first NHS Trusts established in 1991 and was authorised as one of the early NHS Foundation Trusts in 2007.

Facts and data

The trust has a total of 396 inpatient beds and an additional 154 day-case beds and 42 children's beds.

There are around 1,180 outpatient clinics and 60 community clinics held each week. The trust operates a high dependency and intensive care unit, runs 10 operating theatres, and has 34 medical and surgical inpatient wards.

The trust employs around 6,000 staff and has over 800 volunteers.

Patient numbers

Every year the trust sees in the region of:

- 500,000 people in their homes and communities
- 78,000 emergency department attendances
- 2,100 births

Financial position

For the financial year 2016/17, the trust's income was £401 million. At the end of the financial year the trust had a deficit of £11 million. The forecast for 2017/18 is for an income of £416 million and a surplus of £4.5 million. In 2018/19 the forecast is for £412 million income and a year-end surplus of £8.5 million.

Overall summary

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

What this trust does

The trust is an integrated care organisation providing a full range of acute, community, primary medical and social care services across Torbay and South Devon.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

Summary of findings

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

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

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

What we inspected and why

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

For this inspection we inspected five core services: acute maternity, acute outpatients, acute end of life care, community end of life and community children and young people.

At our comprehensive inspection in 2016 we found one core service to be inadequate (acute urgent and emergency services), and six core services which required improvement (acute medical care, acute end of life care, acute outpatients & diagnostic imaging, community children and young people, community inpatients and community end of life care). In 2017 we re-inspected acute urgent and emergency services and acute medical care and found significant improvements. Following that inspection these two core services were rated as good.

We undertook this inspection to check improvements had been made in other core services and to follow-up concerns in acute maternity following a number of stillbirths.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the trust leadership. Findings from this element of the inspection are reported under the heading 'Is this organisation well-led?'

What we found

Overall trust

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

- Effective, responsive and well-led were rated as good. Caring was rated as outstanding. Safe was rated as requires improvement.
- Acute maternity services were rated as requires improvement overall. Safe and well-led were both rated as requires improvement. Effective, caring and responsive were rated as good. We cannot compare maternity service ratings with previous inspections because our previous inspections also included gynaecology.
- Acute end of life care got better since our last inspection and was rated as good overall. Safe stayed the same and was rated as requires improvement. Effective, caring and responsive stayed the same and were rated as good. Well-led improved and was rated as good.
- Acute outpatients were rated as good overall. Effective was not rated. Caring, responsive and well-led were all rated as good. Safe was rated as requires improvement. We cannot compare acute outpatients ratings with previous inspections because our previous inspections also included diagnostic imaging.
- Community health services for children and young people got better since our last inspection and were rated as good overall. Safe, responsive and well-led all improved and were rated as good. Effective and caring stayed the same and were rated as good.

Summary of findings

- Community end of life care stayed the same since our last inspection and was rated as requires improvement. Safe, effective and well-led stayed the same and were rates as requires improvement. Caring and responsive stayed the same and were rated as good.

Are services safe?

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

- In maternity, not all staff had completed mandatory training, including safeguarding. Infection control policies and audits of medicines and equipment were not fully complied with. World Health Organisation (WHO) checklists were not audited and patient records for monitoring and recording deteriorating health were not consistent. However, staffing levels kept patients safe and there was a positive incident reporting culture.
- In acute end of life, comprehensive records of patients' care and treatment plans were not being kept and advanced care planning documentation was not being used. Not all medical staff had completed mandatory training, including safeguarding. Bottles used for holding cleaning chemicals were not always clearly marked with their contents and actions to take in case of accidental exposure. However, learning from incidents was implemented and do not attempt cardio-pulmonary resuscitation records were clear. Improvements had been made to the mortuary refrigerators following our previous inspection and medicines were managed well.
- In outpatients, the fracture clinic environment did not allow good infection prevention and control, or protect patient confidentiality. Not all staff were up-to-date with mandatory training, including safeguarding, and patient records were not always stored securely. However, there were comprehensive patient risk assessments and there was a positive incident reporting and learning culture.
- In community children and young people, most staff were up-to-date with mandatory training, and all staff were up-to-date with the appropriate level of safeguarding training. There was a positive incident reporting culture, and learning from incidents was evident. Records were clear and up-to-date, treatment areas were visibly clean and well-maintained, and there were sufficient staff to keep patients safe. However, the upkeep of premises varied and remote access to records was unreliable.
- In community end of life, not all staff were up-to-date with mandatory training and there were not always sufficient staff on duty to keep patients safe. Staff did not always have sufficient information available to them to treat patients according to their needs. However, staff were aware of their safeguarding responsibilities and took action where necessary. The prevention and control of cross-infection was managed well and medicines were managed safely.

Are services effective?

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

- In maternity, policies were aligned with national guidance and best practice, and a programme of audit was used to make improvements to services. Patients' pain levels were regularly reviewed and medicines were available to control pain. There was effective multidisciplinary working between professionals. However, the clinical dashboard did not match regional benchmarking standards and not all staff had an appraisal.
- In acute end of life, patients' needs were assessed, and care and treatment was delivered, in accordance with legislation, national standards and guidance. The service had access to mental health assessments 24 hours a day, seven days a week. Pain was well-controlled and healthy lifestyles were encouraged. However, pain records were limited, not all staff had an appraisal, and provision of seven-days did not meet national recommendations.
- In outpatients, care, treatment and support were delivered in line with legislation, standards and evidence-based guidelines. All relevant staff were involved in the planning and delivery of care and treatment, some clinics were run at weekends, and staff understood their responsibilities under the Mental Health and Mental Capacity Acts.

Summary of findings

- In community children and young people, care and treatment was based on national guidance, including specialist advice where appropriate. The effectiveness of care and treatment was monitored and audit findings were used to improve services. Staff received regular supervision and appraisals, and there was effective multidisciplinary working. However, although portable devices had been introduced, connectivity was unreliable so staff could not always readily access information they needed.
- In community end of life, mental capacity assessments and records were inconsistent and additional role-specific training was not always up-to-date. Clinical supervision was not consistent and participation in audits and benchmarking was limited. However, there was effective multidisciplinary working, pain was monitored and managed as needed, and nutrition and hydration of patients was well-managed.

Are services caring?

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

- In maternity, compassionate support was consistently provided to women, and those close to them. Results in CQC's maternity survey were better than most other trusts, and women felt fully involved in all aspects of their care.
- In acute end of life, patients were treated with kindness, respect, dignity and compassion. Patients were empowered and supported to manage their own health, care and wellbeing, and were partners in their care. Patients and those close to them received the emotional support they needed.
- In outpatients, staff took time to interact with patients in a personable, respectful and considerate way. Specialist nurses were available to support patients following bad news. Staff communicated with patients in a way that ensured they understood their care, treatment, condition and advice given. However, privacy and dignity in the fracture clinic was not maintained.
- In community children and young people, staff cared for patients with compassion. Emotional support was provided to patients to minimise distress, and aftercare support was provided for as long as was required. Patients and those close to them were involved with decisions affecting care and treatment.
- In community end of life, staff demonstrated compassion, understanding and empathy towards patients at the end of their life. Patients and their relatives or representatives were involved in care planning and clear information was provided to support decision-making.

Are services responsive?

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

- In maternity, services were planned and provided to meet the needs of local people. A bereavement suite was available for families, and staff felt competent and confident to support bereaved families. There were good access arrangements.
- In acute end of life, the palliative care team worked closely with the local hospice to ensure patients received a joined-up service. A chaplaincy team provided multi-faith spiritual support and the hospital chapel welcome people of all faiths, or of no faith. Patients living with dementia, mental health conditions or a learning disability had services available to support them, and the end of life care team was responsive to referrals from the wards. However, individualised care plans were not in use, not all patients received full assessments of their cultural, psychological and spiritual/religious needs, and not all patients were discharged promptly to their preferred place of death.
- In outpatients, services were provided to meet the needs of the population and were integrated with the trust's plans for integrated care. Work had been undertaken with other hospitals and commissioners across the wider healthcare system to better manage risks. Efficiencies had been made to improve the two-week wait process for patients with

cancer, and there was good access to support for patients with dementia, learning disabilities or mental health conditions. Most cancer targets were performing better than the national average, and complaints were handled well. However, the environment in physiotherapy was not responsive to patients' needs, and not all patients with suspected cancer were seen within two weeks from referral.

- In community children and young people, services reflected the needs of the local population and were flexible, enabled choice and promoted continuity of care. A restructure of the speech and language therapy service had delivered significant improvements, and changes had been made to improve access to services. However, waiting times for autistic spectrum disorder assessments was 12 months.
- In community end of life, services were planned to meet the needs of local people. The wishes of patients were considered and respected wherever possible, and specialist advice and guidance was available for patients with a learning disability or mental health condition.

Are services well-led?

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

- The trust's board was a team of exceptionally strong and capable directors who were well-respected by staff and stakeholders. Despite significant financial pressures, the board retained a strong focus on quality. Most staff told us the executive team were visible, accessible and approachable. There was a clear vision, which staff felt connected to. This was supported by a clear strategy. The trust had delivered an extremely challenging financial savings plan through strong leadership, strategy, and engagement. There was an open and honest culture. Staff were encouraged to raise concerns and they felt safe doing so. The trust had a number of innovative programmes designed to improve services. Quality improvement methodologies were being used to support a number of improvement projects, including the NHS Quicker smartphone application. However, the trust's process for meeting the Fit and Proper Persons regulation needed strengthening and the dispersed leadership model was not yet embedded and a number of areas were still quite hierarchical in processes and structures. Although leadership development programmes were available, these were not always clearly signposted to staff. There had been a lack of investment in the Freedom to Speak-up Guardians. Black and minority ethnic (BME) staff reported experiencing more incidents of harassment, bullying or abuse compared with their white colleagues. Governance structures were complicated and staff were not able to describe reporting and assurance processes easily. There was not a clear method of measuring and evidencing the successes of the care model. IT systems were nearing the end of their serviceable life, but there was no money available to upgrade them. Further work was required to strengthen learning from deaths processes.
- In maternity, midwifery staff felt disconnected from senior midwives and this was affecting the culture. There were no clear succession plans and governance systems were inconsistent. However, staff had been consulted with about future plans for services and continuous learning was promoted.
- In acute end of life, leaders were visible and approachable and staff felt well-supported. A clear statement of vision was supported by a strong strategy, which had delivered improvements since our previous inspection. There were clear governance processes, and the board had an up-to-date awareness of end of life care across the hospital. However, only a small amount of feedback had been collected from patients' families, or those close to them.
- In outpatients, managers were visible, approachable and compassionate towards staff. There were clear plans to develop and ensure sustainable management of services and a clear strategy underpinned this. There were clear processes to escalate concerns and disseminate information and strong partnership working had been developed with other organisations in Devon. However, governance processes did not sufficiently address the risks to patients in the fracture clinic, and records were not always stored securely.

Summary of findings

- In community children and young people, effective and professional leadership encouraged and supported the delivery of person-centred care. Staff were kept well-informed of issues that may affect the service, and they felt well-supported by managers. There was a positive culture and staff were supported to discuss new ideas and make suggestions for improvements. However, some staff felt the board members were not particularly visible in the community and there were a lack of formal engagement and feedback processes to gain the views of children.
- In community end of life, there was no systematic approach to monitoring and improving the quality of the services. The governance processes in place were managed by the trust-wide end of life care service. Staff in the community were not fully aware of these organisational processes. Actions were not always taken promptly to address risks to the service, for example equipment not functioning as intended.
- However, there was an end of life strategy and integrated services were working well in collaboration. Staff were encouraged to report incidents and action was taken to investigate and learn from these.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in maternity, outpatients, community end of life, community children and young people, and trust-wide well-led. For more information, see the 'Outstanding practice' section of this report.

Areas for improvement

We found areas for improvement, including breaches of seven regulations, which the trust must put right. For more information, see the 'Areas for improvement' section of this report.

Action we have taken

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

For more information on action we have taken, see the 'Ares for improvement' and the 'Regulatory action' sections of this report.

What happens next

We will make sure 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

Maternity

- Staff in maternity told us they regularly offered placements to paramedics. With permission from women, paramedics observed births and were also invited to attend the emergency skills and drills staff training. Staff told us they had received very positive feedback from paramedics who had previously completed placements.

Outpatients

Summary of findings

- The consistent level of compassionate care and support that was provided in the busy outpatients department. Integration of services and patient pathways with other organisations to ensure an efficient and responsive service. The use of a multidisciplinary team approach to patient care both in the hospital, the community, and other acute hospitals.
- The management team's involvement with, and dedication to, the objectives and strategic direction of the South Devon Integrated Health Organisation strategy. This included working well with commissioners and GPs.
- The culture of service line improvement and development was demonstrated through the multiple projects and innovative changes to patient pathways.

Community end of life

- Staff worked well as multi-disciplinary teams with colleagues within the trust and with external organisations. This provided patients with an effective and responsive service to ensure their care and treatment needs were met promptly.
- Staff were consistently kind, caring and compassionate when delivering end of life care and treatment. The patients' wishes and preferences were a priority. We saw examples of when staff went above and beyond to respond to requests. For example, visiting a supermarket to purchase specified food for patients and accommodating alternative therapies.

Community children and young people

- The use of social media and videos by various services to support and inform families and encourage the sharing of parental experiences.
- The examples of multi-disciplinary practice working between different therapies and professions.
- The leadership of the speech and language therapy service.

Trust-wide well-led

- The trust was using real-time feedback from patients to inform wards about areas that needed improving. This allowed prompt action to be taken to improve the experience of patients.
- An external audit of freedom to speak-up and duty of candour had been completed.
- The trust had introduced equality and diversity guardians who acted as a point of contact for staff wishing to raise equality and diversity concerns, for example discrimination.
- Acceptable behaviour champions had been introduced to provide a 'listening ear' to any staff who felt they had experienced or seen unacceptable behaviour. The champions were then able to signpost staff to support systems.
- The trust, and a local university, had developed a smartphone application called NHS Quicker, which anyone with a smartphone was able to download. This provided real-time service information, for example travel and wait times for the MIUs and emergency department, as well as other useful information such as details for pharmacies, GPs, opticians, and dentists.
- The use of video-conferencing across the trust, and linked in with GPs and care homes, provided a sustainable and effective method of communication across the area without the need for excessive travel. It was also used to enable remote consultations in care homes, preventing unnecessary journeys for patients.

Summary of findings

Areas for improvement

Action the trust MUST take to improve:

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

In acute maternity services:

- Ensure that all maternity staff have in date mandatory training.
- Review systems and processes to ensure equipment has had the correct safety checks and audits, with particular reference to resuscitaires.
- Review systems and processes to ensure medicines have the correct safety checks and audits and that midwives are following the correct guidance when storing medicines out of fridges.
- Ensure maternal early obstetric warning score (MEOWS) assessments are completed and used effectively in line with all policies related to monitoring deterioration, and post-operatively.
- The lead midwife for safeguarding and the nominated individual for safeguarding for the trust should have the correct level of training to comply with national recommendations.

In acute end of life care:

- Ensure care planning documentation is used consistently to assess and plan the needs of palliative care and end of life patients.

In acute outpatients:

- Ensure that trust targets are met for the completion of mandatory training updates for both medical staff and nursing staff in the outpatients service.
- Ensure that trust targets are met for the completion of safeguarding updates for both medical staff and nursing staff in the outpatients service.
- Ensure that the renovations for the fracture clinic continue as planned and are not delayed to address the risks identified around infection prevention and control, the environment, and privacy and dignity.

In community end of life care:

- Ensure the Mental Capacity Act 2005 is complied with.

Action the trust SHOULD take to improve:

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

For the overall trust:

- Ensure the processes for meeting the Fit and Proper Persons regulation are strengthened.
- Further develop the Freedom to Speak-up Guardians network and consider introducing a lead guardian to provide leadership to, and oversight of, the guardians.
- Continue working with the Workforce Race Equality Standards action plan to ensure equality across all groups of staff.
- Review the governance structures and processes with a view to simplifying these and ensuring all quality-related issues are overseen by the Quality Assurance Committee.

Summary of findings

- Review how evidence of success in the care model is collected and reported.
- Introduce a standard agenda for mortality and morbidity meetings, and ensure actions from these are clearly tracked.
- Identify the responsible director for risks on the corporate risk register.
- Ensure sufficient capital investment is made to protect the quality of services, particularly in relation to the significant risks on the Board Assurance Framework and corporate risk register.
- Continue to develop and strengthen the processes for learning from deaths.

In acute maternity services:

- Ensure processes are effective and able to confirm when equipment has been cleaned and is ready for patient use.
- Review potential infection control risks moving equipment from the delivery suite to theatre
- Provide curtains at windows in all birth rooms on the delivery suite windows to promote the privacy and dignity of women using the rooms
- Review policy to ensure national recommendations for safe anaesthetic care and recovery is met. These guidelines state that any staff responsible for supporting patients with obstetric anaesthetic recovery must be trained and competent to the same level as other surgical recovery staff. In addition, the clinical area in which this is done (the delivery suite) must be to the same standards as used within general (surgical) recovery.
- Update patient group directions and communicate changes throughout the maternity service.
- Review the local clinical dashboard to ensure parameters match benchmarks set by the south west region and take account of updated policy and guidance
- Ensure that all staff are supported to have an annual appraisal.
- Continue with actions already identified to address midwives not feeling fully supported by senior staff (specialist role midwife and above). This should include the role and scope of senior staff rostered onto the escalation rota.
- Review and develop succession plans for maternity posts to maintain the continuity of the service if staff posts become unexpectedly vacant.
- Review the governance processes currently in place to ensure all governance risk and safety information and actions are fully effective including what and how information is shared with others.
- Review the processes used to investigate serious incidents to increase the level of scrutiny and interrogation of information.
- Increase the range of maternity specific resources to support communication and inclusion of women with a learning disability

In acute end of life care:

- Improve the ward day rooms to ensure they are appropriate for patients living with dementia, and ensure resources for patients living with dementia are used consistently.
- Ensure all staff receive an annual appraisal.
- Consider ways of improving the way tools are used to register and record pain of patients at the end of their life.
- Make sure all patients at the end of their life have their cultural, psychological and/or spiritual/religious needs fully assessed.

Summary of findings

- All patient risk assessment documents should be fully completed to make sure all risks are identified and actions put in place to eliminate or minimise these.
- Make sure all chemicals used for cleaning in the mortuary are in appropriately labelled bottles with information data sheets completed and accessible to staff.
- Hand gel/ sanitisers should be filled and available for use by staff and visitors in the mortuary, especially in the entrance hall.
- Ensure all nursing and medical staff are up to date with the appropriate level of safeguarding training for their roles.
- Look at ways of introducing seven day services for palliative care in accordance with the recommendations of the Royal College of Physicians.
- Review the funding of care packages to allow end of life care patients to be discharged to their preferred place of care more quickly.

In acute outpatients:

- Safeguard all patient records in the fracture clinic and ophthalmology and store these securely at all times.
- Localised incident information should be available to the managers in main outpatients.
- Complete and clearly document the completion of weekly managers' medicine checks.
- Involve patients more comprehensively in the evaluation of the outpatients service to drive improvement in a patient focused way.
- Improve appraisal rates for staff working in outpatients to meet the trust's target of 90%.

In community end of life care:

- Review documentation and care plan records to reflect the personalised and individualised care needs of the patient.
- Continue to review staffing levels across wards and teams.
- Continue to develop systems to ensure all staff who provide end of life care in community settings are up-to-date with their mandatory and essential training.
- Explore the opportunities for increasing feedback from patients and relatives to help develop and improve services.
- Take prompt action to manage and reduce risks reported on the risk register.
- Develop the systems in place to assess the service provided in order to measure quality outcomes for patients who receive end of life care in the community settings.

In community children and young people:

- Consider improving the opportunities and processes for obtaining feedback from children in community services.
- Consider providing a complaints process for children that is easily understood and accessible.
- Continue developing plans to reduce the waiting times for autistic spectrum disorder assessments.
- Ensure lone working assessments are completed across all the community children's teams.
- Ensure staff compliance with mandatory and safeguarding training in community children's services meets the trust's targets in all subjects

Summary of findings

Is this organisation well-led?

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

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

- There was an exceptionally strong and capable board of directors. This was particularly evident in the strong leadership that continued in the absence of the Chief Executive. The board were well-respected by staff, and they worked constructively together to ensure good challenge took place around quality and finances.
- Despite significant financial pressures, the board retained a strong focus on quality. Although we did find some areas where quality had been impacted by a lack of available capital funds, these areas had been risk-assessed and prioritised and money was allocated in priority order until the budget had been used.
- The quality of care across the integrated organisation was well-understood, and challenges to maintaining quality were recognised and discussed in sufficient detail to allow plans to be made to address these. The trust's integrated performance report included the information required for the board to understand how the trust was performing across a broad range of metrics, including staffing issues, finances, performance standards, complaints, incidents and audits.
- Generally, staff felt well-supported by managers and senior leaders in the trust. Most staff told us the executive team were visible, accessible and approachable, although some community staff felt visibility could be improved. The board were undertaking a number of exercises to increase visibility, including staff meetings, walk-rounds and 'back to the floor' shifts.
- There was a clear vision, which staff connected to. This was supported by a clear strategy, which a number of staff and managers had been involved with developing. The integrated care organisation felt more connected than it had at our last inspection, and this was reflected in staff feedback. The strategy was about to be refreshed and work was ongoing to engage with staff as part of this.
- The trust had delivered an extremely challenging financial savings plan through strong leadership, strategy, and engagement. Working closely with partners across the Devon Sustainability and Transformation Plan (STP), and initiating a 'call to action' internally, the trust was on target to save £40 million in the financial year. However, this did come with some significant impacts on capital investment, resulting in a number of high risk areas not having money to improve.
- There was an open and honest culture, and staff felt they were kept well-informed about changes that affected them. Staff were encouraged to raise concerns and they felt safe doing so. A 'see something, say something' campaign had helped to promote this, and the introduction of a number of Freedom to Speak-up Guardians and Champions gave staff another way to raise concerns. An external audit of freedom to speak-up and duty of candour had been completed and was mostly positive.
- The trust had introduced equality and diversity guardians who acted as a point of contact for staff wishing to raise equality and diversity concerns, for example discrimination.
- Acceptable behaviour champions had been introduced to provide a 'listening ear' to any staff who felt they had experienced or seen unacceptable behaviour. The champions were then able to signpost staff to support systems.

Summary of findings

- Complaints and incidents were well-managed, with a clear focus on improvement and sharing learning. Response letters were mostly of a good standard, although did not always address the complainant's concerns.
- Minutes of meetings, including board and committee meetings, were adequately detailed and shared with relevant groups and individuals. Representation at meetings was appropriate to allow sufficient discussion, and constructive challenge was promoted and recorded. Action trackers were generally used and regularly reviewed, although this was not always the case in all services.
- Governors sat as observers on the board sub-committees and completed feedback forms following these to provide a level of assurance to the board that the sub-committees were functioning well.
- The risks on the Board Assurance Framework and corporate risk register aligned with the risks the executive team and senior leaders spoke of. There was regular discussion, review and challenge to ensure the risks were correctly understood and being managed appropriately.
- There was a clear programme of engagement, which included stakeholders, patients, governors, staff and other interested parties. The trust was actively involved with the Devon Sustainability and Transformation Plan (STP) and was undertaking an engagement exercise with carers across Torbay. Governors were well-engaged, as were staff, and a new staff engagement strategy was designed to improve this further.
- The trust was using real-time feedback from patients to inform wards about areas that needed improving. This allowed prompt action to be taken to improve the experience of patients.
- The trust had a number of innovative programmes designed to improve services. Quality improvement methodologies were being used to support a number of improvement projects, including the NHS Quicker smartphone application. The use of video-conferencing across the trust, and linked in with GPs and care homes, provided a sustainable and effective method of communication across the area without the need for excessive travel.

However:

- The trust's process for meeting the Fit and Proper Persons regulation needed strengthening to ensure evidence was available for all directors, and kept under regular review, or updated as needed.
- The trust's dispersed leadership model was not yet embedded and a number of areas were still quite hierarchical in processes and structures.
- Although leadership development programmes were available, these were not always clearly signposted to staff.
- Development of the Freedom to Speak-up Guardians could have been strengthened. Not all the guardians had undertaken the national training programme, and none of the guardians had attended a recent national conference. Some guardians felt under-valued and spoke of varying responses from different board members when concerns were raised.
- Black and minority ethnic (BME) staff reported experiencing more incidents of harassment, bullying or abuse compared with their white colleagues. Fewer BME staff felt there were equal opportunities for career progression or promotion, and more BME staff reported they had experienced discrimination at work.
- Governance structures were complicated and staff were not able to describe reporting and assurance processes easily. It was not clear how the Quality Assurance Committee were sighted on appropriate quality-related issues, and we were not assured the board were therefore appropriately briefed on all quality concerns. However, the trust recognised these concerns and were reviewing the structures.
- Regular reporting of the new care model metrics to the board could have been strengthened. Information did not always adequately capture outcomes in a way that could be attributed to changes in the care model, and impact assessments following changes were not always completed in a timely way.

Summary of findings

- Mortality and morbidity meetings did not follow standard agendas and action trackers were not being used to ensure actions were being completed.
- It was not clear who was responsible for managing risks on the corporate risk register. Recorded risks were allocated to directorates and did not have responsible directors identified on the corporate risk register we were provided. The trust subsequently advised this was recorded on the electronic system, but we did not see evidence of this.
- Some important IT systems, for example the patient administration system, were nearing the end of their serviceable life, but there was no money available to upgrade them. This was a serious concern and was a major risk identified on the trust's risk register. Different systems were used across the trust and these did not always communicate with each other, meaning information was not always easily available for staff and audit teams.
- Although the trust had made progress to implement new processes to support learning from deaths, further work was required to improve these to meet all the national recommendations.

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 2018	Good ↑ May 2018	Outstanding ➔➔ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018

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

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ➔➔ May 2018	Good ↑ May 2018	Good ➔➔ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018
Community	Requires improvement ➔➔ May 2018	Good ➔➔ May 2018	Outstanding ➔➔ May 2018	Good ➔➔ May 2018	Requires improvement ➔➔ May 2018	Requires improvement ➔➔ May 2018
Mental health	Requires improvement Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Ambulance	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
Overall trust	Requires improvement ➔➔ May 2018	Good ↑ May 2018	Outstanding ➔➔ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Torbay Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017
Medical care (including older people's care)	Requires improvement Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017
Surgery	Good Jun 2016	Good Jun 2016	Good Jun 2016	Requires improvement Jun 2016	Good Jun 2016	Good Jun 2016
Critical care	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Maternity	Requires improvement May 2018	Good May 2018	Good May 2018	Good May 2018	Requires improvement May 2018	Requires improvement May 2018
Services for children and young people	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
End of life care	Requires improvement ➔➔ May 2018	Good ➔➔ May 2018	Good ➔➔ May 2018	Good ➔➔ May 2018	Good ↑ May 2018	Good ↑ May 2018
Outpatients	Requires improvement May 2018	Not rated	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Overall*	Requires improvement ➔➔ May 2018	Good ↑ May 2018	Good ➔➔ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
Community health services for children and young people	Good ↑ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018
Community health inpatient services	Requires improvement Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Requires improvement Jun 2016	Requires improvement Jun 2016
Community end of life care	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018
Community dental services	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016	Good Jun 2016	Outstanding Jun 2016
Urgent care	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Overall*	Requires improvement ↔ May 2018	Good ↔ May 2018	Outstanding ↔ May 2018	Good ↔ May 2018	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018

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

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	N/A	N/A	N/A	N/A	N/A	N/A
Child and adolescent mental health services	Requires improvement Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Overall	Requires improvement Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016

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

Ratings for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
Overall	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016

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

Ratings for adult social care services

	Safe	Effective	Caring	Responsive	Well-led	Overall
St Edmunds	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018

Torbay Hospital

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Key facts and figures

For a summary of the key facts and figures, see the 'Background to the trust' section of this report.

Summary of services at Torbay Hospital

Good ↑

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

For a summary of our findings, see the 'What we found' section of this report.

Maternity

Requires improvement

Key facts and figures

We completed an unannounced inspection of the maternity services at Torbay and South Devon NHS Foundation Trust as part of the new phase inspection methodology on the 13, 14 and 15 of February 2018.

Maternity care provided by Torbay and South Devon is managed centrally by the Women's Health Unit at Torbay Hospital. The trust provides a range of antenatal, intrapartum and postnatal maternity services which was available dependent upon assessment of individual risks, needs and personal choice.

A consultant led service was provided at Torbay hospital for women whose preference was to deliver in the hospital or for women who were assessed as having increased risks. The hospital maternity services included antenatal clinics (midwife and consultant led) and a day assessment unit for women who required extra tests and/or surveillance without the need for admission. Other maternity services included: screening, ultrasound, fertility and early pregnancy clinics.

The delivery suite has eight birthing rooms, one of which has a birthing pool. Close by is the Mary Delve suite reserved for use by bereaved parents. There is one obstetric operating theatre within the surgical services which is located next to the delivery suite. Other theatres could be utilised in the event of emergency. John McPherson ward has 20 beds and was available for women requiring admission for ante and postnatal care. The ward has seven individual en suite side rooms and three, four and six bedded bays with shared bathroom facilities.

Women assessed as having low risks had the option to deliver in the Whitelake unit, 'freestanding' (no medical staff) midwife-led birthing centre located at Newton Abbot Hospital. Whitelake has two delivery rooms, both en-suite, one of which also has a birthing pool. There were five community midwifery teams:

- Coastal - based in Paignton
- Riviera - based at Torbay maternity unit
- Templar - based at Teignmouth Children's Centre
- Torview - based at Newton Abbot Hospital
- Waterside - based at Brixham hospital

These teams provided ante and postnatal care and supported with home births for those women assessed as having low risks.

From July 2016 to June 2017 there were 2,068 births and from July 2017 to the end of January 2018 there were 1343 births. All of these births had been supported by Torbay and South Devon NHS Foundation Trust maternity services.

During this inspection we spoke with 10 women to ask their opinion of the treatment and care they had received. We spoke to 49 staff including: consultant obstetrician, anaesthetists and a psychiatrist and obstetric and anaesthetic registrars, junior medical staff, midwives of all levels working in the hospital and community including senior and specialist midwives and student midwives, perinatal mental health staff including the service manager and occupational therapist, theatre staff including specialist practitioner and scrub nurses, reception and domestic staff. We reviewed 20 patient records and toured all areas of the maternity service at Torbay hospital and Whitelake birthing centre at Newton Abbot Hospital. We observed one maternity staff handover meeting, attended one multi-professional seminar and attended two meetings related to maternity risks and governance.

Maternity

Summary of this service

The Care Quality Commission last inspected the maternity service as part of a maternity and gynaecology inspection, the report being published in June 2016. The rating for maternity and gynaecology service was good overall. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated this service as requires improvement because:

- Not all maternity staff had completed mandatory training including for safeguarding. We were concerned that the lead midwife for safeguarding and one of the midwifery matrons who was the nominated individual for safeguarding for the trust had only completed safeguarding training to level three. This did not comply with national recommendations.
- Throughout the maternity services, improvements were required to demonstrate that infection control policy and audits of medicines and equipment was fully complied with.
- There was inconsistency in records to demonstrate all policy and documentation had been completed regarding women's risks of deterioration, particularly with the use of maternal early obstetric warning score (MEOWS) assessments. The use of MEOWS was also significant with regard to post-operative care and supporting women with known high (level two) medical care needs.
- Many of the midwifery staff we spoke with about culture, leadership and support described a feeling of disconnection between senior midwives (in specialist roles and above) and others. This had led to midwives reporting they did not always feel fully valued and supported.
- There was inconsistency in how some governance information had been reviewed, managed and disseminated. Learning from a review of still births during 2017 had been given priority and was understood by all staff. Other governance information was less well managed and shared. This included the maintenance of a quality dashboard and how information was used to inform ongoing safety and quality performance issues.
- There was no audit evidence to confirm the World Health Organisation (WHO) surgical safety checklist had been completed with all obstetric surgeries.
- The majority of serious incidents which had required a root cause analysis (in depth) investigation had been completed by one or two people with no external review processes built in. This meant there was less opportunity for debate and challenge and controls on any bias.

However:

- The mandatory emergency multidisciplinary obstetric skills and drills training (PROMPT- PRactical Obstetric Multi-Professional Training) was valued by staff. Staff confirmed paramedic staff were invited to complete placements on the delivery suite and to attend the PROMPT. Paramedic staff valued the learning and experience which supported their emergency response roles.
- There was evidence of established positive and effective multidisciplinary working within the maternity service. Midwives, midwifery healthcare assistants, doctors and sonographers all reported constructive multidisciplinary working. Staff said relationships were supportive and communication was open and honest. Midwives told us they felt valued and respected by medical staff.

Maternity

- All maternity staff had the skills and competencies to work in all areas of clinical practice in the hospital or community. The midwives worked as part of an established, integrated system which supported the maintenance and development of clinical skills. Apart from a small number of core staff, the majority of midwives were rostered to work where it was anticipated patient needs would be highest within the community or hospital.

Is the service safe?

Requires improvement

We rated safe as requires improvement because:

- Not all maternity staff had completed mandatory training including for safeguarding.
- The lead midwife for safeguarding and one of the midwifery matrons who was the nominated individual for safeguarding for the trust had only completed safeguarding training to level three. This did not comply with national recommendations.
- Throughout the maternity services, improvements were required to demonstrate that infection control policy had been fully complied with.
- Improvements were required to demonstrate all safety audits of medicines had been completed and policy fully complied with.
- Improvements were required to ensure midwives clearly understood the scope of their practice in relation to Patient Group Directions for medicines used in the maternity service
- Improvements were required to demonstrate all safety audits of equipment had been completed and policy fully complied with.
- There was no audit evidence to confirm the World Health Organisation (WHO) surgical safety checklist had been completed with all obstetric surgeries.
- Records that documented deterioration in health were not consistent. Particularly the use of maternal early obstetric warning score (MEOWS) assessments. The use of MEOWS was also significant with regard to post-operative care and supporting women with known high medical care needs.

However:

- There were safe levels of midwifery and medical staff available to meet and respond to women's needs 24 hours a day, seven days per week.
- There was a positive culture of incident reporting and systems in place to review for incident trends and provide feedback and learning to staff.
- Midwives and medical staff worked collaboratively in order to assess and respond to changeable patient risks.
- The way patient records had been used and organised enabled clinicians to easily access relevant information to review care. We saw individual risk assessments had been completed and regularly reviewed.

Is the service effective?

Good

Maternity

We rated effective as good because:

- Policies took account of national guidance and recommendations for best practice standards. There was ongoing audit and evidence of learning and improving practice as a result of audits.
- Processes were in place and staff had the competencies to support women and babies with nutrition and hydration. The maternity services had accreditation with the UNICEF (United Nations Children's Fund) UK Baby Friendly Initiative.
- A range of medicines and other resources for the relief of pain and discomfort were available on the delivery suite and at the Whitelake birth centre. Pain levels had been evidenced as regularly reviewed and promptly responded to.
- A range of effective antenatal, intrapartum and postnatal was provided. The trust participated in national audits and systems were in place and being followed to monitor patient outcomes and review for potential service improvements.
- Midwives worked as part of an established, integrated system which supported the maintenance and development of clinical skills. Junior medical staff were well supported with ongoing learning.
- There was evidence of established and effective multidisciplinary working between professionals including with those working in other services.

However:

- The maternity services clinical dashboard parameters did not match benchmarks set by the south west region and did not take account of updated policy and guidance.
- Not all staff had been supported to have an annual appraisal.

Is the service caring?

Good

We rated caring as good because:

- The maternity service consistently provided compassionate support and care to women and those people close to them. People were spoken with in a kind manner and with respect, and concerns were seen to be responded to in reassuring and positive ways.
- The views of people using the service were sought and responded to through surveys and via the maternity service Facebook page.
- The trust performed better than most other trusts on the Care Quality Commission maternity survey.
- Women felt fully involved in all aspects of their maternity care.

Is the service responsive?

Good

We rated responsive as good because:

- The trust planned and provided services in a way that met the needs of local people.

Maternity

- The service was responsive to individual needs.
- The bereavement suite facilities enabled family to stay for extended periods. Staff felt competent and confident to support with loss and bereavement.
- Staff were familiar with the trusts interpreting service and computer tablets were available and loaded with maternity information which could be translated in more than 30 languages.
- Access and flow was well managed.
- Systems and processes were in place and followed to respond to patient complaints.

Is the service well-led?

Requires improvement

We rated well-led as requires improvement because:

- Many midwifery staff described a feeling of disconnection between senior midwives (in specialist roles and above) and others which had a negative effect on the culture within the service.
- There were no clear succession plans in place for maternity posts.
- There was some inconsistency in how governance information had been reviewed and disseminated.
- The majority of serious incident investigations had been undertaken within the service, limiting opportunity for challenge.

However:

- Staff were proud of the care they provided.
- Staff had been consulted about potential long term plans for the maternity service provision.
- There was evidence continuous learning was promoted.

Outstanding practice

We found some examples of outstanding practice. Please see the 'Outstanding practice' section of this report.

Areas for improvement

We found areas for improvement, including breaches of regulations, which the trust must put right. For more information, see the 'Areas for improvement' section of this report.

End of life care

Good ↑

Key facts and figures

Torbay and South Devon NHS Foundation Trust was created on the 1st October 2015 from Torbay and Southern Devon Health and Care NHS Trust and South Devon Healthcare NHS Foundation Trust to form a new integrated care organisation providing acute, community health and social care. This report covers end of life care provided at Torbay Hospital.

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

The acute palliative service is offered seven days a week, 24 hours a day. The palliative care team work alongside a local Hospice to provide specialist palliative care and supports areas in the Torbay & South Devon NHS Foundation Trust area.

Summary of this service

Staff providing end of life care included ward nurses and doctors, the chaplaincy, ward housekeepers, porters, administrative staff and allied health professionals. End of life care was also provided by a hospital specialist palliative care team and cancer nurse specialists for patients needing difficult symptom management. A palliative care service was provided by the trust to support the management of pain and other symptoms and provide psychological, social and spiritual support. The objective of the palliative care service was to achieve the best quality of life for patients and their families. Support was provided to help patients live as normal routine as possible until death and to offer support to help the family cope during the patient's illness and in their own bereavement.

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

- End of life care at Torbay hospital had become a more integrated service which had seen significant improvement of the care provided to its patients nearing their end of life.
- Since our previous inspection a more comprehensive audit programme had been undertaken and from the results we could see where change had been made leading to improvements.

However:

- There were still areas that remained an issue, such as the recording and sharing of spiritual needs and the lack of care planning. The trust had identified these as areas needing to improve, however actions taken so far had not been sufficient to address them.

Is the service safe?

Requires improvement → ←

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

End of life care

- Staff did not keep comprehensive records of patients' care and treatment. We reviewed 12 sets of records and found none of them had care plans in place. While nursing notes indicated such tasks as mouth care, pressure damage and medication checks were being completed, no care plans were found in any of the records. We were told these were being completed on the electronic system being used on the wards but we found no evidence of this when the system was demonstrated to us.
- In the mortuary the hand gel dispenser had run out of sanitiser. During our time in the mortuary, porters, doctors and builders all entered the mortuary and none attempted to use the sanitiser. When we returned on the morning of the second day and on the day of our announced visit a week later, the dispenser remained empty.
- In the mortuary we found two spray bottles used for cleaning equipment that had no labels on them. This was unsafe practice, if the contents were swallowed or inhaled or if it got into a member of staff's eyes no one would know what this substance was.
- We also found no advance care planning documentation. Advance care planning is a process that enables individuals to make plans about their future health care. This meant patients care needs and preferences at the end of their life may not be met by the staff.

However:

- The staff within the end of life care service understood their responsibilities for ensuring patients were protected from the risk of harm. The service had systems in place to recognise and minimise patient risk. We saw evidence that learning from incidents had been implemented within the service.
- We found the trust had addressed maintenance and monitoring issues affecting the mortuary body storage units (fridges), that we had identified on the previous inspection.
- Processes were followed to safely maintain equipment. For example all syringe driver pumps in use were maintained and used in accordance with manufacturer's instructions.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.

Is the service effective?

Good 

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

- Patients' needs were assessed and care and treatment was delivered in line with legislation, standards and evidence-based guidance. This was displayed in the paperwork presented by staff.
- The palliative care team in conjunction with the end of life quality group were responsible for leading improvement and setting standards of end of life care used.
- The trust had participated in the National Care of the Dying audit published March 2016 and had created an action plan where improvement was identified as being needed.
- There was 24 hour a day seven day a week access to specialist mental health assessment via the mental health liaison team. This ensured those patients needs could be met in a timely manner.
- Patients that we spoke with were generally happy that their pain was well controlled. We observed the specialist nurses routinely talking about pain management and symptom control with patients.

End of life care

- The specialist nurses worked closely with the dedicated pain management service, who offered advice and support to patients who were experiencing pain because of their treatment or illness.
- Staff, teams and services worked together to deliver effective care and treatment. We saw regular multi-disciplinary working within the trust and externally with the local hospice.
- Healthy lifestyles were encouraged. We were shown examples where patients were encouraged to maintain a healthy life style by continuing their normal life activities, for example, gardening.

However:

- While pain was well managed, staff kept limited records to demonstrate this. Staff we spoke with were unable to tell us what pain tools were used for end of life patients.
- Not all staff in the end of life or specialist palliative care team had an appraisal in the last 12 months.
- Provision of seven-day service was not in accordance with the recommendations of the Royal College of Physicians.

Is the service caring?

Good

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

- All patients described being treated with kindness, dignity, respect and compassion while they received care and treatment.
- We saw many complimentary cards about how kind and caring staff were.
- Staff we spoke with understood the impact that a patients' care, treatment or condition had on their wellbeing and on those close to them, both emotionally and socially.
- Patients who received end of life care services were involved as partners in their care. They were engaged in the decisions and discussions with the clinicians. This included discussions about care and treatments and their implications.
- A relative told us about the excellent relationships they and their relatives had with the specialist palliative care team and clinical nurse specialists.
- Staff understood and respected the varied personal, cultural, social and religious needs of people. They also demonstrated an understanding of how this related to care needs and took this into account when delivering services.
- Patients who were receiving end of life care and those close to them received the support they needed to cope emotionally with their care, treatment or condition. Patients were supported to have contact with those close to them.
- Patients were empowered and supported to manage their own health, care and wellbeing and to maximise their independence. We saw staff talking to patients and encouraging them to be mobile and undertake gentle exercise.
- Staff had the knowledge about the services on offer to patients at end of life, this included both the hospital and in the community. This meant they were able to answer questions and make arrangements for patients.

End of life care

Is the service responsive?

Good ➔➔

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

- The specialist palliative care team worked closely with the local hospice to discuss joint patients and plan their care, support and treatment.
- There was access to mental health, learning difficulties and dementia expertise within the trust. This ensured those patients could access appropriate and timely care.
- End of life patients with mental health needs could access urgent care services within three hours. This was also available for end of life care patients living with dementia and learning difficulties. This meant those patients would be seen and assessed in a timely manner.
- The trust took account of patients' individual needs. The chaplaincy team provided spiritual support for different faiths.
- All clinical staff, volunteers who worked within the chaplaincy, bereavement officers and the mortuary were aware of and acted accordingly on cultural and religious differences in end of life care.
- The hospital chapel welcomed people of all or no faiths. There was a separate small multi faith prayer room.
- Dementia champions were available. All patients were screened on admission using a standardised set of questions, some of which related to dementia. Therefore those patients who identified as having dementia had their needs met.
- Staff gave relatives a locally produced bereavement pack which included information which covered all the useful tasks following a death in the hospital.
- The end of life care team reacted promptly to referrals, usually within one working day. This meant that end of life care was begun appropriately and engaged those close to the patient.
- The trust had its own transport system that enabled patients to be taken to their preferred place of dying and a person of the patient's choice was able to travel with them.
- Translation services were available for end of life care patients and relatives. Staff who had used these services said they were prompt and efficient in responding to needs.
- There were leaflets throughout each ward and department detailing how to access Patient Advice and Liaison Service (PALS) and make a formal complaint, although none of the patients we spoke to had cause to do so.

However:

- Individual plans of care were not used. These would have included food and drink plans, symptom control and psychological, social and spiritual support. There were care planning assessment documents, but these were rarely completed.
- Patients at the end of their life did not have their cultural, psychological and spiritual/religious needs assessed fully. In the patient records we reviewed these needs were rarely documented. This issue was identified at our last inspection and was not resolved at the time of this inspection.
- Not all patients were fast track discharged to their preferred place of dying due to delays in funding packages being available in a timely manner.

End of life care

Is the service well-led?

Good ↑

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

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The clinical lead for end of life care was up-to-date with, and engaged in the work of, the specialist palliative care team. Since our previous inspection they had made significant changes to the service with a more integrated model of care for end of life patients.
- Staff we spoke with said leaders were visible and approachable. The clinical lead for the hospital specialist palliative care team worked regularly on wards and was well thought of.
- There was a clear statement of vision and values, driven by quality and sustainability. This had been translated into a strong and realistic strategy and well-defined objectives that were achievable and relevant. We could see achievements attained since our last inspection.
- The end of life care leads told us they were proud of their strategy and the integration of their community and acute services, which had improved communication across services leading to improved services to end of life care patients.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Leaders encouraged and supported staff to develop ideas and take ownership for projects that improved the overall end of life period for patients and those close to them. For example the butterfly project.
- A clear governance framework ensured that responsibilities for end of life care were able to be identified from the trust board of directors through to key clinicians and specialists.
- The chief nurse was co-chair of the trust's quality improvement group and was the executive lead of the end of life steering group. This meant the board had an up-to-date awareness of end of life care across the hospital.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. This included the mortuary that also had their own policy on how to respond in a major disaster in alignment with the trusts plan.
- The trust collected, managed and used information to support all its activities, using a secure electronic system. This meant that information was available to staff when they needed it and maintained patient confidentiality.
- The specialist palliative care team actively engaged with staff on the wards and attended various multidisciplinary team (MDT) and departmental meetings on a regular basis.
- The trust was committed to improving services by learning from when things went well and when they go wrong, promoting training, research and innovation.

However:

- The trust had only collected a small amount of feedback from patient's families or those close to them. This meant that the trust only had a limited picture on how the service was seen by those using the service.
- The trust were unable to demonstrate through their governance procedures that patients were dying in their preferred place of death. There were no audits or records available to provide assurance they were monitoring this.

End of life care

Areas for improvement

We found areas for improvement, including breaches of regulations, which the trust must put right. For more information, see the 'Areas for improvement' section of this report.

Outpatients

Good

Key facts and figures

Torbay and South Devon NHS Foundation Trust provides outpatient services at Torbay Hospital and four other community hospitals throughout the region. These are Newton Abbot Community Hospital, Paignton Hospital, Teignmouth Hospital and Totnes Hospital. At Torbay Hospital there is a dedicated outpatient department. Outpatient services were structured within four delivery units and into a number of service lines and specialities.

Additionally to this there is a dedicated oncology outpatient department, breast care department, and a number of specialist dedicated outpatient clinics. These include dermatology, ophthalmology and cardiology.

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We inspected the whole of the outpatients service because at our last inspection we rated them as requires improvement. We inspected Torbay Hospital only but reviewed data relating to the community hospitals. A team of inspectors and specialist advisors visited the main outpatients unit, heart and lung outpatients, haematology, gynaecology, ophthalmology, oncology (including outpatients, chemotherapy and radiotherapy), dermatology and fracture clinic. We spoke with 36 members of staff (including managers, nurses, healthcare assistants, healthcare professionals, and domestic staff). We spoke with 21 patients and three relatives and carers. We looked in 12 patient records and observed practice and care throughout the inspection.

Summary of this service

The Care Quality Commission last inspected the outpatients service as part of an outpatients and diagnostic imaging inspection, the report being published in June 2016. The rating for outpatients and diagnostic imaging was requires improvement overall, with caring being rated as good. We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated this service as good because:

- Staff were able to speak knowledgeably about their responsibilities to safeguard children and adults.
- All outpatients departments, apart from the fracture clinic, were visibly clean and tidy in all of the areas we visited.
- Most risks around the design, maintenance and use of facilities and premises had been addressed and managed since the last inspection.
- Medicines were managed safely.
- Staff had a good understanding of incidents and felt confident to report them. When an incident was reported it was investigated well and learning shared and implemented.
- Care, treatment and support were delivered in line with legislation, standards and evidence based guidelines throughout the outpatient service.
- There were various wellbeing services available to patients which were provided by the trust to allow patients to manage their own health effectively.
- Processes and practices were in line with the Mental Health Act 1983 and the Mental Capacity Act 2005.

Outpatients

- All patients and those close to them consistently described the positive caring and supportive attitudes of staff and how they went above and beyond what they expected in such a busy working environment.
- Staff were able to adapt the care they provided based on information on patients' personal and social needs.
- Staff we spoke with understood the impact that a calm and supportive attitude had on patients facing a diagnosis of life altering illnesses and diseases such as cancer. There was supportive care provided to patients to help them adapt to life after diagnosis.
- Services were delivered in a way that met the needs of the local population. They were fully integrated in multi-organisational plans for Devon to ensure patients' needs were met.
- Clinics were changing pathways to ensure that they were as efficient as they could be. This included using a multidisciplinary approach to patient care.
- Most outpatient facilities were appropriate for people's needs.
- Patients had access to many different support services. Staff described support for patients living with depression and anxiety, eating disorders, learning disabilities, autism and attention deficit hyperactivity disorder and personality disorder.
- The trust performed better than national targets for 31 days to initial cancer treatment and 31 days to subsequent cancer treatment.
- There was a system-wide approach to managing capacity and demand. The strategy and plans were fully integrated with the wider health economy and demonstrated system-wide collaboration and leadership.
- Board level reporting and other levels of governance mostly functioned effectively and interacted well with each other. There was a demonstrable improvement in care outcomes as a result of effective inter-organisational risk management.
- There were clear processes to escalate concerns and disseminate information.
- Staff were aware of the trusts vision and values. Senior staff we spoke with understood the strategy for outpatient services and their role in achieving them.
- Staff meetings were held in the specialities and in the main outpatients department to ensure that points of view were gathered and acted upon.

However:

- Not all staff were up to date with the latest practices, legislation and guidance for mandatory training or safeguarding.
- There was limited oversight of the significant safety risks in the fracture clinic. This included risks to patient safety relating to infection control, patient confidentiality and safeguarding.
- There were some patient paper records which were not stored securely.
- Not all access national targets for referrals were met. This included for patients with an urgent cancer referral. There were also too many patients waiting beyond their 'to be seen' date.
- There was limited engagement with patients to drive improvements in the service.

Outpatients

Is the service safe?

Requires improvement

We rated safe as requires improvement because:

- Not all staff were up-to-date with the latest practices, legislation and guidance for mandatory training or safeguarding.
- There were multiple risks with the fracture clinic relating to infection control and prevention, environment and confidentiality, although plans were in place to rebuild the department, with work due to start at the end of April 2018.
- Patient records were not always stored securely.

However:

- Patient risk assessments were comprehensive and were in line with national guidance. All patients' records were accurate, complete, legible and up to date.
- Staff had a good understanding of incidents and felt confident to report them. Incident reports were reviewed by the management team in outpatients and were investigated if required.

Is the service effective?

Not sufficient evidence to rate

Effective was not rated.

- Care, treatment and support were delivered in line with legislation, standards and evidence based guidelines throughout the outpatient service.
- If patients were waiting a long time in clinic there were processes to ensure they were given a snack box.
- Outcomes were collected and reviewed in physiotherapy and dermatology.
- All essential staff, including those in different teams, services and organisations were involved in the planning and delivery of care and treatment.
- Some clinics were conducted at weekends based upon capacity and demand needs. These were done on an ad-hoc basis and were staffed by bank nurses.
- There was a wellbeing service available to patients provided by the trust which was having a positive impact on patients' health.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Not all staff were having an annual review of their performance. From November 2016 to October 2017, 79% of staff within outpatients at the trust had received an appraisal compared to a trust target of 90%.

Outpatients

Is the service caring?

Good

We rated caring as good because:

- We observed and were told about times where staff went above and beyond expectations to ensure patients were cared for compassionately and supportively.
- All patients and those close to them consistently described the positive caring and supportive attitudes of staff and how they went above and beyond what they expected in such a busy working environment.
- We saw staff taking time to interact with patients in a personable, respectful and considerate way.
- Patients we spoke with described the interactions with doctors as positive.
- Staff were able to adapt the care they provided based on information on patients' personal and social needs.
- Staff we spoke with understood the impact that a calm and supportive attitude had on patients facing diagnoses of life altering illnesses and diseases, such as cancer.
- There were specialist nurses available after consultations where bad news was delivered. They were able to speak with patients and to spend more time with them to alleviate anxieties and fears.
- Reception staff we spoke with described how they managed difficult behaviour of patients. They talked about how they used lessons learnt in conflict resolution training to put patients at ease and ensure they were heard and supported appropriately.
- We found that staff were communicating to patients in a way that ensured they understood their care, treatment, condition and advice given.
- Within the radiotherapy department, there was a support and information radiographer who supported patients through their treatment and had a positive impact on providing support to patients and their relatives.

However:

- There were concerns in the fracture clinic regarding patient privacy and dignity. Procedures were done in full view of other patients and confidential conversations could be overheard easily.

Is the service responsive?

Good

We rated responsive as good because:

- Services provided met the needs of the population and were fully integrated into the multi-organisational plans for integrated care.
- The trust had been working with other acute hospitals and the clinical commissioning groups to "balance risks across the system".
- The trust has hosted various training sessions with GPs to improve their knowledge of pain management, which had reduced the number of referrals to the trust.

Outpatients

- Patients who may have traditionally required a consultant for hip, knee, foot and ankle appointments were able to see an extended scope physiotherapist prior to being referred to surgery.
- Efficiencies had been made to improve the two-week wait process for patients with cancer.
- The radiotherapy department was part of the South West Peninsula group. This meant they worked jointly with other trusts to look to deliver a responsive service across the Devon and Cornwall.
- The outpatient facilities and premises were appropriate for the services that were delivered.
- Staff described a non-judgemental attitude towards patients who had mental health needs, a learning disability, autism or living with dementia.
- The trust had access to cancer support service staff that spent time with patients. Their objective was to assess, maintain and promote physical, social, psychological and spiritual wellbeing to improve quality of life.
- Additional supervision, support, care and advice was provided for patients with a mental health condition, learning disability, dementia or autism.
- Patients were referred when appropriate to liaison psychiatry services.
- Staff were able to refer patients to the trusts Torbay Drug and Alcohol Service.
- The trust performed better than the national average for most cancer targets.
- From October 2016 to September 2017, the 'did not attend' rate for Torbay Hospital was better than the England average.
- Complaints within outpatients were handled well. Where possible, there was learning to drive improvement within the service.
- There were good processes for reviewing patients on waiting lists to ensure risks associated with delays were well-managed.

However:

- The physiotherapy environment was not responsive to patients' needs.
- The trust was not meeting a number of performance measures, for example cancer two-week waits and other referral to treatment times. However, some measures were being met and those that were not were generally not significantly worse when compared nationally.
- There were patients waiting past their 'to be seen date' for follow-up appointments. However, this had improved since our last inspection.

Is the service well-led?

Good

We rated well-led as good because:

- Leaders managed the outpatient service well and understood the challenges to quality and sustainability.
- Managers were visible, approachable and compassionate towards staff.
- There were clear plans to develop and ensure sustainable management of services.

Outpatients

- Staff were aware of the trust's vision and values. Quality and sustainability was the top strategic priority within the outpatient service and was developed in line with the South Devon Integrated Health Organisation strategy.
- Senior staff we spoke with understood the strategy for outpatient services and their role in achieving it. Staff recognised how the plans aligned with the wider health and social care economy to ensure they met the needs of the population.
- Plans described as part of the strategy included multiple projects to improve the management of patients waiting for an appointment and working differently within clinics to make them more efficient.
- Progress on evaluation of projects was reviewed and managed through an outpatient programme board.
- Projects and business plans aligned with the service strategy which were ongoing during the last inspection had been completed.
- All staff we spoke with felt supported, respected and valued by their peers and managers.
- Staff were proud to work for the organisation.
- The trust had sufficient processes to follow the duty of candour.
- There were clear processes to escalate concerns and disseminate information. All managers we spoke with were clear about their roles and understood what they were accountable for, and to whom.
- The trust had an outpatient risk register which was comprehensive and managed well.
- Staff meetings were held in the specialities and in the main outpatients department to ensure that points of view were gathered and acted upon.
- The outpatient service had developed strong partnership working with other organisations in Devon. It was engaging positively with staff surrounding the development of the sustainability and transformation partnership.
- Managers described various effective ways they worked with specialities to encourage continuous improvement and innovation. There were multiple examples of innovation which were as a result of a culture focused on improvement.

However:

- Governance processes in the fracture clinic did not sufficiently address the risks to patients. We asked the trust to provide evidence of risk management for the fracture clinic and found that not all risks were identified or acted upon. Senior managers were unable to provide assurance that the risks in the fracture clinic were being appropriately managed.
- Senior leaders were unable to describe comprehensively how patients were involved in the development of the outpatients service.
- In some outpatient areas, such as ophthalmology and the fracture clinic, there were patients' paper records stored on shelves which were in public areas and at risk of being removed or seen without authorisation.

Outstanding practice

We found some examples of outstanding practice. Please see the 'Outstanding practice' section of this report.

Areas for improvement

We found areas for improvement, including breaches of regulations, which the trust must put right. For more information, see the 'Areas for improvement' section of this report.

Community health services for children and young people

Good ↑

Key facts and figures

Torbay and South Devon NHS Foundation Trust provides community health services for babies, children, young people and their families in their homes, in GP surgeries, community clinics, children's centres, schools within Torbay and in the child development centre, the John Parkes Unit, at Torbay Hospital. These services include health visiting, school nursing, community children's nurses, therapy services, services for 'looked after' children, children with a learning disability and sexual health services.

The health visiting and school nursing service is a workforce of Specialist Community Public Health Nurses (SCPHN) who provides expert advice, support and interventions for families and young people from the antenatal period through to 19 years of age. The service is led by qualified health visitors and school nurses, supported by a mixed skill team, and works closely with partner agencies. The service is central to delivering the full Healthy Child Programme and improving public health outcomes.

At our last inspection we rated the three domains of safe, responsive and well led as requires improvement. Effective and caring were both rated as good.

Our inspection was short-notice announced. The trust were given two weeks' notice of our inspection of community services. This was to ensure staff we wanted to speak with were available, and that arrangements could be made for us to observe care in patients' homes..

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

During the inspection visit:

- We visited clinics, the childrens assessment centre, staff offices and accompanied professionals on visits to children and families in the community.
- We spoke with 38 staff, including health visitors, school nurses, community nurses, nursery nurses, therapists, reception staff, support workers and senior managers.
- We spoke with the managers from the speech and language therapy service, the occupational therapy service and the manager and staff from the sexual health medicine service.
- We attended handover and multidisciplinary meetings.
- We spoke with four parents and two children.
- We looked at 10 sets of patient records.

Summary of this service

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

- At this inspection we found that improvements had been made to improve services, including addressing shortfalls identified at our previous inspection. We had previously rated the safe, responsive and well-led domains as requiring improvement, with effective and caring rated as good. At this inspection all domains were rated as good.

Community health services for children and young people

- We found the service supported and provided safe and good quality care for patients. A number of initiatives had been put into place to improve the delivery of service. This included the introduction of electronic records for some services and the introduction of new safeguarding supervision framework.
- Business continuity and emergency plans had been given more visibility to staff.
- There were various examples of excellent multi-disciplinary working, including joint assessments and working with colleagues from the acute service and GP practices.
- Care and treatment was delivered by well trained, caring, professional and motivated staff.
- Families were positive about the compassionate, supportive and informative approach of staff. Staff were friendly and helpful to parents and children.
- Referral to treatment times had been reduced and services had improved access for parents with flexible bookings, drop-in clinics and online social media information. Nursing and therapy services proactively looked to respond to the needs of families as quickly as possible.
- Good leadership was provided in all the services. Staff were positive about their managers and felt able to approach them with ideas or concerns. Staff were well informed about developments in the trust and were aware of the values and vision of the organisation.
- There were clear governance structures and reporting on performance that informed managers and service development. Risks were identified and managed.

However:

- There were potential risks as staff may not have had the information they required, due to different services using different recording systems.
- The waiting time for an assessment for a child with an autistic spectrum disorder was 12 months.
- Some staff were concerned about the visibility of the chief nurse and other board members to community based staff. They felt although they were part of an integrated service, the board was more focused on the acute service. Many staff had not met, or seen, board members visiting the community services and meeting them in their working locations.
- Whilst some changes had been made there was lack of formal engagement processes and feedback arrangements to gain the views of children.

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. Within the services we visited most staff were up to date with their required mandatory training
- The service managed patient safety incidents well. Staff understood how to report incidents and shared lessons learned with the whole team and the wider service.
- The areas we visited were visibly clean and well maintained by the staff.
- Records were clear and up-to-date and available to all staff providing care.

Community health services for children and young people

- All staff within the services we visited were up-to-date with their safeguarding training and the vast majority of staff across all the services were up to date. Since the previous inspection a new supervision framework for safeguarding had been introduced. Staff were receiving training at the appropriate level and frequency. All clinical staff completed level three safeguarding children training.
- Safeguarding training was included on the corporate induction for all trust staff and was delivered by the service leads. This ensured all new starters were aware of the trust commitment to the safeguarding process.
- There was an improvement in the availability of computers and desk space compared to the previous inspection. Staff reported positively on this.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Staff reported manageable caseloads.
- Staff kept appropriate records of patients' care and treatment. Overall we found significant improvements had been made since our previous inspection. Action was being taken to address identified shortfalls and records were being regularly audited. Staff were aware of potential difficulties and were proactive in improving recording.
- The service planned for emergencies and staff understood their roles if one should happen. We saw business continuity plans were in place and available for staff to see in the various office locations. These covered eventualities such as poor weather and the interruption of services due to utility failure.

However:

- In one of the children's drop-in clinics we found the spillage kit was not readily available within the room, and would need to be accessed from elsewhere in the building. This would increase the risk of infection due to the potential delay in cleaning up any infected waste.
- The service had premises of varying standards of upkeep.
- There remained a problem with accessing and typing up of records remotely whilst out on home visits due to internet connectivity and firewall issues.
- We found there were potential risks due to staff possibly not having all the required information about a child or family, due to different services using different recording systems.

Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Specialist advice and guidance was implemented and recorded, which ensured patients received the most effective treatment.
- The service monitored the effectiveness of care and treatment, and used the findings of audits to improve. The trust completed a number of audits against key measures and objectives and reported their findings through the governance structures. For example, the service implemented the national Healthy Child programme and the National Child Measurement programme.
- The service had undertaken an audit of clinical compliance with the recommendations of a serious case review from a different area.

Community health services for children and young people

- All staff were receiving regular supervision and attending team meetings. Appraisals were up to date and staff felt well supported in their roles.
- There was evidence of excellent multi-disciplinary working. Services worked together with each other and with external agencies to assess, plan, and co-ordinate the delivery of care. Effective and professional multi-disciplinary working promoted the delivery of timely treatment through professional referrals and good information sharing. For example, community nurses and health visitors worked with GPs and staff from the acute hospital and other specialist community teams.
- Consent to care and treatment was sought in line with legislation and guidance. Consent was clearly recorded in the care plans.. The trust had recently updated its process on consent for staff working with children and families.

However:

- Whilst the provision of portable devices had improved the effectiveness of the staff who had been provided with this equipment, the full benefit was yet to be realised because they were not yet able to work remotely to access records and information.

Is the service caring?

Good ➔➔

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

- Staff cared for patients with compassion. Feedback from patients confirmed staff treated them well and with kindness.
- All staff we spoke with were passionate about their roles and were clearly dedicated to making sure children and young people received the best patient-centred care possible. We observed staff delivering compassionate and sensitive care that met the needs of children, young people, and parents.
- Staff provided emotional support to patients to minimise their distress. For example, the community nursing team that looked after children with life limited illness offered follow up services to families following bereavement. They signposted families and carers to aftercare bereavement, support groups and counselling. The aftercare was provided for as long a time as was necessary.
- Staff involved patients and those close to them in decisions about their care and treatment. For example, nursery nurses explained how when completing an initial home assessment they ensured the family saw what they were writing. They said they explained to parents exactly what they were doing, and that families were provided with a copy of the full assessment from the consultant.

Is the service responsive?

Good ↑

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

- At the time of this inspection a number of children services were being subjected to a tendering process, which meant there was a degree of uncertainty around the provider of some provision. The trust had a clear vision of the plans for services, and these were tailored to what it had identified as the main local needs. This involved the reorganising and restructuring of some services and potential changes to working arrangements with other partners.

Community health services for children and young people

- The services provided reflected the needs of the local population and ensured flexibility, choice and continuity of care. The trust tried to ensure it provided the range of its services over the Torbay area. For example, by the way it located its clinics and drop-in centres for families.
- At our previous inspection we found some services had unsatisfactory referral to treatment times. At this inspection we found significant improvements had been made. There were examples of service leads and staff taking a proactive approach to ensuring children and their families had timely access to treatment. The average waiting time of 12 months for children waiting for a full autism assessment had been reduced over the previous 12 months from 18 months. There were initiatives being implemented to further reduce this.
- The restructuring of the speech and language therapy service had significantly improved access for children and families. Health visiting, community nursing, speech therapy, occupational therapy and physiotherapy were all meeting national targets, or the locally commissioned ones.
- There had been changes made to improve access to services and information. This included the provision of flexible booking for appointments, drop-in advice sessions for parents and the use of social media. Services produced videos on a variety of topics to support and inform parents. These could be accessed online and through the trust's website.

However:

- The waiting time for an assessment for a child with an autistic spectrum disorder was 12 months.

Is the service well-led?

Good ↑

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

- There was effective and professional leadership that encouraged and supported the delivery of person-centred care. Staff talked positively about their line managers and the support and leadership that was provided.
- At our last inspection we identified shortfalls in the leadership provided in the child development centre. We found action had been taken to improve the delivery of this service and further ideas were being explored. There had been involvement from the trust's quality improvement team, who worked with all the staff to help redesign some aspects of the service and improve it. We spoke with therapists, nursery nurse staff, reception staff and psychology staff. All spoke very positively about the working environment, the team working and the leadership provided by the consultant.
- Due to the recommissioning of certain provision and potential other changes that may result, children's services were subject to a period of uncertainty. We found that although staff were concerned about the future, they told us the managers and senior staff had kept them informed and well supported. The trust had a vision for the service it wished to provide. This was a plan "for investment in a single, integrated and resilient model for children's services that will be developed and delivered through a whole system approach"
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were engaged with the trust and proud of the care and treatment provided. Staff we spoke with said they felt positive about the organisation and were able to challenge ideas, and that management were visible and approachable. Managers of services and teams we spoke with said there was a positive culture that enabled them to approach senior managers and discuss any aspect of the trust's services.

Community health services for children and young people

- The trust used a systematic approach to continually improving the quality of its services. There were systems in place to report information gained from auditing and improvement action plans. The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risks were identified, monitored and appropriate actions recorded.
- The trust engaged well with patients, staff, and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.
- There were various initiatives and plans in place to improve services. Staff were supported to discuss new ideas and present suggestions. Examples included the use of social media, the making of instructional videos, the running of various courses and innovations around booking appointments and providing drop-in clinics for parents.

However:

- There were some negative comments from staff about the visibility of the chief nurse and other board members to community based staff. Some staff commented they felt part of an integrated service, but the board was more focused on the acute service. This was reflected in that many staff had not met, or seen, board members visiting the community services and meeting the staff in their working locations.
- There was an identified shortfall in the lone working assessments being completed by some members of the community teams.
- Whilst some changes had been made there was a lack of formal engagement processes and feedback arrangements to gain the views of children. For example, the service had not conducted a formal 'Voice of the Child' survey.

Outstanding practice

We found some examples of outstanding practice. Please see the 'Outstanding practice' section of this report.

Areas for improvement

We found areas for improvement, which the trust should put right. For more information, see the 'Areas for improvement' section of this report.

Community end of life care

Requires improvement 

Key facts and figures

Torbay and South Devon NHS Foundation Trust provides community end of life services for adults in the community hospitals and within their own homes. The community hospitals are situated in Brixham, Dawlish, Newton Abbott and Totnes. Community nursing and therapy teams work across the South Devon area providing care to people in their own homes and residential care homes.

At our last inspection in February 2016 we rated the service as requires improvement overall. We rated three domains as requiring improvement; safe, effective and well led. The caring and responsive domains were rated as good.

Before this inspection, we requested information from the trust and reviewed information that we held regarding the community end of life services.

Our inspection was short-notice announced. The trust were given two weeks' notice of the intention to inspect community services. This was to ensure staff we wanted to speak with were available, and that arrangements could be made for us to observe care in patients' homes.

During this inspection:

- We visited the four community hospitals and community nursing teams at Newton Abbot, Torquay, Bovey and Chudleigh, Teignmouth, Totnes, Brixham and the out of hours nursing service.
- We spoke with 34 members of staff including nurses, health care assistants, housekeeping staff, matrons, doctors, pharmacy and therapy staff. This enabled us to obtain their views of working within the trust.
- We spoke with four patients and three relatives/representatives to seek their views of the service they were provided with.
- We reviewed 16 sets of patients nursing and medical records.
- We reviewed policies, procedures and other guidance and documentation relating to the service.

Summary of this service

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

- The ratings for safe, effective and well-led remained the same as from the last inspection – requires improvement.
- We found two breaches of regulation that were identified at the last inspection had not been addressed fully. These were regarding failure to ensure that the requirements of the Mental Capacity Act 2005 were adhered to in situations where a patient lacked capacity to make decisions about their care and treatment. We found documentation was not consistently or fully completed to ensure patients were safeguarded when lacking the capacity to make informed decisions.
- There was insufficient evidence to demonstrate that staff were trained and competent to carry out their roles. The trust was unable to provide an overview of the training – both mandatory and role-specific – to demonstrate the workforce was up-to-date with their training. This was partly due to the trust not having a dedicated community end of life team. Training records were held by staff and at a local ward/team level. However, records provided were confirmed to be out-of-date, therefore not providing an accurate reflection of the training completed. The trust told us they were in the process of centralising records into the trust-wide electronic systems.

Community end of life care

- Staff safety and patient care could have been compromised by the use of mobile phones that were not fit for purpose within the community nursing teams.
- Risks to the service were reported and recorded but action was not consistently taken in a prompt way to ensure the risk was reduced.
- There were, at times, insufficient staff to provide care and treatment to end of life patients.
- Staff were not provided with guidance or information on the action they were to take to meet the individualised care and treatment needs of patients. The care plans were generic and did not specify personalised care wishes and preferences.
- The trust did not monitor outcomes for patients in a formal or systematic way. This did not ensure that the trust were able to identify areas for improvement. There were insufficient governance processes to enable full oversight of the end of life care service.

However:

- We rated the trust as good for the caring and responsive domains.
- The trust had taken action to address a breach in regulation regarding medicine management. At the last inspection it was identified that untrained staff were checking the administration of controlled drugs. Since the last inspection additional training had been provided to staff who were not registered nurses to ensure they were competent to carry out these tasks.
- Staff understood their roles and responsibilities to safeguard patients from abuse and raised concerns appropriately, taking action when necessary.
- Staff worked well as multi-disciplinary teams. Meetings and joint visits to patients we attended demonstrated excellent team working between professionals.
- Patients and their relatives/representatives were consistently positive about the caring, compassionate and supportive care they received from staff.
- Staff were supported at a local level by their managers. The culture of the service was open and staff felt they were able to raise concerns or seek support whenever needed.

Is the service safe?

Requires improvement 

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

- Not all staff were up to date with their mandatory training.
- There were, at times, insufficient staff to provide care and treatment to end of life patients.
- Staff did not always have detailed information to inform them of the action they must take to meet the individual care and treatment needs of patients. This was because care plans were not consistently personalised and in sufficient detail.

However:

- Staff were aware of their responsibilities for safeguarding patients and took action when necessary. The daily safety briefing held on each ward and community team highlighted any safeguarding concerns.

Community end of life care

- The control and prevention of cross infection was managed well across the services.
- Patients received their medicines as prescribed and staff followed good practice standards.

Is the service effective?

Requires improvement 

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

- There was inconsistency regarding how patient's mental capacity was assessed and recorded.
- Additional role specific training was not always up to date which meant some members of staff were not had not completed the most recent training in order to deliver the required care to patients.
- The trust did not have a system to monitor and audit the completion of supervision.
- Participation in external audits and benchmarking was limited. The trust had participated in a survey of end of life care services in the county, but the report of this survey was not specific in which parts were attributable to the trust. There was a lack of internal quality monitoring to demonstrate positive outcomes for patients.

However:

- Patients received coordinated care from a range of different staff. Staff formed multi-disciplinary teams which included staff employed by the trust and from external organisations. This meant there was an understanding and ability to meet the often complex care needs of patients.
- Staff monitored patients and provided effective pain relief when necessary.
- The nutrition and hydration of patients was managed well. Staff provided varied meals to patients. Patients in receipt of end of life care were supported to have access to specific foods that they requested that were not on the standard menus in the community hospitals.

Is the service caring?

Good 

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

- Staff demonstrated compassion, understanding and empathy towards their patients when providing end of life care and treatment.
- Staff involved patients and their relatives/representatives in the planning of their care and treatment.
- Patients and their relatives/representatives were provided with clear information to help them make informed decisions regarding their care and treatment.
- Staff provided emotional support to patients and their representatives to minimise their distress when needed.

Is the service responsive?

Good 

Community end of life care

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

- The trust planned services to meet the needs of local people.
- The wishes of patients and their relatives/representatives regarding where they wished to receive end of life care was considered and respected when possible.
- Specialist advice and guidance such as from mental health and learning disability specialist nurses, was sought to ensure patients' individual needs were met.
- Staff were prompt in responding to the changing care and treatment needs of patients.

Is the service well-led?

Requires improvement 

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

- There was no systematic approach to monitor and improve the quality of the end of life services. The governance processes in place were managed by the organisation wide end of life care service. Staff in the community were not fully aware of the organisational processes.
- Staff vacancies had impacted on the audit programme and there had been no recent audits carried out to demonstrate outcomes for patients.
- There was no service-wide oversight of training specifically for staff in the community providing end of life care. This was because end of life care was provided by an integrated staffing group and not a dedicated end of life care team. Training was being managed and monitored at a local level. However, training records we were provided with were not always up to date.
- Actions were not always taken promptly to address risks to the service, for example equipment not functioning as intended.

However:

- An end of life strategy had been developed. The integrated service was working well and staff worked collaboratively with their colleagues across the wider trust and with external organisations.
- The trust encouraged staff to raise concerns, report incidents and took action when required.
- The staff identified risks and these were entered onto risk registers at a local and trust wide level.

Outstanding practice

We found some examples of outstanding practice. Please see the 'Outstanding practice' section of this report.

Areas for improvement

We found areas for improvement, including breaches of regulations, which the trust must put right. For more information, see the 'Areas for improvement' section of this report.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulated activity	Regulation
Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Maternity and midwifery services	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

This inspection was led by Daniel Thorogood, Inspection Manager, and overseen by Mary Cridge, Head of Hospital Inspections. Two executive reviewers, Angela Hillery, Chief Executive, and Anita Pisani, Deputy Chief Executive, supported our inspection of well-led for the trust overall.

The team included one Head of Hospital Inspections, two inspection managers, ten inspectors, one mental health act reviewer, one assistant inspector, two executive reviewers, and nine specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.