Wye Valley NHS Trust

Inspection report

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Ratings

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

Our reports

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.

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.

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

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.

The Evidence appendix appears under the Reports tab on our website here: www.cqc.org.uk/provider/RLQ/reports. A detailed Use of Resources report is available under the Inspection summary tab (www.cqc.org.uk/provider/RLQ/inspection-summary).

Background to the trust

Wye Valley NHS Trust was established on 1st April 2011 and is a provider of health services in Herefordshire.

The trust provides community services and hospital care (acute and community) to a population of just over 180,000 people in Herefordshire. They also provide urgent and elective care to a population of more than 40,000 people in mid-Powys, Wales.

The trusts' catchment area is characterised by its rural nature and remoteness, with more than 50 per cent of our service users living five miles or more from Hereford city or a market town. The average age of the population is older than the national average.

- The trust has 320 acute beds, six critical care beds, 17 maternity beds and 76 community beds.
- From September 2018 to August 2019:
  - There were 57,666 inpatient admissions +12% compared to previous year. 6,230 of these were children, approximately +9% compared to the previous year.
  - There were 429,408 outpatient attendances (+8%).
  - There were 59,892 accident and emergency department attendances (-3%), of which 11,140 were children (+3%).
- As of June 2019, the trust employed 3,347 whole time equivalent staff.

The trust is in the process of developing a five-year integrated business plan that includes a service by service market analysis. Wye Valley NHS Trust operates a virtual monopoly within its 'core' Herefordshire catchment area and thus there is little opportunity for growing market share.

Community services may be tendered in the future by the Clinical Commissioning Group although the trust has secured this service for the next three years.

Public health nursing was recently tendered by County of Herefordshire District Council and was successfully retained by the trust with no competition from other parties.

Summary of findings

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Requires improvement



What this trust does

Situated in the south-west of the West Midlands region bordering Wales, Herefordshire's principal urban locations are the city of Hereford, and the market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington.

Wye Valley NHS Trust provides acute and community care to the population of Herefordshire and acute care to parts of mid-Powys, a combined population of circa 225,000 with 185,000 in Herefordshire and 40,000 in Mid Powys. The trust is co-terminus with both its main local commissioners (Herefordshire Clinical Commissioning Group) and local adult social care provider (Herefordshire County Council). Acute care for the mid-Powys population is commissioned by Powys Teaching Health Board.

The trust has a divisional and directorate management structure in place with four divisions surgery, medicine, integrated care and clinical support.

The trust's acute hospital, County Hospital, provides a broad range of acute services including trauma care and hyper-acute stroke services. This reflects the rural nature of the county and relatively long travel times to the larger tertiary centres.

The trust provides a broad range of community services and community inpatient beds across its three community hospitals, which are based in Ross on Wye, Leominster and Bromyard.

The trust's community teams are broadly configured to deliver services across both county-wide and locality geographies. Locality-based teams are configured to develop integrated services in support of the primary care network and population health management, in line with the long-term NHS plan. Broader county wide services are similarly working to offer integrated urgent care functions alongside system partners, to support optimal system patient flow.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

The following acute and community health services were inspected as part of our continual checks on the safety and quality of healthcare provision:

- Urgent and emergency care.

Summary of findings

- Surgery.
- Medicine.
- Maternity.
- Critical care.

We inspected the following community health services as part of our continual checks on the safety and quality of healthcare provision:

- Community inpatient service.
- Community adult services.
- Community end of life services.

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 an inspection of the well-led key question for the overall trust. What we found is summarised in the section headed: is this organisation well-led?

What we found

Our overall rating of the acute health services stayed the same. We took into account the current ratings of services not inspected this time. We rated the trust as requires improvement because:

We rated three of the acute trust's five services inspected in November 2019 as requires improvement, one of the trusts services as inadequate and one trust service was rated as good.

Our rating of community health services improved. We took into account the current ratings of services not inspected this time. We rated services as good because:

We rated one out of the trust's three services inspection in November 2019 as requires improvement and two as good.

Overall trust

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

- We rated safe, effective, responsive and well-led as requires improvement and caring as good.
- We rated seven of the trust's 13 services as good and five as requires improvement and one as inadequate. In rating the trust, we took into account the current ratings of the five services not inspected this time.
- We rated well-led for the trust overall as requires improvement.
- During this inspection, we did not inspect services for children and young people, acute end of life care and outpatients. We also did not inspect, community health services for children and young people or community dental services. The ratings we published following the previous inspections are part of the overall rating awarded to the trust this time.

Are services safe?

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

- Surgery was rated as inadequate.
- Staff did not always use equipment and control measures to protect patients, themselves and others from infection, the design, maintenance and use of facilities, premises and equipment was not always maintained in a manner that

kept people safe. Staff did not complete and update all risk assessments for each patient and did not remove or minimise every risk, staff did not always follow systems and processes to safely prescribe, administer or record medicines. The service did not always have enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

- Medicine, critical care and maternity at County Hospital, were rated as requires improvement.
- Not all risks to patient care had been assessed, staff had not received enough training and experience to provide the right care and treatment, trust staff did not always use equipment and control measures to protect patients, themselves and others from infection. The staff did not always use systems and processes to safety prescribe, administer and store medicines.
- Urgent and emergency care was rated good.
- Community health inpatients was rated as requires improvement.
- Records were not clear and easily available to all staff providing care, staff felt that due to staff shortages, they did not have the time needed to complete a full holistic assessment or visit.
- Community health end of life care and community health adult services were rated good.

Are services effective?

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

- Surgical services, medicine and community health inpatient services were rated requires improvement.
- The surgical service monitored the effectiveness of care and treatment and but did not always use the findings to improve, some care pathways were not completed fully or followed, and audits carried out by the service did not always contain action plans. There was no clinical audit programme to benchmark and monitor the quality and effectiveness of the community inpatient services and there were limited measures to monitor and evaluate patient outcomes. The medical service mostly provided care and treatment based on national guidance and evidence-based practice. However, some guidance had not been updated and did not reflect current best practice.
- Urgent and emergency care, critical care and maternity were rated as good.
- Community health adult services and community end of life care was rated as good.

Are services caring?

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

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

Are services responsive?

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

- Urgent and emergency care, surgery and critical care were rated as requires improvement.
- People could not always access the service when they needed it and did not always receive care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards. However, the standards had improved since the last inspection.

Summary of findings

- Medicine and maternity were rated as good.
- Community health inpatient services community health adult services and community health end of life care services were rated as good.

Are services well-led?

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

- Surgery was rated as inadequate.
- Not all leaders had the integrity, skills and abilities to run the service. While leaders operated governance processes throughout the service and with partner organisations, it did not always have a systematic approach to continually improve the quality of its services, not all staff said they felt respected, supported and valued, although staff were focused on the needs of patients receiving care.
- Critical care and maternity were rated as requires improvement.
- Leaders did not always have the knowledge they needed to run the service. Staff were not clear about the leadership structure that their service was a part of, the critical care service did not always collect reliable data. Staff could not always find the data they needed to understand performance, make decisions and improvements. Leaders operated governance processes, throughout the service and with partner organisations but there was not always clear escalation to the trust board.
- Urgent and emergency care and medicine were rated as good.
- Community health inpatient services community health adult services and community health end of life care services were rated as good.

Use of resources

Our rating of use of resources improved. We rated it as requires improvement because:

- The trust was not consistently making best use of its resources to enable it to provide high quality, efficient and sustainable care for patients.

Combined quality and resource

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

- We rated safe, effective, responsive, and well-led as requires improvement; and caring as good.
- We took into account the current ratings of the five core services not inspected at this time. We rated seven of the trust's 13 services as good and five as requires improvement and one as inadequate.
- The trust was rated requires improvement for use of resources.

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.

Summary of findings

Areas for improvement

We found areas for improvement including 49 breaches of legal requirements that the trust must put right. We found 45 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

Action we have taken

We issued eight requirement notices to the trust and one Section 29a Warning Notice.

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

What happens next

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

Areas for improvement

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

We told the trust that it must take action to bring services into line with seven legal requirements. This action related to six core services."

Urgent and emergency care

The service SHOULD:

- The provider should ensure urgent and emergency services increase medical consultant cover in line with national guidance (Regulation 18).
- The provider should ensure urgent and emergency services meet the 15-minute target for time to initial assessment (Regulation 12).
- The provider should ensure urgent and emergency services meet the England average for patients leaving the department without being seen (Regulation 12).
- The provider should ensure improved security presence within the department (Regulation 17).

Medical Care

We found areas for improvement in this service.

The service MUST:

- The provider must ensure venous thromboembolism risk assessments are routinely recorded for patients on their prescription charts or in an easily accessible location for staff to refer to (Regulation 12 (2)(a)(b)).
- The provider must ensure staff follow policies and procedures to ensure medicines are safety, prescribed, administered and stored, including a rapid tranquilisation policy to describe how to safely and effectively use medicines in the management of acute behavioural disturbance (Regulation 12(2)(g)).

Summary of findings

- The provider must ensure all patients weights are recorded on all prescription charts (Regulation12(2)(b).
- The provider must ensure all patients have all prescribed medication, this includes those patients waiting for discharge in the discharge lounge (Regulation 12(2)(g)).
- The provider must ensure medical staff meet the trust's target for mandatory training completion (Regulation 18(2)(a)).
- The provider must ensure medical staff meet the trust target for safeguarding training specific for their role (Regulation 13(2)).
- The provider must ensure patients mental capacity assessments are appropriately completed and recorded (Regulation 11(1)).

The service SHOULD:

- The provider should consider how improvements can be made to the environment of the endoscopy unit.
- The provider should consider what improvements can be made to coronary care and the endoscopy unit to avoid mixed sex breaches and provide assurance patients privacy and dignity is upheld.
- The provider should ensure the visual infusion phlebitis score is recorded every 12 hours for signs of infusion phlebitis (Regulation 12).
- The provider should ensure RESPECT forms (a directive for staff in relation to whether to undertake cardio pulmonary resuscitation) are should be appropriately completed (Regulation 12).
- The provider should ensure the Malnutrition Universal Screening Tool risk assessment is appropriately completed to identify patients' risk of malnutrition (Regulation 12).
- The provider should ensure patient records accurately reflect the patient's oral intake (Regulation 12).
- The provider should consider creating a dedicated multidisciplinary nutrition team and a nutritional steering group.
- The provider must ensure suitable arrangements are in place to ensure patients have enough to eat and drink, including enough staff to help feed patients to safeguard them from the risk of malnutrition (Regulation 12).

Surgery

The service MUST:

- The provider must ensure that staff are compliant with hand hygiene guidelines (Regulation 12(2)(h)).
- The provider must ensure all emergency equipment checks are carried out in line with trust policy and that all staff are aware of checking procedures (Regulation 12(2)(d)).
- The provider must ensure staff working in the service complete their Mental Capacity Act training at a level appropriate to their role. (Regulation 18(2)(a)).
- The provider must ensure venous thromboembolism risk assessment are carried out in line with national guidance (Regulation 12(2)(a)(b)).
- The provider must ensure confidential information is not accessible to unauthorised people (Regulation 17(2)(d)).
- The provider must ensure World Health Organisation Safer Surgery checklists are fully and accurately completed (Regulation 12(2)(a)(b)).
- The provider must ensure governance systems are fit for purpose in order to effectively manage and improve the surgical service (Regulation 17(2)(a)).

Summary of findings

- The provider must ensure leaders have the necessary skills and experience to effectively lead and manage the service (Regulation 18(20(a)).
- The provider must ensure that medical staff complete their mandatory training (Regulation 12(2)).
- The provider must ensure that junior doctors must have access to their planned medical training, and that there is adequate medical cover available to allow them to do this (Regulation 18(2)(a)).
- The provider must ensure all staff working in surgical services have life support training appropriate to their grade (Regulation 12(2)(c)).
- The provider must reduce the number of mixed sex breaches (Regulation 10(2)(a)).
- The provider must improve its referral to treatment times (Regulation 12(2)(i)).
- The provider must ensure medicines are prescribed, recorded and administered in line with best practice and trust guidance (Regulation 12(2)(a)).
- The provider must ensure systems for sharing learning from incidents, serious incidents, never events and patient deaths are fully accessible to all staff working in the service and across the wider trust (Regulation 17(2)).

The service SHOULD:

- The provider should ensure all staff have timely access to skills training (Regulation 12).
- The provider should consider implementing an electronic notes system.
- The provider should ensure its plans for a re-design are fully implemented to improve patient care and experience (Regulation 12).
- The provider should record patient's mortality risk score and American Society of Anesthesiologists Classification risk scores on World Health Organisation Safer Surgical checklists (Regulation 17).
- The provider should consider implementing regular team meetings across all wards.
- The provider should review its use of patient's transfer and transition packs, and ensure that where these are in place, all staff must be trained to use the equipment contained within them (Regulation 12).
- The provider should consider carrying out a re-audit of its consent processes and compliance to guidance.
- The provider should provide updated incident training to medical staff (Regulation 17).
- The provider should consider ensuring pre-operative assessment appointments are carried out sufficiently in advance of patients' planned operations.
- The provider should consider replacing damaged theatre table extension sets.

Critical care

The service MUST:

- The provider must ensure that electrical equipment has been serviced and safety checked in line with trust policy and manufacturers guideline (Regulation 12 (2)(e)).
- The provider must ensure staff are consistently checking the resuscitation equipment daily, to include the resuscitation trolleys and the emergency transfer bags (Regulation 12 (2)(e)).
- The provider must ensure all staff are adhering to trust policy in relation to infection, prevention and control. All staff must be bare below the elbows in clinical areas to ensure patients are kept safe (Regulation 12 (2)(h)).

Summary of findings

- The provider must ensure the contents of the drugs fridge and intravenous fluids are stored securely (Regulation 12 (2)(g)).
- The provider must ensure systems and processes for monitoring improvement are effective (Regulation 17(2)(a)).
- The provider must ensure that data collected to monitor the performance of staff and the service is reliable and accurate (Regulation 17(2)(a)).
- The provider must ensure policies, procedures and standard operating procedures are version controlled, have review dates and are reviewed by their review dates (Regulation 17(2)(b)).
- The provider must ensure meeting minutes are detailed and include actions in relation to risks and improvements in performance identified (Regulation 17(2)(b)).
- The provider must ensure the processes for identifying and recording risks to the service are effective. This includes ensuring the risk register is fit for purpose and includes relevant information to ensure it is effective (Regulation 17(2)(b)).
- The provider must ensure there are clear lines of communications, so leaders have the knowledge they need to run the service safely (Regulation 17(2)(b).
- The provider must ensure there are suitably qualified allied health professionals in line with the Guidelines for the Provision of Intensive Care Services standards (Regulation 18(1)).
- The provider must ensure the matron vacancy is filled by someone who is suitably qualified, competent, skilled and experienced in critical care (Regulation 18(1)).
- The provider must ensure all staff within critical care, particularly medical staff are up to date with their mandatory training (Regulation18(2)(a)).

The service SHOULD:

- The provider should ensure are big enough to accommodate the potential number of people using the service at any one time.
- The provider should ensure there are no mixed-sex accommodation breaches on the intensive care unit and where there are any, these are reported appropriately to relevant external bodies (Regulation 10).
- The provider should ensure that staff are adhering to actions recommended to reduce risk in risk assessments, particularly in relation to the medicine's fridge being unlocked and the intravenous fluids being stored in an unlocked area (Regulation 12).
- The service should consider having enough fluid stocks to run the hemofiltration machines.
- The provider should ensure all staff on the intensive care unit understand the Mental Capacity Act and Deprivation of Liberty Safeguards and how this relates to critical care services (Regulation 13).
- The provider should ensure all staff are competent with delirium assessments and the process is fully embedded (Regulation 12).
- The provider should ensure all staff are aware of specific arrangements for patients with, or at risk of female genital mutation (Regulation 13).
- There should consider adequate signage to ensure people entering the unit report to reception before entering and to not allow other visitors to tailgate.

Summary of findings

- The service should consider keeping the education room on the intensive care unit locked to prevent unauthorised access to restricted areas.
- The provider should monitor response times for patients with suspected or confirmed sepsis should be taking place (Regulation 12).
- The provider should ensure staff sign and print their names clearly on entries within patient records (Regulation 17).
- The provider should consider a vision and strategy for the intensive care unit that encompass all staff's views and is known to all staff on the unit, so everyone is working towards a common goal.
- The provider should professionally challenge and address behaviour that is inconsistent with trust policy (Regulation 17).

Maternity

The service MUST:

- The provider must ensure staff undertake pressure ulcer risk assessments on all women (Regulation 12(2)(a)).
- The provider must ensure all patients weights are recorded on all prescription charts (Regulation12(2)(b).
- The provider must ensure all women are tested for carbon monoxide levels (Regulation 12(2)(a)).
- The provider must ensure more doctors are trained to perform middle cerebral arterial doppler assessment (Regulation18(2)(a)).
- The provider must ensure that the patient environment is suitable for the provision of safe post operative care (Regulation 15 (1)(c))

The service SHOULD:

- The provider should make sure that all eligible women are referred to smoking cessation services (Regulation 12).
- The provider should record a target on the maternity dashboard for the accepted level of smoking cessation referrals to be made (Regulation 12).
- The provider should monitor when the staffing escalation policy has been used (Regulation 17).
- The provider should ensure that the patient safety at a glance white board on the maternity ward is located out of sight of women and visitors (Regulation 17).
- The provider should ensure that all women are provided with a copy of their consent form (Regulation 11).

Community health inpatients service

The service MUST

- The provider must ensure they have enough staff to provide effective and safe care (Regulation 18(1)).
- The provider must ensure that all eligible staff have completed and are up to date with mandatory training (Regulation 18(2)(a)).
- The provider must ensure that staff store patient records securely (Regulation 17(2)(d)).
- The provider must ensure that staff update patient records in a timely manner (Regulation 17(2)(c)).
- The provider must ensure that staff implement infection prevention control measures effectively (Regulation 12(2)(h)).

Summary of findings

- The provider must routinely audit and monitor the quality and effectiveness of the service, including patient outcomes (Regulation 17(2)(f)).

The service SHOULD

- The provider should consider how it supports staff to engage in quality improvement methodologies.

Community health adults service

The service MUST

- The provider must ensure that patient care notes are clear and easily available to all staff. Staff should ensure they are completed fully and are updated as necessary (Regulation 17(2)(c)).

The service SHOULD

- The provider should ensure they have enough staff to provide effective and safe care (Regulation 18(1)).
- The provider should ensure that all eligible staff have completed and are up to date with basic life support training (Regulation 18(2)(a)).
- The provider should ensure that staff a have adequate and regular supervision, which is recorded and monitored to ensure compliance (Regulation 18).
- The provider should ensure they set target treatment times, so they can monitor whether patients receive treatment in a timely manner (Regulation 12).
- The provider should ensure that staff are involved when the service undergoes a change or redesign (Regulation12).

Community health end of life services

The service SHOULD

- The provider should ensure staff know where to find and access the syringe driver policy (Regulation 17).

Well-led

The service MUST

- The provider must ensure timely investigation and response to complaints within the timescales set out by the trust (Regulation 16(1)).

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.

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Summary of findings

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

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff in the acute hospital. They supported staff to develop their skills and take on more senior roles. Leaders understood the challenges to quality and sustainability but did not have robust pathways in place to address them all.

The trust had a vision and were in the process of embedding the trust strategic objectives. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood the trust vision and strategy, however, we found examples where values were not embedded.

Leaders across the trust were in the process of embedding a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. However, there were mixed views from staff on how they felt supported, respected and valued.

Leaders operated governance processes, throughout the service and with partner organisations. Leaders recognised that governance processes were not yet mature and further review and alignment was required. Executive staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. The trust had a clear structure for overseeing performance, quality and risk. Meeting minutes did not always provide evidence of assurance from actions and challenges. Policies and standard operating procedures were not always up to date.

Leaders and teams used systems to manage performance, however, they were not always effective. There were arrangements in place to identify, record, manage risk and implement mitigating actions, which were not always effective. There was inconsistent learning disseminated to all staff from incidents. Recorded risks were aligned with what staff said was on their worry list. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were becoming integrated and were secure. We found that information governance was not always complied with.

All staff were committed to learning and improving services. Leaders encouraged innovation and were empowering staff to do this. Learning from incidents, including serious incidents and never events, was not fully embedded and effectively communicated to all staff groups. Complaints were not always dealt with in a timely manner and complainants often met delays in receiving responses. This was acknowledged by the executive teams and had ongoing processes in place to improve response times.

Leaders and staff actively and openly engaged with patients, staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

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 ➔➔ Mar 2020	Requires improvement ➔➔ Mar 2020	Good ➔➔ Mar 2020	Requires improvement ➔➔ Mar 2020	Requires improvement ➔➔ Mar 2020	Requires improvement ➔➔ Mar 2020

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 ➔➔ Mar 2020	Requires improvement ➔➔ Mar 2020	Good ➔➔ Mar 2020	Requires improvement ➔➔ Mar 2020	Requires improvement ↓ Mar 2020	Requires improvement ➔➔ Mar 2020
Community	Good ↑ Mar 2020	Good ↑ Mar 2020	Good ➔➔ Mar 2020	Good ↑ Mar 2020	Good ➔➔ Mar 2020	Good ↑ Mar 2020

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 Hereford County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Mar 2020	Good →← Mar 2020	Good →← Mar 2020	Requires improvement →← Mar 2020	Good →← Mar 2020	Good ↑ Mar 2020
Medical care (including older people's care)	Requires improvement ↓ Mar 2020	Requires improvement →← Mar 2020	Good →← Mar 2020	Good ↑ Mar 2020	Good →← Mar 2020	Requires improvement →← Mar 2020
Surgery	Inadequate ↓ Mar 2020	Requires improvement →← Mar 2020	Good →← Mar 2020	Requires improvement ↑ Mar 2020	Inadequate ↓ Mar 2020	Inadequate ↓ Mar 2020
Critical care	Requires improvement ↓ Mar 2020	Good →← Mar 2020	Good →← Mar 2020	Requires improvement →← Mar 2020	Requires improvement ↓ Mar 2020	Requires improvement ↓ Mar 2020
Maternity	Requires improvement ↓ Mar 2020	Good ↑ Mar 2020	Good →← Mar 2020	Good →← Mar 2020	Requires improvement ↓ Mar 2020	Requires improvement ↓ Mar 2020
Services for children and young people	Good Oct 2018	Requires improvement Oct 2018	Outstanding Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
End of life care	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Outpatients	Requires improvement Oct 2018	N/A	Good Oct 2018	Requires improvement Oct 2018	Good Oct 2018	Requires improvement Oct 2018
Overall*	Requires improvement →← Mar 2020	Requires improvement →← Mar 2020	Good →← Mar 2020	Requires improvement →← Mar 2020	Requires improvement ↓ Mar 2020	Requires improvement →← Mar 2020

*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 ➔➔ Mar 2020	Good ➔➔ Mar 2020	Good ↓ Mar 2020	Good ➔➔ Mar 2020	Good ➔➔ Mar 2020	Good ➔➔ Mar 2020
Community health services for children and young people	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Community health inpatient services	Requires improvement ➔➔ Mar 2020	Requires improvement ➔➔ Mar 2020	Good ➔➔ Mar 2020	Good ↑ Mar 2020	Good ➔➔ Mar 2020	Requires improvement ➔➔ Mar 2020
Community end of life care	Good ↑ Mar 2020	Good ↑ Mar 2020	Good ➔➔ Mar 2020	Good ➔➔ Mar 2020	Good ➔➔ Mar 2020	Good ↑ Mar 2020
Community dental services	Good Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015
Overall*	Good ↑ Mar 2020	Good ↑ Mar 2020	Good ➔➔ Mar 2020	Good ↑ Mar 2020	Good ➔➔ Mar 2020	Good ↑ Mar 2020

*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.

Acute health services

Background to acute health services

Wye Valley NHS Trust was established on 1st April 2011 and is a provider of health services in Herefordshire.

The trust provides community services and hospital care (acute and community) to a population of just over 180,000 people in Herefordshire. They also provide urgent and elective care to a population of more than 40,000 people in mid-Powys, Wales.

The trusts' catchment area is characterised by its rural nature and remoteness, with more than 50 per cent of our service users living five miles or more from Hereford city or a market town. The average age of the population is older than the national average.

- The trust has 320 acute beds, six critical care beds, 17 maternity beds and 76 community beds.
- From September 2018 to August 2019:
  - There were 57,666 inpatient admissions +12% compared to previous year. 6,230 of these were children, approximately +9% compared to the previous year.
  - There were 429,408 outpatient attendances (+8%).
  - There were 59,892 accident and emergency department attendances (-3%), of which 11,140 were children (+3%).
- As of June 2019, the trust employed 3,347 whole time equivalent staff.

The trust is in the process of developing a five-year integrated business plan that includes a service by service market analysis. Wye Valley NHS Trust operates a virtual monopoly within its 'core' Herefordshire catchment area and thus there is little opportunity for growing market share.

Community services may be tendered in the future by the Clinical Commissioning Group although the trust has secured this service for the next three years.

Public health nursing was recently tendered by Herefordshire Council and was successfully retained by the Trust with no competition from other parties.

Summary of acute services

Requires improvement 

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

- The trust provided mandatory training in key skills to all staff but did not make sure that everyone completed it.
- Trust staff did not always use equipment and control measures to protect patients, themselves and others from infection.

Summary of findings

- Governance processes within the trust were not consistently operating effectively. Divisions were inconsistent in their governance processes whilst the trust had taken steps to standardise these processes, it was too early to assess the effectiveness of the changes at this inspection.
- The urgent and emergency service did not have enough staff at consultant level with the right qualifications, skills and experience.
- People could not always access the urgent and emergency service when they needed it and did not always receive care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards. However, the standards had improved since the last inspection.
- From August to October 2018, the monthly percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was considerably higher than the England average at 5.5%. This measure had worsened since our October 2018 inspection when the average of 5% of patients left the trust before being seen.
- People could not access the surgical services when they needed it and they did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.
- Not all leaders within the surgical division had the integrity, skills and abilities to run the service. Although leaders supported staff to develop their skills and take on more senior roles, leadership training was not routinely provided to all staff in leadership positions. Leaders did not always understand and manage the priorities and issues the service faced. Some leaders were not visible or approachable in the service for patients and staff.
- The surgical service collected data and analysed it, although not all data was reliable. Staff could not always find the data they needed in easily accessible formats, to understand performance, make decisions and improvements. Although the information systems were integrated, some confidential information was not stored securely, and some staff had difficulty in accessing all areas of the data systems
- While staff within the surgical division told us, they were committed to continually learning and improving services, however we found inconsistencies in the continuous improvements of the service and we found some breaches in regulations which had not been rectified from our previous inspection. Collected data was not always utilised and turned into quality improvements, although leaders encouraged innovation and participation in research.
- The maternity service used monitoring results well to improve safety. Staff collected safety information but did not share it with women and visitors.
- The maternity service generally provided care and treatment based on national guidance and best practice. However, not all policies and procedures were up to date, therefore, we were not assured that robust processes were in place to review them and ensure that care and treatment based on the most up to date evidence was always followed. Local audits were not always completed, and the trust did not always provide us with the data of audits that had been completed.
- Not all complaints were dealt with in a timely manner. However, the maternity service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.
- The maternity service did not have sufficient managers at all levels with the right skills and abilities to run the service. However, they understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. Most staff felt well supported and were provided with opportunities to attend development courses.
- Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. Leaders understood the challenges to quality and sustainability but did not have robust pathways in place to address them all.

Summary of findings

- Staff within the critical care unit had an understanding around the Mental Capacity Act and Deprivation of Liberty Safeguards was mixed. However, processes and understanding of delirium screening were not fully embedded.
- The critical care service did not always meet the needs of local people. People could not always access the service when they needed it. They were delayed for prolonged periods of time in critical care when there was no longer a need for the service.
- Leaders within the critical care service did not always use reliable information systems. Staff were not clear about the leadership structure for their service. Staff were not clear if there was a service vision and strategy. Behaviour inconsistent with values and trust policy was not always addressed. Leaders did not always operate effective governance processes. Systems and processes used to identify and manage risks were not effective. Staff did not always submit notifications to external organisations as required. The service was not committed to improving continually.

However:

- Staff within the urgent and emergency service provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- The trust had a vision and were in the process of embedding the trust strategic objectives. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- The surgical service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services, although some wards were not dementia friendly. They coordinated care with other services and providers.
- Trust staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The critical care service had enough nursing and medical staff to care for patients and keep them safe. Staff understood how to protect patients from abuse. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- The maternity service made sure staff were competent for their roles to deliver effective care and treatment to women and their babies. There were processes in place to ensure that newly qualified midwives gained the skills and experience they needed. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Hereford Hospital

County Hospital
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Hereford
Herefordshire
HR1 2ER
Tel: 01432355444
www.wyevalley.nhs.uk

Key facts and figures

Situated in the south-west of the West Midlands region bordering Wales, Herefordshire's principal urban locations are the city of Hereford, and the market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington.

Wye Valley NHS Trust provides acute and community care to the population of Herefordshire and acute care to parts of Mid-Powys, a combined population of circa 225,000 with 185,000 in Herefordshire and 40,000 in Mid Powys. The trust is co-terminus with both its main local commissioners (Herefordshire Clinical Commissioning Group) and local Adult Social Care provider (Herefordshire County Council). Acute care for the Mid-Powys population is commissioned by Powys Teaching Health Board.

The trust has a divisional and directorate management structure in place with four divisions surgery, medicine, integrated care and clinical support.

The trust's acute hospital, County Hospital, provides a broad range of acute services including trauma care and hyper-acute stroke services. This reflects the rural nature of the county and relatively long travel times to the larger tertiary centres.

The trust provides a broad range of community services and community inpatient beds across its three community hospitals, which are based in Ross on Wye, Leominster and Bromyard.

The trust's community teams are broadly configured to deliver services across both county-wide and locality geographies. Locality-based teams are configured to develop integrated services in support of the primary care network and population health management, in line with the long-term NHS plan. Broader county wide services are similarly working to offer integrated urgent care functions alongside system partners, to support optimal system patient flow.

Summary of services at Hereford Hospital

Requires improvement 

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

- The trust provided mandatory training in key skills to all staff but did not make sure that everyone completed it.
- Trust staff did not always use equipment and control measures to protect patients, themselves and others from infection.

Summary of findings

- Governance processes within the trust were not consistently operating effectively. Divisions were inconsistent in their governance processes whilst the trust had taken steps to standardise these processes, it was too early to assess the effectiveness of the changes at this inspection.
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- The maternity service used monitoring results well to improve safety. Staff collected safety information but did not share it with women and visitors.
- The maternity service generally provided care and treatment based on national guidance and best practice. However, not all policies and procedures were up to date, therefore, we were not assured that robust processes were in place to review them and ensure that care and treatment based on the most up to date evidence was always followed. Local audits were not always completed, and the trust did not always provide us with the data of audits that had been completed.
- Not all complaints were dealt with in a timely manner. However, the maternity service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.
- The maternity service did not have sufficient managers at all levels with the right skills and abilities to run the service. However, they understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. Most staff felt well supported and were provided with opportunities to attend development courses.
- Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. Leaders understood the challenges to quality and sustainability but did not have robust pathways in place to address them all.

Summary of findings

- Staff within the critical care unit had an understanding around the Mental Capacity Act and Deprivation of Liberty Safeguards was mixed. However, processes and understanding of delirium screening were not fully embedded.
- The critical care service did not always meet the needs of local people. People could not always access the service when they needed it. They were delayed for prolonged periods of time in critical care when there was no longer a need for the service.
- Leaders within the critical care service did not always use reliable information systems. Staff were not clear about the leadership structure for their service. Staff were not clear if there was a service vision and strategy. Behaviour inconsistent with values and trust policy was not always addressed. Leaders did not always operate effective governance processes. Systems and processes used to identify and manage risks were not effective. Staff did not always submit notifications to external organisations as required. The service was not committed to improving continually.

However:

- Staff within the urgent and emergency service provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- The trust had a vision and were in the process of embedding the trust strategic objectives. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- The surgical service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services, although some wards were not dementia friendly. They coordinated care with other services and providers.
- Trust staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The critical care service had enough nursing and medical staff to care for patients and keep them safe. Staff understood how to protect patients from abuse. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- The maternity service made sure staff were competent for their roles to deliver effective care and treatment to women and their babies. There were processes in place to ensure that newly qualified midwives gained the skills and experience they needed. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Urgent and emergency services

Good ↑

Key facts and figures

Urgent and emergency care at the trust is provided through the emergency department (ED). Improvements to urgent and emergency flow have been overseen by the trust's urgent care programme board including ED workforce redesign, ambulance conveyances audits, primary care streaming, Red2Green (a visual management system that identifies wasted time – red days – in a patient's journey) and discharge to assess (a programme which funds and supports people to leave hospital, when safe and appropriate to do so, and continue their care and assessment out of hospital). A weekly 'Change Academy', designed to make sustainable improvement, is delivered by frontline staff to promote local ownership of innovation.

Working towards a "blended medical model", the trust's ED, acute physicians and consultant geriatricians work closely to support timely patient assessment and patient flow. Advanced clinical practitioners also form part of this blended model to enable timely referral and assessment across all general and speciality teams.

In partnership with the GP federation, rapid assessment and triage is undertaken within the trust's rapid assessment area to stream and navigate patients to the correct clinical pathway, be it primary or secondary care from ED.

The trust's clinical site manager (CSM) team provide 24 hour a day, seven days a week oversight of acute and emergency flow. Knowledge regarding capacity and flow has been a recent key priority at the trust, with a review of escalation plans currently underway. The trust's out of hours improvement through their Hospital@Night programme went live the week of our inspection in November 2019. This will be supported by enhanced clinical skill sets for all CSMs.

The minor injuries units at Ross on Wye and Leominster community hospitals are open Monday to Friday from 8:30am to 5:30pm, excluding bank holidays. They are staffed by emergency nurse practitioners, who are skilled in dealing with minor injuries and ailments, including simple fractures, limb problems, minor burns and minor head injuries. X-ray facilities are available in Ross on Wye and in Leominster. As part of the winter pressures plan however, the minor injury departments were closed in October 2019, they are due to reopen in March 2020.

From July 2018 to June 2019 there were 60,277 attendances at the trust's urgent and emergency care services.

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

We inspected the emergency department at County Hospital. There was one inspector and two specialist advisors. These were a senior nurse and an emergency medicine doctor.

We spoke with 25 members of staff, including nurses, doctors, healthcare assistants, emergency nurse practitioners, ambulance staff and members of the senior management team.

We also spoke with 15 patients and 10 relatives during the inspection.

We reviewed 25 sets of electronic patient records.

Summary of this service

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

Urgent and emergency services

- The service had enough nursing staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However,

- The service did not have enough staff at consultant level with the right qualifications, skills and experience.
- People could not always access the service when they needed it and did not always receive care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards. However, the standards had improved since the last inspection.
- From August to October 2018, the monthly percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was considerably higher than the England average at 5.5%. This measure had worsened since our October 2018 inspection when the average of 5% of patients left the trust before being seen.

Is the service safe?

Good  

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

- The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it. However, some subjects were slightly below the trust target of 90%.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use equipment. Staff managed clinical waste well.

Urgent and emergency services

- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction. However, the vacancy rate was above 20% in June 2019. This had reduced at the time of our inspection.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However,

- The service did not have enough staff at consultant level with the right qualifications, skills and experience. There were 2.5 WTE permanent consultants for the department. The department used regular locum consultants and managed 12 hours a day, seven days a week cover. The Royal College of Emergency Medicine (2010) guidelines, recommended that EDs provide 16 hours a day, seven days a week consultant cover. Managers regularly reviewed staffing levels and skill mix and gave locum staff a full induction.

Is the service effective?

Good 

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. However, they did not always meet the standards in line with the England average but had action plans to deliver improvements.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Urgent and emergency services

- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

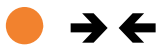
Is the service caring?

Good 

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

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

Is the service responsive?

Requires improvement 

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

- People could not always access the service when they needed it and did not always receive care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards. However, the standards had improved since the last inspection.
- From August to October 2018, the monthly percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was considerably higher than the England average at 5.5%. This measure had worsened since our October 2018 inspection when the average of 5% of patients left the trust before being seen.

However,

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

Urgent and emergency services

Is the service well-led?

Good 

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

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

However,

- The hospital had no onsite security in place. The porters had undertaken training to support teams when responding to challenging behaviour.

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Areas for improvement

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

Medical care (including older people's care)

Requires improvement 

Key facts and figures

Inpatient medical care is provided through the following teams: respiratory, cardiology, gastroenterology, geriatric medicine, and stroke. The acute medical take is managed by the trust's team of acute physicians during the working week and overnight and on weekends through their consultant on-call team. The medical teams are supported by a mix of physician assistants and advanced nurse practitioners.

There are seven inpatient areas:

- The Acute medical unit (AMU)
- Arrow ward (elderly care)
- Lugg ward (cardiology and geriatric medicine)
- Wye ward (stroke)
- Frome ward (respiratory gastroenterology)
- Gilwern assessment unit (the trust's specialist area in assessing geriatric patients)
- Coronary care unit

The trust's geriatric assessment unit and frailty team actively aim to manage patients through the Gilwern assessment unit within 72 hours and are an active member in the Frailty Network. The team plays a vital role in emergency department support and has had an increased inpatient bed base.

In addition, the trust had an endoscopy unit

The medical division is actively planning a medical workforce redesign in order to improve medical flow, out of hours medical rotas and seven day working, including specialist ward rounds at weekends.

(Source: Routine Provider Information Request (RPIR) - Acute context tab)

The medical care service at the trust has 179 medical inpatient beds located across seven wards and units at County Hospital:

- Acute medical unit: 24 beds
- Arrow ward: 25 beds
- Coronary care unit: 6 beds
- Frome ward: 35 beds
- Lugg ward: 30 beds
- Wye ward: 26 beds (includes six hyper acute stroke beds)
- Gilwern assessment unit: 16 beds

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

The trust had 24,094 medical admissions from July 2018 to June 2019. Emergency admissions accounted for 12,142 (50.4%), 103 (0.4 %) were elective, and the remaining 11,849 (49.2%) were day case.

Medical care (including older people's care)

Admissions for the top three medical specialties were:

- General medicine: 10,940 admissions
- Gastroenterology: 4,043 admissions
- Clinical haematology: 2,851 admissions

(Source: Hospital Episode Statistics)

Between June 2018 and July 2019 there were 10,180 endoscopic procedures undertaken.

Medical care services are managed in the division of medicine. The last CQC inspection of the medical care service at County Hospital was in June 2018 when the service was rated as requires improvement overall.

We carried out an unannounced inspection from 11 to 14 November 2019 during which we visited:

Acute medical unit

Arrow ward

Clinical assessment unit

Coronary care unit

Discharge lounge/ Medical day case unit

Endoscopy services

Frome ward

Gilwern ward

Wye Ward

We spoke with 52 members of staff including nurses, doctors, health care assistants, pharmacists, allied health professionals and housekeepers. We also spoke with 21 patients and relatives. We observed interactions between patients and staff, considered the environment and looked at 42 patient care records including patients' medical notes and nursing staff. We also reviewed other documentation from stakeholders and nationally published data for the trust.

Summary of this service

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

- The service did not always use systems and processes to safely prescribe, administer, record and store medicines. Medical staff did not meet the trust targets for mandatory training completion including safeguarding training. The endoscopy unit was small and cluttered. However, the service had enough staff to care for patients and keep them safe. Most staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

Medical care (including older people's care)

- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Most key services were available seven days a week. However, arrangements to ensure patients had enough to eat and drink including their specialist nutrition and hydration needs needed to be improved.
- Staff treated patients with compassion and kindness, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. However, facilities within some ward areas compromised patient's dignity and privacy.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. However improvement was needed to ensure complaints were investigated and responded to in a timely manner.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Requires improvement

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

- The service did not always use systems and processes to safety prescribe, administer and store medicines. All medicine incidents were not reported which meant appropriate actions may not be undertaken to address any errors.
- Medical staff did not meet the trust's targets for mandatory training completion.
- Medical staff had not met the trust target for safeguarding training specific for their role but recognised abuse and would report it when required.
- The endoscopy unit was small and cluttered.

However

- The service provided mandatory training in key skills to all staff and most staff completed it.
- Nursing staff received training specific for their role on how to recognise and report abuse.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment throughout most of the medical division kept people safe. Staff managed clinical waste well.
- Staff mostly completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Medical care (including older people's care)

- The service had been challenged with vacancies but there were enough staff with the right qualifications, skills, training and experience in the majority of ward areas to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- The service managed patient safety incidents well. Most staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Requires improvement 

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

- Arrangements to ensure patients had enough to eat and drink including their specialist nutrition and hydration needs were not enough to safeguard patients at risk of malnutrition.
- The service mostly provided care and treatment based on national guidance and evidence-based practice. However, some guidance had not been updated and did not reflect current best practice. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff supported patients to make informed decisions about their care and treatment. However, national guidance was not always followed particularly for those patients who lacked capacity to make their own decisions. Limitations of patients' liberty safeguards were not fully met.

However,

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements, some improvements had been made but there were mixed outcomes for patients.
- From June 2018 to May 2019, patients at County Hospital had a lower than expected risk of readmission for elective admissions when compared to the England average
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.

Medical care (including older people's care)

Is the service caring?

Good ➔➔

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

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

However

- Facilities within some ward areas compromised patient's dignity and privacy.

Is the service responsive?

Good ➔

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

- The service planned and provided care in a way that mostly met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and mostly received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received and the service included patients in the investigation of their complaint and shared lessons learned with staff.

However

- Complaints were not investigated within the timescales set out by the trust.
- Some areas experienced mix sex accommodation breaches.

Is the service well-led?

Good ➔➔

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Medical care (including older people's care)

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated governance processes, throughout the service. However, there was a need to ensure an effective nutrition steering group was in a place.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff engaged with patients and staff.
- All staff were committed to continually learning and improving services.

However

- Leaders and teams used systems to manage performance effectively. They identified and escalated some but not all risks and issues and identified actions to reduce their impact of the risk were not always identified. They had plans to cope with unexpected events.

Areas for improvement

We found 16 areas for improvement in this service. See the Areas for Improvement section above.

Surgery

Inadequate  

Key facts and figures

The trust provides its surgical services from County Hospital.

Surgical specialities at the trust cover the following specialities:

- Colorectal
- Upper gastrointestinal
- Breast
- Urology
- Ear, nose and throat (ENT)
- Vascular
- Trauma and orthopaedics
- Maxillo-facial
- Oral surgery
- Orthodontics and ophthalmology

The trust has 100 surgical beds split over five wards/units:

- Day case unit: 18 beds
- Leadon Ward (general surgery – female): 20 beds
- Monnow Ward (general surgery – male): 18 beds
- Redbrook Ward (trauma and orthopaedics): 24 beds
- Teme Ward (trauma and orthopaedics): 20 beds

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

The trust had 23,923 surgical admissions from July 2018 to June 2019. Emergency admissions accounted for 5,465 (22.8%), 15,641 (65.4%) were day case, and the remaining 2,817 admissions (11.8%) were elective.

(Source: Hospital Episode Statistics)

We carried out an inspection from 12 to 14 November and on 22 November 2019. Our inspection was unannounced (staff did not know we were coming). Prior to the inspection we reviewed information we had about the service and information from stakeholders.

The inspection team consisted of an inspector and two specialist advisors for surgery. This included a consultant surgeon and a theatre matron. We visited all four surgical and orthopaedic wards, the day case unit and the operating theatres, plus the pre-operative assessment unit.

During the inspection visit the inspection team:

- Spoke with eight patients who were using the service

Surgery

- Spoke with 22 members of staff including senior managers, doctors, nurses, theatre staff, support workers, administrative staff, housekeepers and allied health professionals.
- Reviewed 24 patient records relating to assessments, care plans, and observations plus 15 medicines administration charts.

At our last inspection in June 2018 we rate surgical services as requires improvement overall. We rated caring as good, we rated safe, effective and well led as requires improvement and responsive as inadequate.

Summary of this service

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

- Staff did not always use equipment and control measures to protect patients, themselves and others from infection. However, the service did use systems to identify and prevent surgical site infections and they kept equipment and the premises visibly clean.
- Staff did not complete and update all risk assessments for each patient and did not remove or minimise every risk. Staff mostly identified and quickly acted upon patients at risk of deterioration.
- Staff did not always follow systems and processes to safely prescribe, administer or record medicines. Medicines were mostly stored safely however, we observed an unlocked and unattended medicine trolley on one ward.
- Staff did not always follow up-to-date policies to plan and deliver high quality care according to best practice and national guidance.
- Nursing and medical staff did not receive or keep up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards
- People could not access the service when they needed it and they did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.
- Not all leaders had the skills and abilities to run the service. Although leaders supported staff to develop their skills and take on more senior roles, leadership training was not routinely provided to all staff in leadership positions. Leaders did not always understand and manage the priorities and issues the service faced. Some leaders were not visible or approachable in the service for patients and staff.
- The service collected data and analysed it, although not all data was reliable. Staff could not always find the data they needed in easily accessible formats, to understand performance, make decisions and improvements. Although the information systems were integrated, some confidential information was not stored securely, and some staff had difficulty in accessing all areas of the data systems
- While staff told us they were committed to continually learning and improving services, we found inconsistencies in the continuous improvements of the service and we found some breaches in regulations which had not been rectified from our previous inspection. Collected data was not always utilised and turned into quality improvements, although leaders encouraged innovation and participation in research.

However

- Nursing staff received and kept up-to-date with most of their mandatory training.

Surgery

- Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.
- The service had 24-hour access to mental health liaison and specialist mental health support.
- The service used monitoring results to improve safety. Staff collected safety information and shared it with staff, patients and visitors.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- The service had systems to help care for patients in need of additional support or specialist intervention.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services, although some wards were not dementia friendly. They coordinated care with other services and providers.

Is the service safe?

Inadequate

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

- The service provided mandatory training in key skills to staff but did not always make sure everyone completed it. Nursing staff had completed most of their mandatory training. However, medical staff had not completed their mandatory training.
- Not all staff had training on how to recognise and report abuse although they knew how to apply it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Medical staff had not received training specific for their role on how to recognise and report abuse. However, staff knew how to identify adults and children at risk of harm and worked with other agencies to protect them.
- Staff did not always use equipment and control measures to protect patients, themselves and others from infection. However, the service did use systems to identify and prevent surgical site infections and they kept equipment and the premises visibly clean. Staff did not always follow infection control principles including hand hygiene before and after every patient contact and being bare below the elbows, although wards and clinical areas were visibly clean.
- The design, maintenance and use of facilities, premises and equipment was not always maintained in a manner that kept people safe. Staff mostly managed clinical waste well. Staff did not always carry out daily or weekly safety checks of specialist equipment.
- Staff did not complete and update all risk assessments for each patient and did not remove or minimise every risk. Staff mostly identified and quickly acted upon patients at risk of deterioration. Venous thrombo-embolism (VTE) risk assessments had not been undertaken on every patient. World Health Organisation (WHO) surgical safety checklist was not carried out in line with National Patient Safety Agency (NPSA) guidelines. Not all staff routinely used a nationally recognised tool to identify deteriorating patients. However, nursing risk assessments had been completed for each patient.

Surgery

- The service did not always have enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Although managers regularly reviewed and adjusted staffing levels, the required skill mix was not always achieved. Bank and agency staff had a full induction. Although there were generally enough nurses working each shift, some shifts were staffed by nurses who were not trained or experienced enough to carry out all of the nursing tasks required of them.
- The service mostly had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction. Some medical staff told us the medical cover at night sometimes felt unsafe, and junior doctors told us they were sometimes too busy to attend their junior doctor training sessions.
- Patient records were not always stored securely. Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and most were easily available to staff providing care. Records were not stored securely, and we observed notes trolley unlocked on each of the surgical wards.
- Staff did not always follow systems and processes to safely prescribe, administer or record medicines. Medicines were mostly stored safely however, we observed an unlocked and unattended medicine trolley on one ward. Nurses administered medicines without always recording the dose given. Medical staff prescribed medicines without always recording the strength, or without carry out a risk assessment to ensure all medicines prescribed were appropriate for each individual patient.
- The service did not always manage patient safety incidents well. Not all staff recognised and reported incidents and near misses. Managers investigated incidents although lessons learned were not always shared with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored. Not all staff knew what incidents to report and how to report them, some staff told us they did not report any incidents, and some staff said they did not receive feedback or learning points from incidents that had occurred.

However

- The service used monitoring results to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Requires improvement 

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

- The service mostly provided care and treatment based on national guidance and evidence-based practice. However, some guidance had not been updated and some guidance did not contain dates, review by dates or version numbers. Managers carried out some checks to make sure staff followed guidance, although we found evidence that best practice was not always followed. Staff protected the rights of patient's subject to the Mental Health Act 1983. Not all policies followed current best practice, some guidance documents in the department were not dated or have version numbers and update dates. Some care pathways were not completed fully or followed, and audits carried out by the service did not always contain action plans. However, we also found that staff protected the rights of patient's subject to the Mental Health Act and followed the Code of Practice, although nursing and medical staff did not receive or keep up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Surgery

- The service monitored the effectiveness of care and treatment and but did not always use the findings to improve. There was variable performance in national audits and some did not have updated action plans to drive improvements. There was minimal learning recorded following mortality meetings and the "Getting it Right First Time" (GIRFT) audit and action plan had no updated actions for general surgery since it was undertaken in May 2016.

However

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain. However, staff did not always prescribe, administer and record pain relief accurately.
- The service made sure staff were competent for their roles, although there were skills gaps in some areas of nursing. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Not all nursing staff had timely access to skills training.
- Doctors, nurses and other healthcare professionals mostly worked together as a team to benefit patients. They supported each other to provide good care. However, most wards did not hold regular team meetings.
- Key services were mostly available seven days a week to support timely patient care. However, time to consultant review did not always meet the national standard and some imaging services were not available on site 24 hours a day, seven days a week. Consultants did not see all patients on a weekend, although registrars did review each patient who required this.
- Staff gave patients practical support and advice to lead healthier lives.
- Most staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act (MHA), Mental Capacity Act (MCA) 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice (AMSAT). However, not all nurses and doctors had received training on Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Most patients we reviewed had not been given a copy of their consent form, although patients we spoke to confirmed they were fully aware of their procedure.

Is the service caring?

Good 

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

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

Surgery

Is the service responsive?

Requires improvement ↑

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

- Although the service planned and provided care in order to meet the needs of local people and the communities it served and worked with others in the wider system and local organisations to plan care, there was insufficient capacity at the trust which meant some people had long delays in accessing surgical services. Pressure to accommodate as many patients as possible resulted in breaches of the standards for mixed sex accommodation, and several breaches had been reported every month this year. Facilities and premises were not always appropriate for the services being delivered and they were not designed to meet the needs of patients living with dementia.
- People could not access the service when they needed it and they did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards. Although managers monitored waiting times but did not always make sure patients could access services when needed and received treatment within agreed timeframes and national targets. However, the trust had agreed a referral to treat time with its commissioners which it was on target to achieve by March 2020. Harm reviews were undertaken on patients who had waited more than 52 weeks for their surgery.
- Complaints were not investigated within the timescales set out by the trust, although it was easy for people to give feedback and raise concerns about care received. The service included patients in the investigation of their complaint and shared lessons learned with some staff.

However

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services, although some wards were not dementia friendly. They coordinated care with other services and providers. Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet their needs.

Is the service well-led?

Inadequate ↓

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

- Not all leaders had the skills and abilities to run the service. Although leaders supported staff to develop their skills and take on more senior roles, leadership training was not routinely provided to all staff in leadership positions. Leaders did not always understand and manage the priorities and issues the service faced. Some leaders were not visible or approachable in the service for patients and staff. Not all staff said they felt respected, supported and valued, and although the service had an open culture where patients, their families and staff could raise concerns, staff did not always challenge bad practice. Several staff in leadership roles were in acting roles and some told us they had received no training for their new position.
- Not all staff said they felt respected, supported and valued, although staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work although some staff said there were too few opportunities for career development. Although the service had an open culture where patients, their families and

staff could raise concerns, staff did not always challenge bad practice. There were variable levels of engagement from some consultants working in the service and some clinical areas worked in isolation of each other. Although most staff said they were proud to work for the trust, they also said they felt a lot of pressure to achieve results despite having a lack of some essential resources.

- While leaders operated governance processes throughout the service and with partner organisations, it did not always have a systematic approach to continually improve the quality of its services. Medical and nursing staff told us that relevant information from quality improvements was not always shared through team meetings, safety huddles or divisional newsletters and emails. Some clinical staff told us they were unaware of any safety or quality improvements. Although the service was involved in many local and national audits, action plans and learning from the audits was not followed through or routinely shared will all staff.
- Leaders and teams did not always use systems to manage performance effectively. While they identified and escalated some relevant risks and issues, they did not always identify all risks, or identify actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care. The service risk register had risks which were not regularly monitored, updated or have actions to mitigate against them. Not all risks identified during our inspection were on the risk register.
- The service collected data and analysed it, although not all data was reliable. Staff could not always find the data they needed in easily accessible formats, to understand performance, make decisions and improvements. Although the information systems were integrated, some confidential information was not stored securely, and some staff had difficulty in accessing all areas of the data systems. Data or notifications were consistently submitted to external organisations as required. Some national audits had reported lower than expected outcomes due to poor data quality and coding, rather than poor patient outcomes. Confidential patient notes were not always locked away from unauthorised people.
- Although leaders and staff actively and openly engaged with patients, equality groups, the public and local organisations to plan and manage services, some staff said senior leaders had not always engaged with their department. Leaders collaborated with partner organisations to help improve services for patients. Some staff told us their departments and clinical areas were not visited by senior leaders. Response rates for the friends and family test were lower than England averages although feedback was mostly positive.
- While staff told us they were committed to continually learning and improving services, we found inconsistencies in the continuous improvements of the service and we found some breaches in regulations which had not been rectified from our previous inspection. Collected data was not always utilised and turned into quality improvements, although leaders encouraged innovation and participation in research. Breaches of regulations identified during our inspection in June 2018 had not been rectified and we found additional breaches during this inspection.

However

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress. Staff told us the service vision was aligned to the trust vision which had been developed as part of a long-term sustainability and transformation plan, in conjunction with local health commissioners.

Areas for improvement

We found 25 areas for improvement in this service. See the Areas for Improvement section above.

Critical care

Requires improvement 

Key facts and figures

Critical care includes areas where patients receive more intensive monitoring and treatment for life-threatening conditions. The Department of Health have defined levels of care dependent on the severity of the patient's condition. The critical care service at County Hospital includes care at levels 2 and 3. Patients that require a more detailed observation or intervention that includes an extended post-operative care, receiving support for a single failing organ system and requiring additional respiratory, renal, neurological or dermatological support fall under level 2 care. Patients that require support for multi-organ failure and basic respiratory support, or for advanced respiratory support alone fall under level 3 care.

(Source: Department of Health Comprehensive Critical Care 2000)

We inspected critical care services at County Hospital on 19 and 20 November 2019 and the inspection was unannounced. This meant staff did not know we were coming. Our inspection team consisted of one lead CQC inspector and a specialist critical care nurse adviser.

During our inspection, we visited the critical care unit, spoke with 16 members of staff including doctors, consultants, nurses, admin non-clinical staff and the clinical director for the directorate. We reviewed three patient records and spoke with four patients and their relatives.

The unit was last inspected in July 2016. The service was rated good overall and for safe, effective, caring and well led. They were rated requires improvement for responsive.

Our findings from this inspection showed there was little improvement made since the last inspection of critical care in 2016 and areas that had deteriorated. Our rating of this service went down. We rated them as requires improvement overall, with safe, responsive and well-led rated as requires improvement. Effective and caring stayed the same as rated good.

Summary of this service

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

- The service did not always ensure staff had completed mandatory training. Staff were not always aware of specific safeguarding arrangements and they did not always manage safety well. The service did not always control infection risk well. The design, layout and use of facilities was not always appropriate to care for patients safely. The service did not always maintain equipment well. The service did not have enough allied health professionals to care for patients and keep them safe. Staff did not always manage medicines well.
- Staff understanding around the Mental Capacity Act and Deprivation of Liberty Safeguards was mixed. Processes and understanding of delirium screening were not fully embedded.
- The service did not always meet the needs of local people. People could not always access the service when they needed it. They were delayed for prolonged periods of time in critical care when there was no longer a need for the service.

Critical care

- Leaders did not always use reliable information systems. Staff were not clear about the leadership structure for their service. Staff were not clear if there was a service vision and strategy. Behaviour inconsistent with values and trust policy was not always addressed. Leaders did not always operate effective governance processes. Systems and processes used to identify and manage risks were not effective. Staff did not always submit notifications to external organisations as required. The service was not committed to improving continually.

However

- The service had enough nursing and medical staff to care for patients and keep them safe. Staff understood how to protect patients from abuse. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service worked with others to plan care, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged with patients and the community to plan and manage services.

Is the service safe?

Requires improvement 

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

- The service did not ensure all staff had completed their mandatory training
- Not all staff had completed their safeguarding training. Staff were unaware of specific safeguarding arrangements for patients with, or at risk of female genital mutilation. There was no rapid tranquilisation policy outlining appropriate management of patients when using this practice, to ensure they were kept safe.
- Staff did not always control infection risk well. They did not always adhere to trust policy on infection and prevention control measures.
- The design, layout and use of facilities was not always appropriate to care for patients safely. Maintenance and use of equipment did not always keep people safe.
- Response times for patients at risk of deterioration and with suspected or confirmed sepsis was not monitored.
- The service did not have enough allied health professionals with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff did not always record authors in patient records clearly.

- Staff did not record discarded medicines consistently and some medicines were not stored securely.

However

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Nursing staff had training on how to recognise and report abuse and they knew how to apply it in most cases.
- Staff used equipment to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff were trained to use equipment and they managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and acted upon patients at risk of deterioration.
- The service had enough nursing, support and medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- There were good links with specialist colleagues through network support.
- Staff kept detailed records of patients' care and treatment. Records were up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe and administer medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff.

Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Critical care

- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

However

- Staff understanding around the Mental Capacity Act and Deprivation of Liberty Safeguards was mixed. Processes and understanding of delirium screening were not fully embedded.
- The service did not always review their policies, procedures and guidance by the review dates.

Is the service caring?

Good  

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

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

Is the service responsive?

Requires improvement  

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

- The service had challenges with access and flow. They did not always meet the needs of local people and the communities served because of capacity issues.
- The service did not discharge patients in line with national standards. It was difficult at times for people to access the service when they needed it.
- Facilities and premises were not always appropriate for the services being delivered. The layout did not always allow for staff to adhere to mixed-sex accommodation standards and easily maintain patients' dignity and privacy.

However

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Critical care

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Requires improvement 

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

- Leaders did not always have the knowledge they needed to run the service. Staff were not clear about the leadership structure that their service was a part of.
- Staff were not clear if there was a vision for the service and a strategy to turn it into action. Staff gave different versions of a vision for the unit. There did not appear to be an understanding on how to apply the vision and monitor progress.
- There was a lack of professional challenge to address behaviour that was inconsistent with trust policy. Staff were not always cooperative with their peers.
- Leaders did not always operate effective governance processes. Governance systems could not operate effectively to ensure up to date evidence-based information was in place.
- Leaders and teams did not always use systems to manage performance effectively. They did not identify and escalate relevant risks and issues. There were no identified actions to reduce their impact recorded on the risk register.
- The service did not always collect reliable data. Staff could not always find the data they needed to understand performance, make decisions and improvements. Data or notifications were not consistently submitted to external organisations as required.
- The service did not always show that they were committed to continually learning and improving services.

However

- Leaders had the skills and abilities to run the service. They understood the issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

Areas for improvement

We found 26 areas for improvement in this service. See the Areas for Improvement section above.

Maternity

Requires improvement 

Key facts and figures

Maternity services at County Hospital are supported by seven consultant obstetricians and 64.3 whole time equivalent (WTE) midwives, excluding specialised midwives. The geographic coverage/boundaries for the maternity service includes Herefordshire, Powys, Gloucestershire, Worcestershire and Shropshire.

In 2018/19 there were 1,660 births. The trust has a home birth service; however, there are limitations in options for the place of birth due to the absence of a midwifery led unit.

Inpatient services include five delivery rooms and an obstetric theatre in the delivery suite, as well as 17 antenatal and postnatal beds on the maternity ward. There are outpatient antenatal clinics; day case triage; a day assessment unit; a bereavement suite; and a counselling facility. The community midwifery service is provided from general practice, children's centres, community hospitals, and patients' homes.

Clinical referrals are made to a specialist women's hospital and the trust transfers in-utero to surrounding units with available cots for premature and high-risk deliveries. The trust is level 1+ and has an agreement in place with another trust to transfer mothers who are under 32-week singletons or 30-week multiples. The trust receives in-utero transfers from surrounding units.

Since March 2017, and in line with the National Maternity Transformation Programme, Herefordshire and Worcestershire have formed a Local Maternity System to deliver the national strategic drivers, inclusive of the saving babies lives care bundle versions 1 and 2. In April 2019, they commenced in wave 3 maternity and neonatal health safety collaborative.

The maternity service at the trust offers safeguarding, a contracted supervision group with link meetings, operational meetings, and joint safeguarding leads forums. There is a midwifery academy to support staff preceptorship and clinical supervision.

The trust promotes normality, antenatal and newborn screening, and transitional care. There is also promotion of Professional Midwifery Advocacy (PMA). There are open door PMA sessions and every practitioner has four hours for PMA time out/reflection and mindfulness. There is also an information leaflet to promote A-equip (a model of clinical midwifery supervision).

We spoke with 41 members of staff including midwives, doctors, maternity support workers, sonographers, ward clerks and housekeepers. We also spoke with seven women and their relatives. We observed interactions between women and staff, considered the environment and looked at 19 women's care records and 14 prescription records. We also reviewed other documentation from stakeholders and nationally published data for the trust.

Summary of this service

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

- The service provided mandatory training in key skills to all staff but did not make sure that everyone completed it. However, training completion rates for maternity specific training for both medical and midwifery staff met the trust target.

Maternity

- The service did not always have suitable premises, the second obstetric theatre was not compliant with national standards and the recovery area on the delivery suite was not designed in a way that protected women's privacy and dignity. However, staff confirmed that they had sufficient equipment to meet the needs of women and their babies. Processes were in place to ensure emergency equipment was checked daily.
- The service used monitoring results well to improve safety. Staff collected safety information but did not share it with women and visitors.
- The service generally provided care and treatment based on national guidance and best practice. However, not all policies and procedures were up to date, therefore, we were not assured that robust processes were in place to review them and ensure that care and treatment based on the most up to date evidence was always followed. Local audits were not always completed, and the trust did not always provide us with the data of audits that had been completed.
- Not all complaints were dealt with in a timely manner. However, the service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.
- The service did not have sufficient managers at all levels with the right skills and abilities to run the service. However, they understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. Most staff felt well supported and were provided with opportunities to attend development courses.
- Leaders operated governance processes, throughout the service and with partner organisations. However, there was not always clear escalation to the trust board.

Is the service safe?

Requires improvement 

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

- The service provided mandatory training in key skills to all staff but did not make sure that everyone completed it.
- Not all medical staff had completed safeguarding training at the required level to ensure that they had the appropriate knowledge to recognise abuse and take appropriate action
- Staff did not complete risk assessments for all women at higher risk of developing pressure ulcers.
- The service did not always have suitable premises, the second obstetric theatre was not compliant with national standards and the recovery area on the delivery suite was not designed in a way that protected women's privacy and dignity.
- There were some senior midwifery staff vacancies.
- Staff did not ensure that all women's weights were recorded on their prescription charts.
- Staff did not always complete an incident report when there were staffing issues.
- Staff collected safety information but did not share it with women and visitors.

However

- Training completion rates for maternity specific training for both medical and midwifery staff met the trust target.
- Midwifery staff met or exceeded the trust's completion targets for safeguarding training modules.

Maternity

- The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated most risk assessments for each woman and took action to remove or minimise risks.
- The service planned and reviewed staffing levels and skill mix to ensure that women and their babies received safe care
- Staff kept detailed records of women's care and treatment.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

Is the service effective?

Good ↑

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

- The service generally provided care and treatment based on national guidance and best practice.
- Women's and babies' nutrition and hydration needs were identified, monitored, and met. The service made adjustments for women's' religious, cultural and other preferences.
- Staff assessed and monitored women regularly to see if they were in pain and mostly gave pain relief in a timely way
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for women
- The service made sure staff were competent for their roles to deliver effective care and treatment to women and their babies. There were processes in place to ensure that newly qualified midwives gained the skills and experience they needed. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit women and their babies. They supported each other to provide good care.
- Women had access to midwifery, obstetric and anaesthetic support seven days per week. Some services, such as the day assessment unit and magnetic resonance imaging had a reduced level of service. However, arrangements were in place to keep women and their babies safe.
- Staff gave women practical support and advice to lead healthier lives.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support women experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However

- Not all policies and procedures were up to date
- Local audits were not always completed and the trust did not always provide us with the data of audits that had been completed.
- The service did not formally monitor the time from women requesting an epidural to the time the anaesthetist attended

Maternity

- The service did not always address any patient outcomes that were not in line with the trust's thresholds or national averages
- Staff did not always provide women with a copy of their consent forms

Is the service caring?

Good ➔➔

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

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

Is the service responsive?

Good ➔➔

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

- The service planned and provided care in a way that met the needs of local people and the communities served. The maternity service worked closely with clinical networks and other stakeholders to plan delivery of care and treatment for the local population. This collaborative working ensured future planning covered recommendations laid out by NHS England and the Department of Health.
- The service took account of patients' individual needs. including those who were in vulnerable circumstances or had complex needs. Bereavement care provision was in place to support families from their initial loss, throughout their time in hospital and return home.
- People could access the service when they needed it and received the right care promptly. The service had not closed the unit on any occasions in the last 12 months
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.

However

- The recovery area on the delivery suite was not designed in a way that protected women's privacy and dignity or promoted a good patient experience
- Not all complaints were dealt with in a timely manner

Is the service well-led?

Requires improvement ➔

Maternity

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

- The service did not have sufficient managers at all levels with the right skills and abilities to run the service.
- Leaders operated governance processes, throughout the service and with partner organisations but there was not always clear escalation to the trust board.
- Staff did not always escalate relevant risks for example staffing issues
- Not all clinical areas held regular team meetings.

However

- Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. Most staff felt well supported and were provided with opportunities to attend development courses.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. The vision and strategy was developed with involvement from staff, patients and key groups representing the local community. The service also worked collaboratively with a neighbouring trust, other stakeholders, and service users to establish a local maternity system (LMS), in response to national recommendations. We found there was good staff awareness of the LMS, and we saw workstreams had been developed to support its development and delivery.
- Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff at all levels could clearly articulate the main risks in the service and what was being done to address them, and the service generally had effective systems for identifying risks and planning to eliminate or reduce them. They had plans to cope with unexpected events.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research, and innovation. All staff were committed to continually learning and improving services, which leaders encouraged.

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Areas for improvement

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

Community health services

Background to community health services

Wye Valley NHS Trust was established on 1st April 2011 and is a provider of health services in Herefordshire.

The trust provides community services and hospital care (acute and community) to a population of just over 180,000 people in Herefordshire. They also provide urgent and elective care to a population of more than 40,000 people in mid-Powys, Wales.

The trusts' catchment area is characterised by its rural nature and remoteness, with more than 50 per cent of our service users living five miles or more from Hereford city or a market town. The average age of the population is older than the national average.

- The trust has 320 acute beds, six critical care beds, 17 maternity beds and 76 community beds.
- From September 2018 to August 2019:
  - There were 57,666 inpatient admissions +12% compared to previous year. 6,230 of these were children, approximately +9% compared to the previous year.
  - There were 429,408 outpatient attendances (+8%).
  - There were 59,892 accident and emergency department attendances (-3%), of which 11,140 were children (+3%).
- As of June 2019, the trust employed 3,347 whole time equivalent staff.

The trust provides a broad range of community services and community inpatient beds across its three community hospitals, which are based in Ross on Wye, Leominster and Bromyard.

The trust is in the process of developing a five-year integrated business plan that includes a service by service market analysis. Wye Valley NHS Trust operates a virtual monopoly within its 'core' Herefordshire catchment area and thus there is little opportunity for growing market share.

Community services may be tendered in the future by the Clinical Commissioning Group although the trust has secured this service for the next three years.

Public health nursing was recently tendered by Herefordshire Council and was successfully retained by the Trust with no competition from other parties.

Summary of community health services

Good ↑

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well.

Summary of findings

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

However

- Staff reported being overstretched and unable to complete the necessary recording of all the care interventions and assessments they completed.
- Staff assessed risks to patients and acted on them but did not always kept good care records to evidence this.
- In inpatient settings the service did not routinely implement all infection prevention control measures, such as staff remaining "bare below the elbow". The service provided mandatory training in key skills to all staff but did not make sure everyone completed it.
- There was no clinical audit programme to benchmark and monitor the effectiveness of the service. There were limited measures to monitor and evaluate patient outcomes.
- Records were not clear and easily available to all staff providing care. It was difficult to find the most recent information, including risk assessments, and not all patient documentation had been completed fully, updated or was missing. Not all staff had full access to the patient notes system and could only see their departments notes.
- Staff felt that due to staff shortages, they did not have the time needed to complete a full holistic assessment or visit. Capacity also impacted in their ability to fully complete patient documentation.
- The service had not met its target to have 90% of staff trained in basis life support.

Community health services for adults

Good ➔➔

Key facts and figures

The trust had a mix of locality-based services (aligned to primary care networks) and county-wide services. The teams are comprised primarily of district nursing, occupational therapy, physiotherapy and support staff. Alongside these, a small number of community matrons work with GP practices, undertaking anticipatory care within each locality. Teams are based in one of four settings; Bromyard Community Hospital, Leominster Community Hospital, Ross Community Hospital and Vaughan Building which is based in Hereford.

The division delivers the following further services within community settings:

- Bladder and bowel service
- Wheelchair service
- Podiatry service
- Acquired brain injury team
- Musculoskeletal services
- Falls prevention
- Community stroke

The trust also has a small number of specialist neurology nurses (Parkinson's disease and epilepsy).

A hospital at home team delivers a nursing and therapy community-based service. This provides clinical and reablement interventions in patients' own homes in support of admission avoidance and early supported discharge.

Additional occupational therapy and physiotherapy colleagues work as an integrated team alongside adult social care home first (reablement) teams, with a vision across the system to further integrate these services into a seamless service in the coming year.

In addition, the division hosts an integrated discharge team of adult social care practitioners and specialist discharge nursing leads, with a single integrated discharge team manager. Based at the acute hospital, they work across all the trust services, including the community hospitals.

The service was last inspected by the Care Quality Commission (CQC) in 2015. It was rated good overall and outstanding in caring.

The team that inspected the service comprised one CQC inspector and two specialist advisors who had experience of working within community adult services. This was a planned, comprehensive inspection provided by Wye Valley NHS Trust.

The service was given 72 hours' notice of our intention to carry out this inspection. This was because it was important we were able to speak with staff who might otherwise have not been available, and it was important that staff could gain permission from patients and carers for us to accompany them on community home visits.

Before the inspection visit, we reviewed information that we held about the service.

During the inspection, the inspection team:

Community health services for adults

- visited three team bases, looked at the quality of the environments and observed how staff were caring for patients
- spoke with one of the leads of the service
- spoke with five patients who were using the service and three carers
- spoke with 21 staff and three volunteers
- looked at 12 patient care records
- attended and observed one clinic, one handover, one pre-operation assessment and three home visits
- looked at a range of policies, procedures and other documents relating to the running of the service

Summary of this service

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

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

However,

- Records were not clear and easily available to all staff providing care. It was difficult to find the most recent information, including risk assessments, and not all patient documentation had been completed fully, updated or was missing. Not all staff had full access to the patient notes system and could only see their departments notes.
- Staff felt that due to staff shortages, they did not have the time needed to complete a full holistic assessment or visit. Capacity also impacted in their ability to fully complete patient documentation.
- The service had not met its target to have 90% of staff trained in basic life support.

Community health services for adults

Is the service safe?

Good ➔➔

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

- The service provided mandatory training in key skills to all staff and most staff completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and locum staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However

- Staff kept records of patients' care and treatment on their electronic patient notes system. However, records were not clear and easily available to all staff providing care. It was difficult to find the most recent information, and not all patient documentation had been completed fully, updated or was missing. Not all staff had full access to the patient notes system and could only see their departments notes.
- Staff felt that due to staff shortages, they did not have the time needed to complete a full holistic assessment or visit. Capacity also impacted in their ability to fully complete patient documentation.
- The service had not met its target to have 90% of staff trained in basis life support.

Is the service effective?

Good ➔➔

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

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery. They worked with other agencies to support patients.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Community health services for adults

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies. Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However

- Supervision meetings with staff did not always take place to provide support and development.

Is the service caring?

Good 

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

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

Is the service responsive?

Good 

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

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

However

- The service did not set target treatment times, so they were unable to monitor whether patients received treatment in a timely manner.

Community health services for adults

Is the service well-led?

Good ➔➔

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear. However, staff had not felt sufficiently involved in decision making regarding the recent changes to the management structure.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required. All staff were committed to continually learning and improving services. Leaders encouraged innovation.

Areas for improvement

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

Community health inpatient services

Requires improvement 

Key facts and figures

Wye Valley NHS Trust provides acute and community NHS health services across Herefordshire.

The trust provides community inpatient care for adults at three locations:

• Leominster Community Hospital – Leominster Ward – 26 beds

• Ross on Wye Community Hospital – Peregrine and Merlin Wards – 32 beds

• Bromyard Community Hospital – Bromyard Ward – 18 beds

The trust's community inpatients service provides sub-acute clinical care and inpatient rehabilitation. Primarily, patients are transferred from an acute hospital setting, with an additional small number of admissions from local GP practices. A GP led admission would be a need not requiring an acute inpatient stay but requiring more care than was available in the community, and might include pain management or end of life care for a patient.

Care at the community hospitals is delivered by nursing, healthcare and therapy staff. The hospitals are supported medically by local GPs. Medical cover overnight, at weekends and on bank holidays is provided by the local out-of-hours GP service via the 111 system. Each ward is supported by the trust pharmacy team.

The trust uses community inpatient beds to support patient flow across the whole local health economy, managed and monitored through an admissions hub which is based at County Hospital. The patient cohort is predominantly the frail older person. However, admission criteria allows flexibility for admissions to include adult patients with a need which could be purposefully met within a community hospital setting. Patients transferring from an acute hospital to a community hospital must be deemed "medically fit".

Each community ward provides person centred care with the aim of supporting the patient to regain their functional ability so they can return to their usual place of residence. The hospital teams work with social care staff, community nursing and rehabilitation teams to support discharge home where appropriate, or to facilitate transitions to longer term care as swiftly as appropriate.

Community inpatient services sit within the division of integrated care. The last CQC inspection of the community inpatient service at Wye Valley NHS Trust was in June 2018 when the service was rated as requires improvement overall.

We carried out an unannounced inspection (staff did not know we were coming) from 20 - 21 November 2019. We visited all three community hospital sites during this inspection.

During our inspection we:

- spoke with 38 members of staff including pharmacists, administrators, porters, nurses, doctors, physiotherapy and occupational therapy staff, healthcare assistants, managers, student nurses and housekeeping staff
- spoke with seven patients and two patient relatives
- spoke with six external professionals visiting the wards, including local authority social care staff, infection prevention and control nurses and a complex discharge liaison nurse
- reviewed nine sets of patient records
- attended a nursing shift handover meeting

Community health inpatient services

- observed a variety of patient care interventions including physiotherapy sessions, drinks and meal services, a patient admission and several one to one patient engagement sessions
- we also reviewed data provided by the trust.

Summary of this service

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

- The service did not have enough staff to care for patients and keep them safe. Staff reported being overstretched and unable to complete the necessary recording of all the care interventions and assessments they completed. Staff assessed risks to patients and acted on them but did not always kept good care records to evidence this. The service did not routinely implement all infection prevention control measures, such as staff remaining "bare below the elbow". The service provided mandatory training in key skills to all staff but did not make sure everyone completed it.
- Staff did not always store patient records securely and did not always update individual patient records in a timely manner. Some staff told us this was because there was not enough time for them to do so.
- There was no clinical audit programme to benchmark and monitor the effectiveness of the service. There were limited measures to monitor and evaluate patient outcomes.

However:

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

Is the service safe?

Requires improvement 

Community health inpatient services

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

- The service did not have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed the staffing levels and skill mix required, but staff did not believe the tool the trust used accurately reflected their need. They did not believe the staffing tool reflected the diverse nature and high level of need of the patient population, particularly the increasing numbers of patients with a cognitive impairment.
- The service provided mandatory training in key skills to all staff but did not make sure everyone completed it.
- Staff did not always store patient records securely. Information boards containing patient information were displayed where they could be seen my members of the public. Cabinets and trolleys housing patient records were left unlocked and unattended.
- Staff did not always update individual patient records in a timely manner. Some staff told us this was because there was not enough time for them to do so.
- The service did not routinely implement all infection prevention control measures, such as staff remaining "bare below the elbow".

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well**.**
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Managers made sure bank, agency and locum staff received a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Requires improvement 

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

- There was no clinical audit programme to benchmark and monitor the quality and effectiveness of the service. There were limited measures to monitor and evaluate patient outcomes.

However:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care. Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held informal supervision meetings as required with staff to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- All staff had access to a patient record system that they could update.

Is the service caring?

Good ● →←

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

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

Is the service responsive?

Good ● ↑

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Community health inpatient services

- People could access the service when they needed it and received the right care promptly. Waiting times and arrangements to admit and treat patients were in line with national standards. Delayed patient discharges were not associated with delays in care and treatment.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Is the service well-led?

Good  

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

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

Areas for improvement

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

Community end of life care

Good ↑

Key facts and figures

The trust has one end of life care team providing both acute and community care. They provided the following information about their acute and community services for end of life care:

The care of patients who are nearing the end of their lives is the remit of all clinical teams across the trust and overseen by the trust's executive and non-executive leads for end of life care. The service is supported by:

- An integrated specialist palliative care team (SPCT) comprising 9.98 whole time equivalent clinical nurse specialists, who provide care to patients in the acute and community hospitals and Herefordshire community.
- One whole time equivalent palliative medicine consultant whose role spans the acute and community hospitals, Herefordshire community, a local hospice and mid Powys.

The integrated specialist palliative care team is led by a lead palliative care clinical nurse specialist and a consultant in palliative medicine. The team provides advice on pain and symptom control, psychological and spiritual support, and information and advice to health and social care professionals.

Palliative medicine outpatient clinics are held at Hereford County Hospital and at two peripheral sites. The hospital component of the clinical nurse specialist team is available five days per week from 9am to 5pm and the community component of the clinical nurse specialist team is available seven days a week (including bank holidays) from 9am to 5pm, with advice outside this time available from the St Michaels hospice.

The specialist palliative care team provides end of life care education for trust staff and beyond, including communication skills. There is a multi-disciplinary care record for adults for the last days of life to support, guide and document the end of life care provided. The quality of end of life care provided across the trust is audited regularly.

There is a team of volunteer clergy led by a hospital chaplain who provide spiritual care in the acute hospital and a bereavement officer based in the general office. Care after death is supported by a care after death policy. Mortuary services are based at the acute hospital and one community hospital. However, the trust had plans to decommission the mortuary at the community hospital within weeks of the inspection.

During our inspection we visited two community hospital sites at Ross-on-Wye and Bromyard. We went on two home visits with specialist palliative care nurses. We reviewed six patient care records and reviewed do not attempt to resuscitate forms.

We spoke with 19 staff including a specialist palliative care lead nurse, the consultant in palliative medicine, specialist nurses, district nurses, one student nurse, directorate lead and ward staff.

We spoke with two relatives and one patient.

Summary of this service

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

Community end of life care

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

However

- A syringe driver policy was in place and available to all staff via the intranet. However, at Bromyard Community Hospital and the Hereford District Nursing base staff were not sure where to access an up to date policy and were only able to show us an out of date policy.

Is the service safe?

Good ↑

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

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored. Previously we had found that lessons and improvements had not always been made when things went wrong.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. Previously we had found that maintenance of equipment was not always kept up to date in line with trust policy and the trust had not assured the standards of hygiene and cleanliness within mortuaries at Ross on Wye and Bromyard Community hospitals.

Community end of life care

- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Patient's nutrition and hydration needs (including those related to culture and religion) were identified, monitored and met.
- Pain was assessed and managed, including for patients who had difficulty communicating. We observed staff taking time to assess pain and other symptoms and patients and relatives told us their pain was controlled very well with input from staff.
- The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support to help them live well until they died.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good  

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

Community end of life care

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

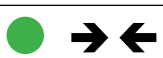
Is the service responsive?

Good 

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Good 

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Community end of life care

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulated activity	Regulation
Surgical procedures Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulated activity	Regulation
Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Regulated activity	Regulation
Maternity and midwifery services	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Maternity and midwifery services	S29A Warning Notice: quality of healthcare
Surgical procedures	
Treatment of disease, disorder or injury	

Our inspection team

Mrs Bernadette Hanney, Head of Hospitals Inspection Midlands Region oversaw the core service inspection and led the well led review. An executive reviewer supported our inspection of well-led for the trust overall.

The team included one inspection manager, nine inspectors, an assistant inspector, two executive reviewers and 11 specialist advisers.

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