

# Northern Devon Healthcare NHS Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

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 

# Summary of findings

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

## Background to the trust

Northern Devon Healthcare NHS Trust provides acute and community services for the populations of Torrington, North and Mid Devon. Due to the geographical location of the acute hospital site (North Devon District Hospital in Barnstaple) the trust also treats some patients from the north Cornwall and Somerset borders. In total, the trust has 250 beds and employs around 3,500 staff.

The population served is approximately 241,400; however, during the summer holiday periods this can increase significantly.

In 2017/18, staff at Northern Devon Healthcare NHS Trust treated 30,328 inpatients, 18,743 day cases, 284,909 outpatients and delivered 1,453 babies. They also saw 45,296 people in our accident and emergency department, and 11,653 in our minor injury's units. The populations of Torrington and North Devon account for 92% of patients at North Devon District Hospital, with the remaining 8% coming from residents of the Cornish and Somerset borders or tourists to the area. The trust also provides integrated health and social care in the community, with around 2,500 people being supported by these teams. There are five community hospitals, South Molton being the only one which has inpatient beds (16 beds).

The trust provides specialist community healthcare services across North, East, Mid and South Devon – these include Bowel and bladder services, sexual health and the Sexual Assault Referral Centre.

## Overall summary

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



## What this trust does

The trust offers a full range of general medical services included cardio-respiratory, stroke care and gastroenterology. General surgical services include orthopaedics, urology and colorectal specialities. The trust also runs ophthalmology services, using the latest procedures and techniques to treat glaucoma and macular degeneration. The trust offers patients a choice of local, specialist services and invites consultants from other neighbouring NHS trusts to hold clinics in the area. It works with Musgrove Park in Taunton on a vascular network, Derriford on a neonatal network and the Royal Devon and Exeter NHS Foundation Trust (RD&E) on a cancer network. It also works with the RD&E to deliver 26 clinical pathways.

## 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.

# Summary of findings

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.

On 21 to 23 May 2019, we inspected four core services provided by the trust at North Devon District Hospital including urgent and emergency care, maternity services, end of life and outpatients. We also inspected one community service, community inpatients provided by the trust. The inspection was announced.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of the overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed Is this organisation well-led? We inspected the well-led key question on 18-20 June 2019.

## What we found

### Overall trust

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

We rated trust-wide well-led as requires improvement. This was the same rating as the previous inspection.

Urgent and emergency care was rated as requires improvement overall. We rated effective and caring as good. Effective improved by one rating and caring stayed the same. Safe, responsive and well-led were rated as requires improvement. The rating for responsive went down by one rating, and safe and well-led remained the same.

Maternity was rated as requires improvement overall. We rated caring, responsive and well-led as good. We rated safe and effective as requires improvement. The rating for well-led went up. The ratings for safe, effective, caring and responsive stayed the same.

End of life care was rated as good overall. We rated safe, effective, caring, responsive and well-led as good. This was an improvement of one rating in safe, effective and well-led. The ratings for caring and responsive stayed the same.

Outpatients was rated good overall. We rated safe, effective, caring, and well-led as good. We rated responsive as requires improvement. This was an improvement of two ratings for safe, well-led and the overall core service rating. The ratings for caring and responsive stayed the same. We do not have sufficient evidence to rate effective.

Community inpatients was rated as good overall. We rated effective, caring, responsive and well-led as good. We rated safe as requires improvement. Safe went down by one rating. The ratings for effective, caring, responsive and well-led stayed the same.

### Are services safe?

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

- In urgent and emergency care, there were some concerns about the completion of patient care records and medicines were not always managed safely. Staff did not always check emergency equipment daily in line with trust policy.
- In maternity, records were not always completed, including accurate safer surgery checklists and risk assessments for home births. The service did not always follow best practice for medicines management. Resuscitation equipment was not always checked daily. The department had not yet implemented a tool to define midwifery staffing.

# Summary of findings

- In community inpatients, the maintenance and use of facilities did not consistently keep people safe. Patients were monitored for developing risks. However, action was not always taken when it was required. Not all patient records were completed.

However:

- In end of life care, staff were provided with training in key skills and understood their responsibilities to safeguard patients. The design and use of facilities kept patients safe. Equipment was safe. Staff completed risk assessments for each patient and had enough medical, nursing and support staff to avoid patient harm. Records were of a high quality. Incidents were managed well.
- In outpatients, infection control risks were managed well. Staff understood their responsibilities to safeguard patients and had good levels of mandatory training. Risk assessments were completed and there were detailed records of patient's care and treatment. Incidents were managed well.

## Are services effective?

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

- In end of life care, care and treatment was provided in line with evidence based practice. Patients' nutritional needs were met as was the management of pain. Staff monitored the effectiveness of treatment and were competent in their roles. Doctors, nurses and other healthcare professionals worked together to benefit the patient. The specialist palliative care team was available five days a week. Staff gave patients practical support to live well until they died.
- In outpatients, care and treatment was provided in line with evidence based practice. Patients' nutritional needs were met as was the management of pain. There were recorded outcomes in some outpatient areas and patients were provided with high quality information. Staff supported patients to make informed decisions. There were areas of specialist staff providing high quality care and treatment.
- In community inpatients, staff worked together as a multi-disciplinary team and had the necessary skills, knowledge and experience to deliver effective care, support and treatment to patients admitted to the ward. Staff monitored and managed the pain experienced by patients and managed hydration and nutrition well. Consent to care and treatment was sought in line with legislation and guidance.

However:

- In maternity, there was a lack of consistent benchmarking and investment in audit and analysis. Processes around maternity improvements were yet to be embedded. Not all policies were in date. There were some outcomes which were worse than expected including smoking levels, caesarean rates and the induction of labour. At the time of the inspection there was lack of a robust system of monitoring competencies and therefore confidently maintaining skills. It is important the service improves quality and compliance with internal and national audit programmes to effectively monitor patient outcomes.

## Are services caring?

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

- In maternity there was no bereavement lead.

However:

# Summary of findings

- In urgent and emergency care, staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients we spoke with were complimentary about the service. Staff provided emotional support to patients, families and carers to minimise their distress. Staff made sure patients and those close to them understood their care and treatment. Staff took time to listen to patients and answer questions from them or their relatives.
- In maternity services, 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 to minimise their distress. Staff involved patients and those close to them in decisions about their care and treatment. We always witnessed staff being polite and respectful. Friends and family data for the beginning of 2019 showed that 100% of all respondents would recommend the department.
- In end of life services 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. Staff supported patients, families and carers to understand their condition and make informed decisions about their care and treatment.
- In outpatients staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their needs. Emotional support was provided to families and carers to minimise distress. Staff supported and involved patients, families and carers to understand their condition.
- In community inpatient services, patients were treated with compassion, kindness, dignity and respect. Patients and those close to them were provided with emotional support when needed. Patients were involved in planning their care and treatment.

## Are services responsive?

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

- In urgent and emergency care, people could not always receive care in line with national standards for waiting times. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were below national standards and targets.
- In outpatients, not all patients were receiving timely access to initial assessments, test results, diagnostics and treatment. The waiting area in the fracture clinic did not meet the needs of the people using the service and complaints were not always investigated in a timely way.

However:

- In maternity, the service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. People could access the service when they needed it and received the right care promptly. It was easy for people to give feedback and raise concerns about care received.
- In end of life care, the service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. Patients could access the end of life and specialist palliative care service when they needed it. It was easy for people to give feedback and raise concerns about care received.
- In community inpatient services, staff took account of patients' individual needs, including for patients who lived with dementia, learning disability or physical disability. Patients could access the right care at the right time within the community hospital. Complaints were listened to and taken seriously by the trust.

# Summary of findings

## Are services well-led?

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

- The service did not have a clear vision for what it wanted to achieve and a strategy to turn it into action in many areas of the trust, for example a corporate strategy or a workforce strategy. However, the direction of the trust was focused on the future relationship with Royal Devon and Exeter NHS Foundation Trust. This was focused on sustainability of services and alignment with local plans.
- Leaders operated a developing governance process throughout the trust. Staff's understanding of the new governance processes was embedding at the time of the inspection. Despite this, staff were clear as to their responsibilities and where to escalate. There was no board assurance framework.
- Leaders and teams did not use systems to manage performance effectively. The corporate risk register did not identify and escalate relevant risks and issues and identified actions to reduce their impact. However, at the time of the inspection the trust was overhauling their risk register with individual specialities and managing immediate risks well. Financial pressures did not compromise care.
- The service did not collect reliable data. Staff had access to the data they needed, but due to a lack of confidence in systems, required validation to ensure accuracy. Board papers were of a reasonable standard but data in the papers was not timely. Data or notifications were consistently submitted to external organisations as required.
- In urgent and emergency care, systems and processes to continually improve quality of services were not as effective as they could be. There was a service audit programme but there was a lack of oversight of all audit participation, results and actions to improve services and patient outcomes. Processes to identify, log, action and monitor risk management were not as effective as they could be. Staff we spoke with were not aware of the trust's freedom to speak up guardians.

However:

- 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.
- 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 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. There were pockets of quality improvement methods in the trust Leaders encouraged innovation and participation in research.
- In maternity, leaders had the integrity, skills and abilities to run the service. The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Staff felt respected, supported and valued. Leaders and teams used systems to manage performance effectively. The service collected reliable data and analysed it. Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. All staff were committed to continually learning and improving services.

# Summary of findings

- In end of life care, managers had the right skills and abilities to run a service providing high-quality care. The service had reviewed and improved systems and processes for the care they delivered. The service had developed a programme of audits to assess and monitor the safety of the service and to make service improvements. The service collected, analysed, managed and used information well. The service engaged well with patients, staff, the public. The service was committed to improving by learning from when things went well and when they went wrong.
- In outpatients, leaders and managers understood the challenges to the service well and had the right skills and abilities to take action and make changes. The culture was supportive. There were good local governance systems to support the delivery of good care. The service engaged with patients, other staff, and the public well. Learning was encouraged.
- In community inpatients, the managers had the capacity and capability to deliver high quality sustainable care. Managers across the community hospitals promoted a positive culture that valued and supported staff. The trust used a systemic approach to improve the quality of its services and safeguard high standards of care. Staff were supported with learning and continuous improvement. The trust engaged with and involved patients, the public, staff and external partners to support high quality sustainable services.

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

## Outstanding practice

We found examples of outstanding practice in the trust. For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including breaches of legal requirements that the trust must put right. We found 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.

## Action we have taken

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

## What happens next

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

## Outstanding practice

We found examples of outstanding practice:

### Urgent and emergency care

# Summary of findings

- A consultant had designed a model to assist in the teaching for doctors and nurses of how to treat a traumatic cardiac arrest. This was in response to a care episode where further need for training was identified. The simulation device had been published and presented at conferences.

## Maternity

- The organisation and implementation of staff cohort team building away days, led by the leadership, which has contributed to a large improvement in staff culture and communications. These activities have also led to the formation of the new model of maternity care, due to be rolled out in September 2019, which was as a direct result of staff idea generation.

## End of life care

- The creation of the SNUG on Lundy ward gave patients and their families and/or carers a more private, welcoming and dignified space when it was most needed.
- The team of end of life companions who offered emotional support and comfort for people who were dying, and for their families and/or carers.

## Outpatients

- Prescribing systems for use of systemic anti-cancer treatments reduced the chance of errors.
- Work was being undertaken to lead the way in improving the safety of systems when cytotoxic medicines were administered.
- A nurse led clinic was one of only two in the south west of England to provide services for uveitis.
- The service used innovative systems to keep patients informed of delays to clinics.
- Managers used systems to encourage innovation and engagement with staff. Huddles in the morning and reflective meetings before the end of each shift.

## Trust-wide well-led

- The safeguarding team's innovation, multidisciplinary working and external engagement with other stakeholders.
- The innovation displayed by the estates team in the development of the boiler room to save the trust £700,000 a year on energy which was reinvested in the trust.

## 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.

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

#### Urgent and emergency care

- Ensure patient records are completed to demonstrate care given to patients including the completion of mental health assessment records
- Ensure emergency equipment is checked daily in line with trust policy. Ensure checklists are kept by the equipment. Ensure all emergency equipment are replaced immediately after it has been used.

# Summary of findings

- Review and strengthen processes for governance including a consideration of how to gain complete overview of audits and actions. Ensure national audit results are significantly improved through strong governance.
- Review processes for the management of risks in the department including how to manage people at risk of self-harm safely.

## **Maternity**

- The trust must ensure that there are systems in place to ensure completion of all records and checklists as per trust policy. In particular, to ensure that the WHO checklists are accurate and completed with all staff names present.
- Improve the quality and compliance with internal and national audit programmes to effectively monitor patient outcomes.
- Ensure that all staff are evidenced as competent and with all mandatory training completed.
- Ensure the resus trolley is regularly checked and all stock is always complete and in date.
- Ensure all cardiotocography (CTG) hourly assessments are completed.
- Ensure all home births have a suitable risk assessment.

## **Community inpatient services**

- Ensure patient records contained full information of the action taken to meet the patients care and treatment needs.
- Ensure all eligible staff complete adult safeguarding training at an appropriate level for their role.

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

### **Urgent and emergency care**

- Improve staff compliance with hand washing.
- Make sure areas are clear in order that effective cleaning can be carried out.
- Review processes for safe medicines management including the monitoring and recording of temperatures to ensure optimal storage conditions of medicines. Review processes for the safe administration of medicines.
- Embed processes for carrying out and documenting comfort rounds including checking that all patients have access to their call bells. Improve the provision of water/refreshments for patients who need it.
- Review options to include recommended actions when NEWS2 scores are elevated and record actions taken.
- Continue to review nursing staffing establishment in line with local recommendations and national guidance including staffing of the resuscitation bay to meet fluctuating patient needs. Continue to review options to recruit a paediatric nurse to meet national guidance on skill mix.
- Review processes for annual review of patient treatment pathways to ensure these remain up-to-date with current evidence-based practice.
- Include an evaluation in patient care to check if administered analgesia has been effective to control pain.
- Review and risk assess the working environment, so it is a safe working environment for staff working in reception.
- Improve training for staff in reception so they feel better prepared to interact with patients living with dementia or a learning disability.

# Summary of findings

- At trust level, review and adopt a truly trust-wide approach to manage patient flow through the hospital even if only the emergency department is under increased operational pressure. Provide patients with discharge summaries when they are discharged from the service.
- Raise awareness of freedom to speak up guardians.

## Maternity

- Review current training that the trust offers to staff, particularly surrounding safeguarding, female genital mutilation and PREVENT.
- Consider the use of a formal acuity tool to capture staff turnover rate trends and distribution in the unit.
- The trust should ensure that all policies and procedures are reviewed in a timely fashion and as per trust policy.
- Staff should ensure that they follow best practice for medicines storage and labelling.
- The trust should continue to pursue improvement in elective caesarean rates, induction levels and smoking cessation.
- Review the patient group direction authorisation procedure to ensure all are correctly administered.
- Review the processes for centralising all audit activity across the whole trust, and to therefore include the maternity on the live intranet document.
- Consider a dedicated mental health lead for the department.
- Consider a dedicated bereavement lead for the department.

## End of life care

- Consolidate the improvements made since the last inspection and to embed systems to improve the delivery of end of life care.
- Collate audit results for end of life medications.
- Audit the completion and quality of treatment escalation plans and advanced care plans and to consider ways of improving completion across the trust.
- Address any shortfalls in the National Audit of Care at the End of Life for 2018/2019.
- Support and empower generalist staff groups to deliver end of life care and be open to, and not fearful of, discussion of death and dying.
- Educate and raise awareness of end of life for patients and their families in the local community. Improve attendance at drop-in training sessions to raise awareness about symptom control and communication.

## Outpatients

- Documentation of when cleaning had been undertaken should be completed in the fracture clinic.
- All blood testing bottles should be within their use by date.
- Patient notes should be kept securely when not in use in all areas of outpatients and computer screens should be locked when left unsupervised.
- Consider storing medicines within areas that are temperature controlled to maintain their effectiveness.
- Consider the labelling to medicines for patients to take home from ophthalmology so that clear instructions for use are attached.

# Summary of findings

- Patient group directions used by staff to administer medicines without an individual prescription should be reviewed and signed by appropriate professionals within the stated review dates.
- Protocols for tracking prescription stationery should be updated using the latest guidelines.
- Protocols should be reviewed within their set timescales for review including in the chemotherapy area.
- Consider the use of rooms where patients are treated to ensure staff have enough space to treat collapsed patients effectively.
- Consider space is appropriately equipped for the intended purpose and does not compromise privacy. For example, staff locker areas used as vision testing space and waiting areas used for marking areas for procedures and conversations about the process.
- Consider how to provide enough space for patients waiting for fracture clinic appointments.
- Continue with plans to improve staff appraisal rates so that all staff have appraisals which are up to date.

## **Community inpatient services**

- Staff to carry out thorough checks on all equipment in use on the ward.
- Have an effective call bell system that it enables staff to respond to emergencies promptly in an emergency.
- Give staff prompt access to up to date patient information and that care and risk documentation was completed in full.
- Have a system for patients to receive prompt medical care and treatment when working with external clinicians.
- Complete discharge information in full to support clinicians involved in the ongoing care and treatment of the patient.
- Produce an up to date stock list of medicines to be held on the ward to avoid waste and that medicines for disposal by the pharmacy department are returned promptly.
- Work with up to date patient group direction which reflect the signatures of staff who are authorised to work under them.
- Implement systems to monitor and compare patient care and treatment outcomes to other similar services.
- Improve the environment of the ward to support patients living with dementia.
- Take action to update staff and improve safety of patients on the ward which is recorded and evidenced.

## **Trust-wide well-led**

- The trust should continue the work to develop a clear vision with robust and realistic supporting strategies.
- The trust should continue to focus on the production of timely and reliable data.
- The trust should continue to improve and embed the arrangements for managing risks and performance.

# Summary of findings

## Is this organisation well-led?

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

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

- The service did not have a clear vision for what it wanted to achieve and a strategy to turn it into action in many areas of the trust, for example a corporate strategy or a workforce strategy. However, the direction of the trust was focused on the future relationship with Royal Devon and Exeter NHS Foundation Trust. This was focused on sustainability of services and alignment with local plans.
- Leaders operated a developing governance process throughout the trust. Staff's understanding of the new governance processes was embedding at the time of the inspection. Despite this, staff were clear as to their responsibilities and where to escalate. There was no board assurance framework.
- Leaders and teams did not use systems to manage performance effectively. The corporate risk register did not identify and escalate relevant risks and issues and identified actions to reduce their impact. However, at the time of the inspection the trust was overhauling their risk register with individual specialities and managing immediate risks well. Financial pressures did not compromise care.
- The service did not collect reliable data. Staff had access to the data they needed, but due to a lack of confidence in systems, required validation to ensure accuracy. Board papers were of a reasonable standard but data in the papers was not timely. Data or notifications were consistently submitted to external organisations as required.

However:

- 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.
- 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 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. There were pockets of quality improvement methods in the trust. Leaders encouraged innovation and participation in research.

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating ([www.cqc.org.uk/provider/RBZ/Reports](http://www.cqc.org.uk/provider/RBZ/Reports)).

## Ratings tables

Key to tables					
<b>Ratings</b>	<b>Not rated</b>	<b>Inadequate</b>	<b>Requires improvement</b>	<b>Good</b>	<b>Outstanding</b>
<b>Rating change since last inspection</b>	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
<b>Symbol *</b>	↔	↑	↑↑	↓	↓↓
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 ↔ Aug 2019	Good ↑ Aug 2019	Good ↔ Aug 2019	Requires improvement ↔ Aug 2019	Requires improvement ↔ Aug 2019	Requires improvement ↔ Aug 2019

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

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Aug 2019	Good ↑ Aug 2019	Good ↔ Aug 2019	Requires improvement ↔ Aug 2019	Good ↑ Aug 2019	Requires improvement ↔ Aug 2019
Community	Requires improvement ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019
<b>Overall trust</b>	Requires improvement ↔ Aug 2019	Good ↑ Aug 2019	Good ↔ Aug 2019	Requires improvement ↔ Aug 2019	Requires improvement ↔ Aug 2019	Requires improvement ↔ Aug 2019

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 North Devon District Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Requires improvement ↓ Aug 2019	Requires improvement ↓ Aug 2019	Requires improvement ↔ Aug 2019
Medical care (including older people's care)	Good Sept 2014	Good Sept 2014	Outstanding Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Surgery	Good Sept 2014	Good Sept 2014	Good Sept 2014	Requires improvement Sept 2014	Good Sept 2014	Good Sept 2014
Critical care	Good Sept 2014	Good Sept 2014	Good Sept 2014	Requires improvement Sept 2014	Good Sept 2014	Good Sept 2014
Maternity	Requires improvement ↔ Aug 2019	Requires improvement ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↑ Aug 2019	Requires improvement ↔ Aug 2019
Services for children and young people	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
End of life care	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019
Outpatients	Good ↑↑ Aug 2019	Not rated	Good ↔ Aug 2019	Requires improvement ↔ Aug 2019	Good ↑↑ Aug 2019	Good ↑↑ Aug 2019
<b>Overall*</b>	Requires improvement ↔ Aug 2019	Good ↑ Aug 2019	Good ↔ Aug 2019	Requires improvement ↔ Aug 2019	Good ↑ Aug 2019	Requires improvement ↔ Aug 2019

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Community health inpatient services	Requires improvement ↓ Aug 2019	Good ↔ Aug 2019				
Community end of life care	Requires improvement Sept 2014	Good Sept 2014				
Community urgent care service	N/A	N/A	N/A	N/A	N/A	N/A
<b>Overall*</b>	Requires improvement ↔ Aug 2019	Good ↔ Aug 2019				

\*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

The acute services offer a full range of general medical services, including cardio-respiratory, stroke care and gastroenterology. Services include urgent and emergency care, medical care, surgical care, critical care, end of life care, outpatients, children and young peoples services, diagnostic imaging, maternity and gynaecology.

General medical services, including cardio-respiratory, stroke care and gastroenterology. General surgical services include orthopaedics, urology and colorectal specialities. The trust runs ophthalmology services, using the latest procedures and techniques to treat glaucoma and macular degeneration. The Trust offers patients a choice of local, specialist services and invites consultants from other neighbouring NHS trusts to hold clinics in the area. The trust works with Musgrove Park Hospital in Taunton on a vascular network, Derriford Hospital on a neonatal network and the Royal Devon and Exeter NHS Foundation Trust (RD&E) on a cancer network. The trust also works with the RD&E to deliver ear, nose and throat services.

In 2017/18, staff at Northern Devon Healthcare NHS Trust treated 30,328 inpatients, 18,743 day cases, 284,909 outpatients and delivered 1,453 babies. They also saw 45,296 people in our accident and emergency department.

## Summary of acute services

**Requires improvement** ● → ←

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

- In urgent and emergency care, there were some concerns about the completion of patient care records and medicines were not always managed safely. Staff did not always check emergency equipment daily in line with trust policy. The results of national audits demonstrated care was not always timely. Care pathways were not always reviewed in a timely manner. Staff did not always offer drinks to patients in the service. People could not always receive care in line with national standards for waiting times. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were below national standards and targets. Systems and processes to continually improve quality of services were not as effective as they could be. There was a service audit programme but there was a lack of oversight of all audit participation, results and actions to improve services and patient outcomes. Processes to identify, log, action and monitor risk management were not as effective as they could be. Staff we spoke with were not aware of the trust's freedom to speak up guardians.
- In maternity, records were not always completed, including accurate safer surgery checklists and risk assessments for home births. The service did not always follow best practice for medicines management. Resuscitation equipment was not always checked daily. The department had not yet implemented a tool to define midwifery staffing. There was a lack of consistent benchmarking and investment in audit and analysis. Processes around maternity improvements were yet to be embedded. Not all policies were in date. There were some outcomes which were worse than expected including smoking levels, caesarean rates and the induction of labour. At the time of the inspection

# Summary of findings

there was lack of a robust system of monitoring competencies and therefore confidently maintaining skills. The service did not collect reliable data and analyse it to gain assurance of safety and effectiveness. Governance systems were embedding in the department. Non-clinical staff sometimes felt that management could be inconsistent with their approach to their views and ideas.

- In outpatients, not all patients were receiving timely access to initial assessments, test results, diagnostics and treatment. The waiting area in the fracture clinic did not meet the needs of the people using the service and complaints were not always investigated in a timely way. Referral to treatment times were below (worse than) the England average.

However:

- In urgent and emergency care, staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients we spoke with were complementary about the service. Staff provided emotional support to patients, families and carers to minimise their distress. Staff made sure patients and those close to them understood their care and treatment. Staff took time to listen to patients and answer questions from them or their relatives.
- In maternity services, 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 to minimise their distress. Staff involved patients and those close to them in decisions about their care and treatment. We always witnessed staff being polite and respectful. Friends and Family data for the beginning of 2019 showed that 100% of all respondents would recommend the department. , the service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. People could access the service when they needed it and received the right care promptly. It was easy for people to give feedback and raise concerns about care received. Leaders had the integrity, skills and abilities to run the service. The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Staff felt respected, supported and valued. Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. All staff were committed to continually learning and improving services.
- In end of life, staff were provided with training in key skills and understood their responsibilities to safeguard patients. The design and use of facilities kept patients safe. Equipment was safe. Staff completed risk assessments for each patient and had enough medical, nursing and support staff to avoid patient harm. Records were of a high quality. Incidents were managed well. Care and treatment was provided in line with evidence based practice. Patients nutritional needs were met as was the management of pain. Staff monitored the effectiveness of treatment and were competent in their roles. Doctors, nurses and other healthcare professionals worked together to benefit the patient. The specialist palliative care team were available five days a week. Staff gave patients practical support to live well until they died. 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 to minimise their distress. Staff involved patients and those close to them in decisions about their care and treatment. We always witnessed staff being polite and respectful. Friends and Family data for the beginning of 2019 showed that 100% of all respondents would recommend the department. The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. Patients could access the end of life and specialist palliative care service when they needed it. It was easy for people to give feedback and raise concerns about care received. Managers had the right skills and abilities to run a service providing high-quality care. The service had reviewed and improved systems and processes for the care they

# Summary of findings

delivered. The service had developed a programme of audits to assess and monitor the safety of the service and to make service improvements. The service collected, analysed, managed and used information well. The service engaged well with patients, staff, the public. The service was committed to improving by learning from when things went well and when they went wrong.

- In outpatients, infection control risks were managed well. Staff understood their responsibilities to safeguard patients and had good levels of mandatory training. Risk assessments were completed and there were detailed records of patient's care and treatment. Incidents were managed well. Care and treatment was provided in line with evidence based practice. Patients nutritional needs were met as was the management of pain. There were recorded outcomes in some outpatient areas and patients were provided with high quality information. Staff supported patients to make informed decisions. There were areas of specialist staff providing high quality care and treatment. Staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their needs. Emotional support was provided to families and carers to minimise distress. Staff supported and involved patients, families and carers to understand their condition. Leaders and managers understood the challenges to the service well and had the right skills and abilities to take action and make changes. The culture was supportive. There were good local governance systems to support the delivery of good care. The service engaged with patients, other staff, and the public well. Learning was encouraged.

# North Devon District Hospital

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## Key facts and figures

The trust provides a full range of acute clinical services, as well as community hospital, therapy and integrated health and social care services.

## Summary of services at North Devon District Hospital

**Requires improvement** ● → ←

Northern Devon Healthcare NHS Trust primarily provides acute and community services for the populations of Torridge, North and Mid Devon. They also provide some services in East Devon and Somerset.

The main hospital site, North Devon District Hospital, is in Barnstaple and provides a full range of acute services, including an emergency department, critical care, end of life care, general medicine, maternity, cancer services, outpatients, and children and young people services.

Ear, nose and throat services are delivered in partnership with the Royal Devon and Exeter Hospital, as are cancer services as part of the cancer network. The trust also works with Musgrove Park Hospital for vascular networking, and Derriford Hospital for neonatal networking.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

### Details of emergency departments and other urgent and emergency care services

Northern Devon Healthcare NHS Trust provides acute and community services for the populations of Torrington, north and mid-Devon. Due to the geographical location of the acute hospital site, the trust also treats some patients from the north Cornwall and South Devon borders. The population served is approximately 241,400. However, during the summer holiday periods this can increase significantly.

The emergency department (ED) is located within North Devon District Hospital in Barnstaple and run by Northern Devon Healthcare NHS Trust. The trust provides a full consultant-led emergency department at North Devon District Hospital, which is open 24 hours a day, seven days a week. It is a designated trauma unit but not a designated major trauma centre. The service is for the treatment of people who have a severe illness or injury. The service has a four-bay resuscitation room (one designated for children). There are 10 majors' cubicles (used for patients with more serious illness or injury) and a designated cubicle for children. There are four minors' spaces for patients with less serious complaints and one psychiatric assessment room. There is also a helipad at the bottom of the hospital site.

The emergency department is also responsible for two minor injury units (MIUs), located in Bideford (open from 8am to 8pm) and Ilfracombe (open from 8am to 6pm), running seven days a week. These services are staffed by nurse practitioners with access to senior medical support from the emergency department and access to directly bookable GP appointments out of hours weekdays and all day Saturday and Sunday, through Devon Doctors. We did not inspect these services during this inspection.

There are facilities for bariatric patients and internal decontamination facilities. The service has separate paediatric and adult waiting areas. The service provides X-ray facilities and a plaster room. There is an out-of-hours GP service located in outpatients adjacent to the emergency department operated by local care provider.

From November 2017 to October 2018 there were 58,409 attendances at the trust's urgent and emergency care services. This included 8,521 children and young people up to the age of 18 years of age. This equated to 15% of ED attendances. The average daily attendance was 128 patients.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

During the inspection, we visited majors, minors, the resuscitation bay, triage rooms and spent time in the reception area.

We spoke with 13 patients receiving care in ED and six relatives. We spoke with 22 members of staff including consultants, doctors, nurses, allied health care professionals, porters, health care assistants and ambulance crews.

We reviewed 15 patient records, attended handovers and trust-wide operational meetings. Before, during and after the inspection we reviewed data relating to urgent and emergency care at the hospital from the trust.

The service was last inspected in October 2017 when it was rated as requires improvement. The trust was issued with a Warning Notice which included the standard of cleanliness in the emergency department and compliance with mandatory training. The service was inspected again in an unannounced follow-up inspection in July 2018 and was served with a further requirement notice to ensure the department was cleaned to a high standard to reduce infection risks.

# Urgent and emergency services

## Summary of this service

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

We rated safe, responsive and well-led as requires improvement but effective and caring were rated as good.

- There were some concerns about the completion of patient care records and medicines were not always managed safely. Reviews of safe levels of nursing staff were not carried out as often as they should be. Daily checking of emergency equipment was not always carried out. However, the cleanliness of the department had improved greatly, and patient risks were assessed and managed safely. Staff were largely compliant with mandatory training and regular updates including safeguarding training.
- The service did not always meet national targets around waiting times. However, service leaders worked to plan and deliver the service to meet the needs of the population and staff made reasonable adjustments to meet the needs of individuals. Complaints were investigated and managed in a timely manner.
- There were processes to improve the quality of care and patient outcomes, but these were not fully embedded. Processes and the recording of mortality and morbidity were not always sufficiently detailed to give evidence of an effective process. There was a lack of audit oversight and identified risks were not always documented, assessed and mitigated. However, the culture amongst staff was positive and most staff felt engaged with service improvements.
- The service provided care and treatment in line with national guidance and participated in national patient outcome audits. Staff were supported to access further professional training and developed. Staff supported patients to make decisions about their care and took appropriate actions when patients lacked mental capacity.
- Staff treated patients with kindness and compassion. Staff ensured patients were involved in decisions about their care. Patients were positive about the care they received in the department.

## Is the service safe?

**Requires improvement** ● → ←

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

- There were inconsistencies in the completion of care records. Nurses did not always document when patients early warning scores were escalating for review. This meant that where indicators of deterioration were met there was limited evidence of action being taken to keep the patient safe.
- Medicines were not always managed safely. Staff did not date-mark liquid medicines when they were opened. Controlled medicines were not always checked daily and storage temperatures where medicines were checked, were not monitored and recorded correctly.
- Staff did not always check emergency equipment daily in line with trust policy.
- We could not be assured as to what level of nursing staff was required in the service. However, there were enough staff rostered to work to provide safe care and treatment.

However:

- Most patient records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The trust provided mandatory training in key skills to all staff and required everyone to complete it. Staff received and were up mostly up-to-date with their mandatory training.

# Urgent and emergency services

- 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 different kinds of abuse and they knew how to raise and report concerns. There were processes to identify previous safeguarding concerns.
- The service controlled infection risks well. Staff kept equipment and the premises visibly clean. They used control measures to prevent the spread of infection. All areas had suitable furnishings which were visibly clean and well-maintained. The service had made significant improvements in improving infection prevention and control since our last inspection.
- The maintenance and use of facilities, premises, and equipment mostly kept people safe. Staff managed clinical waste well.
- 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. The numbers of medical staff had increased. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

Good  

Our rating of effective went up one rating. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff mostly assessed and monitored patients regularly to see if they were in pain, and mostly 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 were experienced, qualified and had the right skills and knowledge to meet the needs of the patients.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide effective care.

However:

- Some patients waiting longer than they should to receive care when compared to national standards.
- Care pathways were not always reviewed in a timely manner.
- Staff did not always offer drinks to patients in the service who needed it.

## Is the service caring?

Good   

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

# Urgent and emergency services

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Patients we spoke with were complementary about the service.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff made sure patients and those close to them understood their care and treatment.
- Staff took time to listen to patients and answer questions from them or their relatives.

However:

- Staff did not always maintain patients' dignity in the majors' area.

## Is the service responsive?

**Requires improvement** ● ↓

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

- People could not always receive care in line with national standards for waiting times. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were below national standards and targets.

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. Managers planned and organised services, so they met the needs of the local population
- Service leads were acting to improve patient flow.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs.
- 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 one rating. We rated it as requires improvement because:

- Systems and processes to continually improve quality of services were not as effective as they could be.
- The process and the recording of the outcomes of mortality and morbidity reviews were not always sufficiently detailed to provide evidence of an effective process.

# Urgent and emergency services

- There was a service audit programme but there was a lack of oversight of all audit participation, results and actions to improve services and patient outcomes.
- Processes to identify, log, action and monitor risk management were not as effective as they could be. Risk assessments had been completed without identifying reasonable adjustments to reduce risks to an acceptable level. Other risk assessments had identified risk but mitigating actions were not identified and implemented to reduce risks.
- Staff we spoke with were not aware of the trust's freedom to speak up guardians.

However:

- Managers at all levels had the right skills and abilities to run the service. Service leaders were visible and approachable.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke with felt supported, respected and valued in their role and spoke of good teamwork in the service.
- The service engaged with patients and staff to plan and manage appropriate services. They collaborated with partner organisations effectively. However, not all staff felt the trust, or the service engaged sufficiently to hear their views when service improvements were implemented.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. The service had made improvements since our last inspection, which meant patients were receiving a better service.

## Outstanding practice

We found examples of outstanding practice in the urgent and emergency service. For more information, see the Outstanding practice section of this report.

## Areas for improvement

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

# Maternity

Requires improvement   

## Key facts and figures

The trust has 22 maternity beds at North Devon District Hospital. Of these beds, 16 are located on the Bassett Ward and six are located on the labour ward. Of the six in the labour ward, four are consultant led rooms and two are midwife led treatment rooms and all are en suite. There is easy access to the obstetrics and gynaecology theatres and the gynaecology department from the labour ward. There is a level one special care baby unit that is easily accessed by the maternity wards and has eight cot bays – two of which are high dependency. The unit can care for babies above 32 weeks gestation, with more sick or smaller babies transferred to other local units when required.

The antenatal area comprises of two clinical rooms and two sonography rooms. The Bassett Ward has bed capacity for antenatal and postnatal women, and a day assessment unit (DAU) dedicated area. The DAU is open Monday to Friday only. There is an antenatal clinic with two clinical rooms, one additional room and two ultrasound rooms.

Northern Devon Healthcare Trust provides both hospital maternity services at North Devon District Hospital (NDDH) and community midwifery services to mothers in their own homes and local towns/villages. The community midwifery team covers an area of 930 square miles throughout the north, east and west of Devon, and into North Cornwall. We did not inspect community teams as part of this inspection but did speak to the community lead midwife.

From January to December 2018 there were 1,249 deliveries at the trust.

During this inspection we spoke to 28 members of staff, including the director of midwifery, the head of midwifery, managers, supervisors, all grades of midwives and medical staff, maternity care assistants, cleaning staff and administrative staff. We spoke to six mothers and their partners to obtain feedback at the inspection. We looked at 22 patient care records.

## Summary of this service

The Care Quality Commission last inspected the maternity service in October 2017. The rating for the service was requires improvement overall, with requires improvement ratings for safe, effective and well-led care, and good ratings for caring and responsive care.

Our rating of this service was requires improvement overall. We rated it as requires improvement because:

- Some staff were not up to date with refresher training for mandatory courses and could not evidence that all competencies were signed off.
- Not all records were completed.
- There were inconsistencies with theatre checklist information.
- Room temperatures for the areas where medicines were stored were not monitored or recorded.
- Staff members did not always annotate date open for liquid medicines, meaning it would be difficult to ascertain the shelf life of these medicines.
- Resuscitation trolleys and resuscitation equipment was available but was not always checked daily contravening trust policies and procedures.
- There were issues flagged regarding the high level of caesarean rates and the high level of induction of labour.

# Maternity

- There was a lack of consistent benchmarking and investment in audit and analysis.
- Not all department policies had been reviewed according to trust policy.
- Managers had not always monitored the effectiveness of care and treatment.
- The standardised caesarean section rates for elective sections was higher than expected.
- As of April 2019, the trust had one active maternity outlier. The outlier relates to neonatal readmissions.
- At the time of the inspection there was lack of a robust system of monitoring competencies and therefore confidently maintaining skills.
- The level of inductions was high relative to the national average.
- There was no formal system to ensure that there were risk assessments in place for all home births attended by the unit staff.

However:

- 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.
- The service managed safety incidents well and learned lessons from them.
- 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, and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity
- Staff took account of patient's 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,
- People could access the service when they needed it and did not have to wait too long for treatment.
- It was easy for people to give feedback.
- They 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.

# Maternity

## Is the service safe?

**Requires improvement** ● → ←

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

- Staff used paper-based records for patients, although these were all not always completed.
- There was no access to an outreach team from intensive care to assess a deteriorating patient.
- Although there were World Health Organisation (WHO) checklist audits for attendance at theatre procedures, it was found that midwives were not always documented as being present for each operation and the department was unable to confirm whether midwives were there at the beginning or during each operation.
- The service did not always follow best practice when prescribing, giving, recording and storing medicines.
- Room temperatures for the areas where medicines were stored were not monitored or recorded.
- Resuscitation trolleys and resuscitation equipment was available but was not always checked daily contravening trust policies and procedures.
- There were issues flagged regarding the high level of caesarean rates and the high level of induction of labour.
- Risk assessments were not being undertaken for home births.
- The department had not yet implemented an acuity tool for determining midwife staffing.

However:

- The service provided mandatory training in key skills to all staff and was putting in systems to ensure all staff completed shortly.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- The service had enough maternity 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.
- The service managed patient safety incidents well.

## Is the service effective?

**Requires improvement** ● → ←

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

- There was not always a consistent approach benchmarking and investment in audit and analysis.
- New processes around managing maternity improvements were yet to be embedded.

# Maternity

- Not all maternity policies were in date for review.
- Managers had not always monitored the effectiveness of care and treatment. For example, there was no collection of data for breech presentation in labour.
- The standardised caesarean section rates for elective sections was higher than expected.
- The incidence of induction of labour was higher than expected.
- Smoking levels in pregnancy were higher than expected.
- As of April 2019, the trust had one active maternity outlier. The outlier relates to neonatal readmissions.

However:

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- The department had recruited a new role of department facilitator, to re-install a comprehensive audit programme, and installed a lead for audit working across both this trust and a neighbouring trust.
- Staff were open and frank regarding the need to improve in certain areas, based on the audit findings presented at the meeting surrounding caesarean section rates, vaginal birth after caesarean rates and induction.
- The department had begun to invest in a new perinatal teaching package.
- Staff were involved in a mentorship approach with a neighbouring trust and staff were linked with the other trust staff to improve support and to share learning.
- Staff were now encouraged and able to interview for career development roles.
- Midwife Support Workers (MSWs) now had a competency package designed to enable them to move from band 2 working to band 3 as part of a more defined career progression that had not been in place before.
- There was evidence of multi-agency working to provide for mental health and social needs alongside health needs.
- Since May 2018 the department had re-established a vulnerable women group that was now held once a month.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

## Is the service caring?

**Good** ● → ←

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

- There was not a dedicated bereavement lead.

However;

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- We always witnessed staff being polite and respectful.

# Maternity

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Friends and family data for the beginning of 2019 showed that 100% of all respondents would recommend the department.
- 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.

## Is the service responsive?

Good   

Our rating of responsive remained 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 service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- People could access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received.

However:

- The level of inductions was high relative to the national average.
- The home birth rate was low at around 3.7% of all births.
- Currently there was no ability to source donor milk through the postnatal wards.

## Is the service well-led?

Good  

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

- Leaders had the integrity, skills and abilities to run the service.
- The leaders had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- All of the senior leaders had participated in a bespoke organisational development / leadership programme. Which had resulted in positive outcomes in respect of an improved culture and communication
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

# Maternity

- There had been a complete revision of the governance infrastructure with regular maternity specialty governance meetings with multi-professional attendance. Examples of the work that had been implemented included the development of a clinical dashboard, a review of quality metric compliance and action plans, an education programme attendance and content, clinical guideline and audit programmes, and a regular case review meetings.
- All staff were committed to continually learning and improving services.
- Consultant Obstetricians were fully operational and integral to the delivery of service.
- There had been a new rota introduced, enabling all of these senior members of staff to have planned time to participate in governance and educational activity
- There was an up to date and regularly reviewed risk register, and risk was discussed in the specialty governance meetings.
- The number of serious incidents have reduced and there were no outstanding investigations at the time of inspection

However:

- The service did not collect reliable data and analyse it to gain assurance of safety and effectiveness.
- Governance systems were embedding in the department and the impact and outcomes from these systems were still under evaluation.
- Non-clinical staff sometimes felt that management could be inconsistent with their approach to their views and ideas.

## Outstanding practice

We found examples of outstanding practice in the maternity service. For more information, see the Outstanding practice section of this report.

## Areas for improvement

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

# End of life care

Good  

## Key facts and figures

Northern Devon Healthcare NHS Trust provides end of life care to help people to live as well as possible until they die. This is provided throughout all inpatient and community services at the trust and clinical teams ensure the wishes of individuals are heard and met where possible, and individuals die with dignity.

The trust has established an integrated service with their local hospice to ensure a joint multidisciplinary end of life and specialist palliative care team to meet patients' needs in the acute setting, and to ensure their preferred place of death is supported. The team consists of a manager, an end of life care nurse lead, a consultant in palliative care medicine, and specialist palliative care nurses. The chaplaincy and bereavement services supported the team.

The trust supports people's right to express their wishes about where they would like to receive care and where they want to die. End of life care can be received at home or in care homes, hospices or hospital, depending on the person's needs and preference.

The trust provides enhancements to their services, such as the SNUG model (*SNUG Sanctuary, nurturing, understanding and guidance*). There is a side room on Lundy ward redesigned to better support patients and their families facing some of the most emotionally difficult situations, which won the Nursing Times Dignity in Care Award in 2018.

The trust had 662 deaths from January to December 2018.

*(Source: Hospital Episode Statistics)*

The end of life service was last inspected in October 2017, when the service was rated as requires improvement. The trust was issued with a Warning Notice under Section 29A of the Health and Social Care Act 2008. Issues in end of life care relating to non-compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified under regulation 17: good governance. The Warning Notice required the trust to make significant improvement.

A follow-up inspection was carried out in July 2018 to look at the improvements the trust had made in response to the Warning Notice. We found progress had been made in all areas of the Warning Notice. There was improved oversight, audit and assessment of the end of life service and most systems were operating effectively. However, change was ongoing and some changes were not yet embedded.

For this inspection we visited the hospital on 22 to 24 May 2019. The inspection was announced (staff knew we were coming) to ensure everyone we needed to talk to was available.

During the inspection we visited inpatient wards and the mortuary.

We spoke with two relatives of a patient receiving end of life care. We also spoke with 19 members of staff including the outreach, resuscitation and end of life manager, the end of life care lead nurse, a specialist palliative care nurse, the consultant in palliative care medicine, nurses, health care assistants, porters, a mortuary technician, the bereavement officer, the chaplain and a volunteer companion.

We reviewed three patient records. Before, during and after the inspection we reviewed data from the trust relating to end of life care at the hospital.

# End of life care

## Summary of this service

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

The service used national standards of good practice to provide safe services for patients. This included practices around hygiene, infection prevention and control, safeguarding procedures and management of changes in patients' conditions.

End of life care was delivered in line with national guidance. There were effective systems to monitor performance.

Care for patients approaching the end of their life was provided with compassion and respect. Staff made sure patients and those close to them understood their care and treatment. Relatives and carers were involved in discussions about the plan of care.

The end of life and specialist palliative care team met the needs of patients in a timely way .

The end of life and specialist palliative care services were now fully integrated. The leadership had continued to improve since our last inspection in 2018. It was an integrated and strong team with an emphasis on providing consistent and high quality care.

Governance processes had strengthened since our last inspection and there was an end of life strategy to support the vision for the service.

It was apparent during our inspection that all the staff had the patient and their families at the centre of everything they did. They were passionate about end of life care and were dedicated to their roles and approached their work with flexibility.

## Is the service safe?

**Good** ● ↑

Our rating of safe went up one rating. We rated it as good because:

- 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.
- The trust had policies, systems and processes to safeguard vulnerable adults and children from abuse.
- Staff used infection control measures when visiting patients on wards and transporting patients after death.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- Staff were trained to use equipment The environment and equipment were well maintained.
- Staff completed and updated risk assessments for each patient and managed risks to safe care and treatment.
- The service had enough medical, 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.
- Staff kept detailed records of patients' care and treatment.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well.

# End of life care

- Safety thermometer data was displayed on wards for staff, patients and visitors to see.

## Is the service effective?

Good ● ↑

Our rating of effective went up one rating. We rated it as good because:

- The service provided care and treatment based on national guidance and best practice.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment.
- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- The end of life and specialist palliative care team service was available from Monday to Friday.
- 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.

## 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.
- Staff supported patients, families and carers to understand their condition and make informed 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 service was inclusive and took account of patients' individual needs and preferences.
- Patients could access the end of life and specialist palliative care service when they needed it.
- It was easy for people to give feedback and raise concerns about care received.

# End of life care

## Is the service well-led?

Good ● ↑

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

- Managers had the right skills and abilities to run a service providing high-quality care. The service had a vision for what it wanted to achieve in end of life care.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values, and approached their work with flexibility.
- The service had reviewed and improved systems and processes for the care they delivered.
- The service had developed a programme of audits to assess and monitor the safety of the service and to make service improvements.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate care and collaborated with partner organisations effectively.
- The service was committed to improving by learning from when things went well and when they went wrong, promoting training, research and innovation. We saw management systems had been reviewed and improved since our last inspection.

## Outstanding practice

We found examples of outstanding practice in the end of life care service. For more information, see the Outstanding practice section of this report.

## Areas for improvement

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

# Outpatients

Good   

## Key facts and figures

Northern Devon Healthcare NHS Trust provides outpatient services for all of the core specialties which are delivered by consultants, clinical nurse specialists, doctors in specialty training and other allied health professionals.

Out-patient services include new and follow-up appointments, rapid access, two week wait (fast track), and ambulatory and one stop clinics. The trust also provides a number of virtual clinics.

A full range of outpatient services are offered at North Devon District Hospital (NDDH), with some specialties providing outpatient clinics in South Molton, Holsworthy, Bideford, Ilfracombe, and Torrington Community Hospitals. A small number of clinics are also provided at Stratton Community Hospital (part of Cornwall Partnership Trust). Clinics provided in community hospitals are managed by community services and were not visited as part of this inspection.

The trust provided the below information on their outpatient provision at NDDH:

- The largest outpatient areas include Outpatients A, B and C, all of which are located on level two.
- Ophthalmology, optometry and orthoptic clinics operate from a dedicated ophthalmology clinic area, on level two.
- Oral maxillofacial and orthodontic clinics are housed within the Arlington Suite on level one.
- Haematology and oncology clinics take place within the Seamoor Unit on level one.
- Fracture clinics have a dedicated clinic space on level two, between the emergency department and radiology.
- Outpatient physiotherapy services are provided within the physiotherapy department on level one.
- Gynaecology clinics are based in the Ladywell unit on level zero.

There is a central clinic booking centre (Clinic Management Centre) which manages most but not all outpatient clinic booking.

The current inspection is part of our scheduled programme of inspections for trusts and was announced to the trust before our visit.

We had inspected the service in October 2017 and rated the service as inadequate overall. Inadequate ratings were given for safe and responsive. Well-led was rated as requires improvement and caring was rated as good. Effective was not rated. Following the inspection, the trust was issued with a warning notice under Section 29A of the Health and Social Care Act 2008. Issues in outpatients related to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 under regulations 12: safe care and treatment, and 17: good governance. This warning notice required the trust to make significant improvement to their outpatient service. A follow up inspection was carried out in July 2018, to look at the improvements the trust had made in response to the warning notice. At this subsequent inspection we found some progress had been made in outpatients. However, processes were still not embedded and in some areas, we did not find a significant amount of change.

During this inspection we spoke with 14 patients, visited clinics and departments including ophthalmology, gynaecology, physiotherapy, fracture clinic and urology. We spoke with 28 staff of all grades including doctors, department managers, clinical leads, nursing staff and administrative staff. We reviewed 11 patient care records looked at trust policies and performance information and observed staff providing care for patients.

# Outpatients

## Summary of this service

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

- The service used national standards of good practice to provide services for patients. This included practices around hygiene, infection prevention and control, safeguarding procedures and management of patient risks.
- Staff were conversant with managing people who may be suffering with sepsis and ensuring they received appropriate treatment.
- Most facilities were suitable for their purpose and were well maintained.
- Staff kept records of patient consultations and shared the information with GPs.
- We saw staff treating patients with kindness and respect and ensuring appropriate consent was gained from patients about sharing information.
- Staff kept the patient experience at the heart of their practice. Changes made to practice and services took into account how patients would be affected. Patients were given choices and urgent needs were prioritised.
- The service had improved some referral to treatment times.
- Managers and leaders of the service worked together and engaged staff to make improvements to the service. They used their skills to encourage staff to contribute ideas and felt empowered to make improvements. Staff felt supported by their managers.
- Governance structures had been improved and staff were clear about reporting procedures.
- Development of staff was a priority for the service. Staff were competent in their roles, attended mandatory and specialist training to enhance their skills.

However:

- Some of the premises were cramped for the number of clinics being held. This had led to a lack of privacy for some patients.
- Some records were not stored securely.
- Medicines management did not always follow current guidelines.
- Referral to treatment times did not always meet national standards and ophthalmology treatment times had worsened.
- Not all staff had received up to date appraisals, although the service was working to improve this.

## Is the service safe?

**Good** ● ↑↑

Our rating of safe went up two ratings. We rated it as good because:

- The service mostly controlled infection risk well.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

# Outpatients

- The design, maintenance and use of facilities, premises and equipment mostly kept people safe. Staff were trained to use them.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- Staff knew what mandatory modules they needed to complete and managers encouraged staff to attend and complete modules.
- Staffing was managed in a way to keep people safe.
- Staff kept detailed records of patients' care and treatment.
- Patient records were available for clinicians when they reviewed patient care. This was the case even in clinics which were held at short notice.
- There were good systems in use to provide systemic anti-cancer treatments for patients.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Incidents were investigated and learning shared with staff.

However:

- There were not always hand sanitisers available for the public to use when they entered the department although hand washing facilities were available and hand hygiene advice was provided at the entrance to the hospital.
- Cleaning logs in the fracture clinic were not consistently signed and dated by staff as completed, although the area appeared visibly clean.
- Although most facilities were safe for patients, one area presented a risk because of lack of space.
- Not all records were stored securely.
- Medicines were not always being managed safely.
- Protocols used for prescribing and administering medicines were not all up to date.

## Is the service effective?

**Not sufficient evidence to rate** ●

We do not rate the effective key question for this service. However, we found areas of good practice:

- The service provided care and treatment based on national guidance and evidence-based practice.
- Patients were able to access enough food and drink to meet their nutritional and hydration needs.
- Staff monitored pain for patients and were able to provide pain relief when it was needed.
- Staff monitored the effectiveness of care and treatment well.
- Patients were provided with information and support to help them manage their condition in the long term.
- All staff we spoke with supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.
- Staff were trained in specialist areas and competent to provide care and treatment.

However:

# Outpatients

- Staff may not be using the most up to date guidance in some cases.
- Numbers of staff who had received an up to date appraisal did not meet trust targets.

## 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 most of the time, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

However:

- We saw how a lack of space in an ophthalmology clinic area had compromised patient privacy.

## Is the service responsive?

**Requires improvement** ● → ←

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

- Patients were not all receiving timely access to initial assessments, test results, diagnosis and treatment.
- The waiting area for the fracture clinic did not meet the needs of people using the service. Some areas were small and made it difficult for wheelchair users to navigate the area.
- The trust did not always investigate complaints about the outpatient department in a timely way.

However:

- The environment was appropriate and patient centred in the main outpatient areas.
- Patients were provided with choice of consultation.
- Staff were aware of mental health needs of some patients and changed their service to accommodate those needs.
- Staff had been allocated specialist roles to support patients who were living with dementia, learning difficulties and safeguarding. These roles were in development.
- Staff were changing services to reduce their rate of patients who did not attend for appointments.
- The service was providing a clinic for patients in the local area.
- The referral to treatment time for patients was a mixed picture.
- Patients with the most urgent needs were prioritised for clinics.
- Staff kept patients informed of any overdue clinics and how long the delay may be.
- Staff monitored and investigated complaints.

# Outpatients

## Is the service well-led?

Good ● ↑↑

Our rating of well-led went up two ratings We rated it as good because:

- The service had managers at all levels who had the right skills and abilities.
- Leaders and managers understood what needed to be achieved and actions they could take to make changes.
- The overarching culture was one of support amongst staff and between teams.
- Leaders and managers were clear about governance structures and their accountability to support delivering good services.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- Staff were encouraged to attend training modules and created opportunities for further learning.

## Outstanding practice

We found examples of outstanding practice in the outpatient's service. For more information, see the Outstanding practice section of this report.

## Areas for improvement

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

# Community health services

## Background to community health services

The trust provides integrated health and social care in the community, with around 2,500 people being supported by these teams.

The community nursing adults service provide a service for people in the community with either acute needs or needs related to chronic illness but who do not need hospitalisation. Additionally, the community nursing teams work with other healthcare professionals to actively prevent hospital admission so that you can be cared for at home. Each team is based at either a community hospital or GP surgery and cover a geographical area. However, teams work flexibly to ensure that all areas can be covered.

The community adults team provide end of life care and work with the local hospice to provide palliative care for those patients with terminal illnesses.

The trust provides specialist community healthcare services across North, East, Mid and South Devon – these include Bowel and bladder services, sexual health and the Sexual Assault Referral Centre.

There are five community hospitals, South Molton being the only one which has inpatient beds on Hugh Squier ward. The ward can accommodate 20 patients with the ability to increase this to 24 beds at times of pressure within the trust.

We last inspected community services in 2014. We rated all services to be good. We inspected community inpatient services only during this inspection based on the trust's self-assessment submission prior to our inspection.

## Summary of community health services

Good   

Our rating of these services stayed the same. We rated them as good because in community inpatient services:

- Staff were provided with training in safety systems, processes and practices, including safeguarding. Standards of cleanliness and hygiene were maintained and there were reliable systems in place to prevent and protect people from healthcare associated infections. Patient's care and treatment needs were discussed amongst the staff team so that all staff were aware of risks and the patient's care needs. Staffing levels and skill mix of staff were planned and reviewed so that patients received safe care and treatment.
- Staff worked together as a multi-disciplinary team and had the necessary skills, knowledge and experience to deliver effective care, support and treatment. Staff monitored and managed the pain experienced by patients. The nutritional and hydration needs of patients were identified, monitored and met. Consent to care and treatment was sought in line with legislation and guidance.
- Patients were treated with compassion, kindness, dignity and respect. Patients and those close to them were provided with emotional support when needed. Staff took account of patient's individual needs, including for patients who lived dementia, learning disability or physical disability.

# Summary of findings

- Patients could access the right care at the right time within the community hospitals. Complaints were listened to and taken seriously by the trust.
- The managers had the capacity and capability to deliver high quality sustainable care. Managers across the community hospital promoted a positive culture that valued and supported staff. The trust used a systematic approach to improve the quality of its services and safeguard high standards of care. The trust engaged with and involved patients, the public, staff and external partners to support high quality sustainable services. Staff were supported with learning and continuous improvement.

However:

- Maintenance and use of facilities, equipment and premises did not consistently keep people safe. Staff did not consistently carry out appropriate checks on all equipment. A fire exit was blocked at the start of our inspection although staff promptly addressed this when highlighted.
- Risks to patients were assessed and their safety monitored. However, action was not always taken or recorded to evidence patients were supported to stay safe. Not all patient records such as risk assessments were available for staff to promptly access when needed. Patient records did not consistently evidence the action staff had taken to ensure appropriate medical care and treatment was provided. Not all care plans were in sufficient detail to direct and guide staff.
- Patient care and treatment outcomes were not monitored and compared to other similar services.
- There were clear processes for managing risks, issues and performance. However, these were not always effective.

# Community health inpatient services

Good   

## Key facts and figures

The trust provides community inpatient services for adults over the age of 18 on Hugh Squier ward at South Molton Hospital. The ward can accommodate 20 patients with the ability to increase this to 24 beds at times of pressure within the trust.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to speak with were available.

Medical cover is provided by doctors directly employed by the trust five days a week. GPs can admit up to four patients to the ward and provide responsibility for their medical care and treatment.

The ward has health professionals such as registered nurses, occupational therapists, physiotherapists, health care assistants and therapy support workers who provide care and treatment for patients admitted to the wards.

During our inspection we spoke with five patients, two visitors to the ward, three RNs, three health care assistants, the ward manager, matron, two doctors, therapy lead and three therapists and the discharge coordinator.

We looked at five sets of patients medical and nursing records.

## Summary of this service

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

- Staff were provided with training in safety systems, processes and practices.
- Systems were in place to ensure staff met the trust target for training compliance.
- Systems, processes and practices kept people safe and safeguarded against abuse.
- Standards of cleanliness and hygiene were maintained and there were reliable systems in place to prevent and protect people from healthcare associated infections.
- Patient's care and treatment needs were discussed amongst the staff team so that all staff were aware of risks and the patient's care needs.
- Staffing levels and skill mix of staff were planned and reviewed so that patients received safe care and treatment.
- Staff ensured the proper and safe use of medicines.
- Staff reported incidents and lessons were learned and improvement made when things went wrong.
- Staff worked together as a multi-disciplinary team and had the necessary skills, knowledge and experience to deliver effective care, support and treatment.
- Staff monitored and managed the pain experienced by patients.
- The nutritional and hydration needs of patients were identified, monitored and met.
- Patients were supported to live healthier lives and advice and guidance was provided to help them.
- Consent to care and treatment was sought in line with legislation and guidance.

# Community health inpatient services

- Patients were treated with compassion, kindness, dignity and respect.
- Patients and those close to them were provided with emotional support when needed.
- Staff took account of patient's individual needs, including for patients who lived dementia, learning disability or physical disability.
- Patients could access the right care at the right time within the community hospital.
- Complaints were listened to and taken seriously by the trust.
- The managers had the capacity and capability to deliver high quality sustainable care.
- The vision and strategy formed a base from which to deliver high quality sustainable care to patients and a robust plan to monitor delivery of the care.
- Managers across the community hospital promoted a positive culture that valued and supported staff.
- The trust used a systematic approach to improve the quality of its services and safeguard high standards of care.
- Appropriate and accurate information was available to staff to support their work.
- The trust engaged with and involved patients, the public, staff and external partners to support high quality sustainable services.
- Staff were supported with learning and continuous improvement.

However:

- Maintenance and use of facilities, equipment and premises did not consistently keep people safe. Staff did not consistently carry out appropriate checks on all equipment. A fire exit was blocked at the start of our inspection although staff promptly addressed this when highlighted.
- Risks to patients were assessed and their safety monitored. However, action was not always taken or recorded to evidence patients were supported to stay safe.
- Not all patient records such as risk assessments were available for staff to promptly access when needed. Patient records did not consistently evidence the action staff had taken to ensure appropriate medical care and treatment was provided. Not all care plans were in sufficient detail to direct and guide staff.
- Patient care and treatment outcomes were not monitored and compared to other similar services.
- There were clear processes for managing risks, issues and performance. However, these were not always effective.

## Is the service safe?

**Requires improvement** ● ↓

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

- Maintenance and use of facilities, equipment and premises did not consistently keep people safe. The action plan resulting from the health, safety and security audit and risk assessment was not dated or completed to show action had been taken to reduce the identified risks.
- Risks to patients were assessed and their safety monitored. However, action was not always taken or recorded to evidence patients were supported to stay safe.

# Community health inpatient services

- Not all patient records such as risk assessments were available for staff to promptly access when needed.
- Patient care and treatment outcomes were not monitored and compared to other similar services.
- There were clear processes for managing risks, issues and performance. However these were not always effective.

However:

- Systems were in place to ensure staff met the trust target for training compliance. Compliance with mandatory training was good.
- Systems, processes and practices kept people safe and safeguarded against abuse.
- Standards of cleanliness and hygiene were maintained and there were reliable systems in place to prevent and protect people from healthcare associated infections.
- Patient's care and treatment needs were discussed amongst the staff team so that all staff were aware of risks and the patient's care needs.
- Staffing levels and skill mix of staff were planned and reviewed so that patients received safe care and treatment.
- Staff ensured the proper and safe use of medicines.
- Staff reported incidents and lessons were learned and improvement made when things went wrong.

## Is the service effective?

Good ● → ←

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

- Staff worked together as a multi-disciplinary team and had the necessary skills, knowledge and experience to deliver effective care, support and treatment admitted to the ward.
- Staff monitored and managed the pain experienced by patients.
- The nutritional and hydration needs of patients were identified, monitored and met.
- Patients were supported to live healthier lives and advice and guidance was provided to help them.
- Consent to care and treatment was sought in line with legislation and guidance.

However:

- Not all staff received regular supervision.

## Is the service caring?

Good ● → ←

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

- Patients were treated with compassion, kindness, dignity and respect.
- Patients and those close to them were provided with emotional support when needed.
- Patients were involved in planning their care and treatment.

# Community health inpatient services

## Is the service responsive?

Good ● → ←

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

- Staff took account of patient's individual needs, including for patients who lived with dementia, learning disability or physical disability.
- Patients could access the right care at the right time within the community hospital.
- Complaints were listened to and taken seriously by the trust.

## Is the service well-led?

Good ● → ←

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

- The managers had the capacity and capability to deliver high quality sustainable care.
- The vision and strategy formed a base from which to deliver high quality sustainable care to patients and a robust plan to monitor delivery of the care.
- Managers across the community hospital promoted a positive culture that valued and supported staff.
- The trust used a systemic approach to improve the quality of its services and safeguard high standards of care.
- Appropriate and accurate information was available to staff to support their work.
- The trust engaged with and involved patients, the public, staff and external partners to support high quality sustainable services.
- Staff were supported with learning and continuous improvement.

However:

- The processes for managing risks were not always effective.
- The wards staff had not complied fully with the fire procedures. Staff had not completed fire drills or consistently completed checks on fire equipment.

## Areas for improvement

We found areas 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](http://www.cqc.org.uk))

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

The inspection was led by Carl Crouch, Inspection Manager. The inspection was overseen by Mary Cridge, Head of Hospital Inspections. An executive reviewer, Steve Hams supported our inspection of well-led for the trust overall.

The team included inspectors, and specialist advisers. Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts and come from either good or outstanding 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.