

Tetbury Hospital Trust Limited

# Tetbury Hospital

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

We carried out a comprehensive inspection of Tetbury Hospital Trust Ltd on 3 and 4 May 2022. The service was last inspected in September 2016 when it was rated as requires improvement overall.

Tetbury Hospital provides the following services: surgery, outpatients, diagnostic imaging and urgent and emergency care. The urgent and emergency care service at Tetbury hospital is provided through a Minor Injuries and Illnesses Unit (MIU). We only inspected the MIU during this inspection. The MIU was open 8:30am to 4:30pm Monday to Friday. Patients were unable to access the service out of these times and instead had to access other local MIU's who have extended hours, acute trusts, NHS 111 or their GP services.

Before the inspection, we reviewed information we had about the location, including information we received and available intelligence. The inspection was unannounced.

We rated safe, effective, caring, responsive and well Led as Good.

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

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

However:

- The service did not always manage medicines well.
- Not all policies were updated in line with most current guidance or practice in the department.
- Not all equipment was maintained or checked in line with the trust's policy.
- Key services were not available seven days a week.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Urgent and emergency services

### Rating

Good



### Summary of each main service

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

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

# Summary of findings

accountabilities. The service engaged well with patients and some community services to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not always manage medicines well.
- Not all policies were updated in line with most current guidance or practice in the department.
- Not all equipment was maintained or checked in line with the trust's policy.
- Key services were not available seven days a week.

We rated this service as good because it was safe, effective, caring, responsive and well led.

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# Summary of this inspection

## Background to Tetbury Hospital

Tetbury hospital trust limited is a charitable company formed in 1992 and registered as a charity on 27 February 1992. The charity's patron is HRH The Prince of Wales. Prior to the formation of the charity the hospital was owned by the NHS and has delivered care to the local community for over 55 years. The hospital provides care to both NHS and privately funded patients.

The Minor Injuries Unit (MIU) is now located in a new area in the hospital. This change was made in 2021 because during the COVID-19 pandemic, limited space prevented patients from following social distancing requirements. The relocation saw the development of a waiting area that was monitored by reception staff at all times, a dedicated MIU reception booking in team, a triage room, a resuscitation area within the unit and a large assessment room.

In April 2022, the MIU became a Minor Injury and Illness unit (MIIU). The MIIU is nurse led with triage nurses and Emergency Nurse Practitioners. Nurses in other areas of the hospital are trained in triage so they could assist the MIIU staff if required. No medical staff were employed within the MIIU. The MIIU had 3 substantive nursing staff. The service was supported by the hospital matron, wider hospital leadership team and a reception team who rotated between the main hospital reception and the MIIU reception.

The MIIU provides urgent and emergency care services for adults and for children and young people.

## How we carried out this inspection

The team that inspected this location comprised of one CQC inspector and one specialist advisor. During the inspection we spoke with 11 staff including the management team. We reviewed documents and ten sets of patient records kept by the service. We also spoke with seven patients and 3 of their family/carers.

The inspection team was supported by an inspection manager and the inspection was overseen by Catherine Campbell, head of hospital inspection.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Outstanding practice

We found the following outstanding practice:

- There was a communication folder in all departments within the hospital. It included picture exchange communication system (PECS) style cards that displayed pictures, symbols and words. These tools could be used to support patients to communicate without relying solely on speech. Most staff felt confident to use the folder and adapted it to their needs to support communication with children as required too.

# Summary of this inspection

- Staff were caring to all patients but showed additional sensitivity and empathy when working with children in the department. They seamlessly adapted their approach to enable them to make connections with children. Through the support of a local charity the department also had access to toys for young patients to keep. It was hoped that these gifts would provide some additional comfort during the child's initial assessment, treatment and once they left the hospital.

## Areas for improvement

Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the service SHOULD take to improve:

- The service should ensure new staff complete induction and mandatory training as soon as possible once employment starts.
- The service should ensure daily checks of the resuscitation trolley are consistently complete.
- The service should ensure there is adequate staff trained to safeguarding adults level 4 across the organisation.
- The service should update their safeguarding policy in line with the most current national guidance.
- The service should assess staff competence in skills to assess the acutely ill child regularly.
- The service should continue to review processes for the regular review of patient group directions (PGDs) (a legal framework that allows designated healthcare professionals to give medicines without a prescription for a prescribed list). They should reauthorise expired PGD's as a priority.
- The service should update their sepsis policy and pathway to reflect the ability of MIIU staff to administer first line antibiotics in the department.
- The service should ensure patients are triaged within 15 minutes of arrival in the department.
- The service should consider how it can protect the dedicated leadership time of the MIIU department manager in order to enable the service to maintain best practice.
- The service should consider sourcing or providing some training to staff to enable them to make best use of the communication tools and resources they have access to.
- The service should consider the MIIU storage arrangements as part of their proposed refurbishments.

# Our findings






## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good



## Urgent and emergency services

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

### Is the service safe?

Good 

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

### Mandatory training

**The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.**

Staff mostly received and kept up-to-date with their mandatory training. The training compliance data for staff in the MIIU at the time of inspection was below the trust's target of 75% in 14 out of 22 modules. This was due to two staff in the department commencing employment within the last month and were still completing their mandatory induction training. Staff received Paediatric intermediate life support training (PILS) and Intermediate life support training (ILS) in line with guidance for the type of service being provided.

The mandatory training was comprehensive and met the needs of patients and staff. Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. The Trust had a dementia strategy, a dementia lead and all staff complete dementia training.

Managers monitored mandatory training and alerted staff when they needed to update their training. The trust's e-learning system did not send reminders to staff or managers when training was due for renewal and so the leadership team kept a spreadsheet to monitor this data. It was checked weekly by the matron to ensure any training due for renewal was scheduled and complete in a timely manner. At the time of inspection, outstanding training was due to new staff working through their induction.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Nursing staff received training specific for their role on how to recognise and report abuse. The trust provided level 3 safeguarding adults training and level 3 safeguarding children and young people training to all registered healthcare staff. This was in line with intercollegiate guidance document. However, this was not reflected in the safeguarding adults policy which advised that only level 1 and 2 safeguarding training was provided to registered staff.

## Urgent and emergency services

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff were able to tell us different types of protected characteristics. Staff were passionate about providing a holistic and empowering approach to assessment in the department and each patient we spoke with was complimentary of staff's ability be reassuring.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. The department had good links with the safeguarding adults boards locally. They had links with the safeguarding teams for each surrounding county and we saw referral documents and the referral process for adults and children working well.

Staff followed safe procedures for children visiting the MIIU. The department had good links with the local clinical commissioning groups and local authorities. Staff showed us the referral forms they filled in and how they sent these to local safeguarding teams. Staff had access to child protection and specific information systems about female genital mutilation through their patient administration system. However, not all staff in MIIU knew how to access these systems when we asked. They sought guidance from the hospital leaders and were clear on how to access these the following day.

### Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**

All areas we visited, were clean and had suitable furnishings which were clean and well-maintained. The service generally performed well for cleanliness. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. There was an annual infection control audit completed by an external infection prevention and control (IPC) lead and additional IPC support provided through service level agreement with another local trust. The audits consistently showed the MIIU were cleaned to high standards. This was supported by patient feedback from patient satisfaction surveys which consistently showed 100% of patients reporting the MIIU was very clean. The cleanliness of the hospital was also audited regularly by departmental managers and reported through the Hospital Quality Committee in the Matrons report. The hospital also had a registered general nurse lead for IPC.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff followed infection control principles including the use of personal protective equipment. We observed staff complete handwashing and using hand gel after every patient. Hand hygiene audits were also consistently good. The trust provided training to staff in infection prevention control and handwashing. There were good links with the wider local health systems to ensure best practice was being followed.

The department were challenged for storage space. The clinical lead told us there were plans to address this as part of the refurbishment of the department.

### Environment and equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. However, specialist equipment was not always checked when it should have been.**

## Urgent and emergency services

Staff did not always carry out daily safety checks of specialist equipment. The daily equipment check records for the resuscitation trolley had 3 gaps in January 2022, 6 gaps in February 2022 and 10 gaps in March 2022. This had improved with no gaps in April and the department manager had advised that the gaps were due to lack of permanent staff at the time and high use of agency staff.

We found two blood collection tubes on the equipment trolley that had expired for use in December 2021 and a paediatric mask that was already open. The mask was replaced immediately, and the blood collection tubes had already been ordered but were removed from the trolley until the new stock arrived the following day.

The service had mostly suitable facilities to meet the needs of patients' families. There was no specific children's waiting area, but the team had moved two chairs into a quiet space away from the main waiting area that was still visible to the reception team.

The service had enough suitable equipment to help them to safely care for patients. Staff disposed of clinical waste safely. We observed staff disposing safely of items using special containers (known as sharp bins), clinical waste bins and clinical waste bags. The sharps bins were not overfull and clearly showed the date their use started.

To ensure the hospital premises were safe for patients the trust had an annual health and safety risk assessment undertaken. This included the internal and external aspects of the building. Staff received fire training annually and there were designated staff who were the hospitals fire wardens, one who covered the MIU.

### Assessing and responding to patient risk

**Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.**

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff used the national early warning score (NEWS2) tool to monitor patients. Once triaged, if patient observations were outside of normal range or raised concern, they were immediately seen in the treatment area. Any clinical risks were escalated to the department manager and matron. The MIU process was to call 999 and request ambulance transfer to the nearest emergency department in the event of a clinical emergency. The MIU used the paediatric early warning score (PEWS) tool for assessing critically unwell children in the department. Following this critically unwell children would be transferred to the most appropriate hospital through ambulance transfer.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. Staff knew about and dealt with any specific risk issues. Although staff used NEWS2 charts, the electronic recording system used in the department did not have a section to record NEWS scores. Staff were scoring and recording scores on the paper charts. Sepsis care bundle was used in the department and the electronic patient record system flagged risk of sepsis for patients according to clinical observations. There was a patient group direction (PGD) (a legal framework that allows designated healthcare professionals to give medicines without a prescription from a prescribed list) to enable staff to administer antibiotics infusion to patients with sepsis but this was also not detailed on their sepsis pathway.

There was a pathway for venous thrombo embolism (VTE) in lower limb injuries and a PGD to give correct blood thinning medicines.

# Urgent and emergency services

Staff shared key information to keep patients safe when handing over their care to others. Patients who left the department and required further investigation or treatment received a copy of their patient notes to take with them to facilitate safe handover and transfer of care. There was a service level agreement with a local NHS Trust for patient transfers. Shift changes and handovers included all necessary key information to keep patients safe.

## Staffing

### Nurse staffing

**The service had enough nursing staff and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.**

The service had enough nursing and support staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of nurses needed for each shift in accordance with national guidance. The number of nurses matched the planned numbers. Staff was reviewed daily and as required within the MIIU. The department carried out skills mix reviews annually and these were reported to the hospital board to provide assurance of safe staffing. The MIIU had a surge plan that enabled rapid response to increases in unscheduled care. There was a weekly scheduling meeting that looked at demand on the service and capacity to provide safe service. Additional scheduling meetings were held if there was need due to increases in staff sickness or significant increases in patient attendances.

The service had low and reducing vacancy, turnover rates and sickness rates.

The service had low and reducing rates of bank and agency nurses. Managers limited their use of bank and agency staff and requested staff familiar with the service. Staff told us they worked with agency staff who were familiar with the hospital most of the time.

Managers made sure all bank and agency staff had a full induction and understood the service. We spoke with the department manager who advised that time was given to ensure agency staff had complete their induction. The department manager had introduced feedback systems to ensure agency nurses received feedback about their record keeping. They were also developing further information for agency staff regarding PGD's and sepsis pathway alterations.

## Records

**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.**

Patient notes were comprehensive and relevant staff could access them easily. When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. Access to medical records and results was monitored through the incident reporting framework. There were regular documentation audits. The 2021-2022 found there had been improvements since the 2020-2021 audit in compliance with recording of patient's religion, emergency contact name and contact number, consent to share and informed consent. All had improved to 100% compliance. There had been a reduction in one area, documenting safeguarding concerns, which had reduced from 100% in 2020-2021 to 87% in 2021-2022. This was an improving picture in the last monthly audits which the manager explained was likely due to the new electronic recording system. It required an input in the safeguarding concerns field before the next stage of the record could be complete. The MIIU's discharge summaries were sent to the patient's GP, and when required the health visitors or other professionals as necessary.

# Urgent and emergency services

## Medicines

**The service mostly used systems and processes to safely prescribe, administer, record and store medicines.**

Staff followed systems and processes to prescribe and administer medicines safely. The trust had a new service level agreement with a local CCG for pharmacy support, which included an annual audit. A delay had been highlighted in the reapproval of patient group directions (PGDs) due to challenges with previous arrangements for pharmacy support. This delay was a key concern of leaders within the organisation and was raised as a risk on the hospital's risk register. The board were also well cited on the challenges the MIIU manager and matron had encountered when addressing the requirement for the PGDs to be reviewed and reapproved. There were still six PGDs specific to MIIU services that had expired. This was a concern as one of the outstanding PGD's was a regularly used antibiotic. However, the service had arrangements with local GP surgeries in the interim for prescriptions to be written up by the GP. Staff were not prescribing for medicines related to the expired PGDs.

Staff completed medicines records accurately and kept them up-to-date. Staff mostly stored and managed medicines and prescribing documents safely. During the inspection, we reviewed the medicines cabinet and found the stock record did not add up to the stock levels for one of the medicines in the cabinet. We raised a concern about this at the time and the team quickly identified that there had been an error in the recording which was rectified immediately.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff followed national practice to check patients had the correct medicines when they were admitted or they moved between services.

## Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with trust policy. Incidents were reported and discussed at the monthly hospital quality committee where any lessons learnt were discussed and recorded in the minutes for sharing with all staff. The trust's Medical Advisory Committee provided further review and assurance and reported to board monthly. We saw evidence that action was taken when things had gone wrong.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Managers shared learning with their staff about never events that happened elsewhere. Managers debriefed and supported staff after any serious incident

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of

## Urgent and emergency services

feedback. Staff gave examples of learning during the pandemic due to increased ambulance waiting times. Staff had raised concerns about patients who may present with signs of sepsis and how there was a new need to be able to provide first line antibiotics to these patients at the MIU as their transfer to hospital may be delayed. This was acted upon immediately and a PGD was authorised to enable staff to prescribe and administer the antibiotics onsite.

### Is the service effective?

Good 

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

### Evidence-based care and treatment

**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 followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Updates on national guidance was reviewed and monitored on a monthly basis and reported via the HQC to the Medical Advisory Committee (MAC) and trust Board. Speciality specific guidance was shared with the teams through an email and HQC minutes were available in a folder in the staff office as a hard copy.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Staff showed a good knowledge of mental health act legislation and legal framework. They were confident who they could contact in the local trust for additional support if they needed it.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. We observed handover meeting during this inspection and observed staff considering any patients who were expected and that had additional communication needs or physical support. We observed staff discussing with a patient who was due to arrive in the MIU where they could park that would require less walking and would help them to get to the department with most ease.

### Nutrition and hydration

**The MIU did not have food and drink facilities available to patients.** There was a self-service water dispenser in the main hospital building which could be accessed by patients and their families or carers if they needed a drink.

### Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after it was identified they needed it, or they requested it. Staff prescribed, administered and recorded pain relief accurately.

When staff administered medicines, they signed the record with the correct date and time. Patients we spoke with said they were given pain relief quickly when they asked for it.

## Urgent and emergency services

When working with children staff used a tool as part of their triage process that was child friendly. They advised they had good observation of children in the waiting area and could visibly monitor any physical responses to pain increasing if the child had to wait.

### Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits. At staff meetings and handovers, managers shared learning from audits with staff. They also used the newsletter as an additional way of circulating the learning with staff. Outcomes were checked and monitored through ongoing auditing following any changes and completion of identified actions. Improvement was checked and monitored.

The service had a lower than expected risk of re-attendance than the England average.

### Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff in the department had all received training to enable them to assess and respond to an acutely ill child. The hospital checked staff had these competencies as part of their recruitment process. This was important as the department had become a MIU in April 2022 and required staff to have these competencies to fulfil the needs of the local community. However, we spoke with the department manager who told us they were keen to introduce ongoing review of these competencies, but this was not yet implemented. There were no paediatric nurses working in the MIU. The service received paediatric oversight from a specialist link nurse through service level agreement with a local NHS trust.

Managers gave all new staff a full induction tailored to their role before they started work. The induction programme was the same for permanent staff and agency staff. However, following some decline in compliance with daily checks of the resus trolley, feedback and updated guidance had been provided to agency staff. The department manager was auditing compliance and had found there to be improvement since this information had been feedback and requirement for completion reiterated to agency staff.

Managers supported staff to develop through yearly, constructive appraisals of their work. Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. The hospital contracted an external provider to attend monthly and provide clinical supervision to those who required it. Staff has access to additional supervision of their work within the department by the manager.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were encouraged to access additional training. One member of staff had recently accessed a training course on lower limb pathologies; and another staff member was starting emergency nurse practitioner training later in the year.

## Urgent and emergency services

Managers made sure staff attended team meetings or had access to full notes when they could not attend. All staff on shift were present for team meetings. Minutes were shared through email, stored on the shared folders on the Trust's intranet and kept as a hard copy in the office.

### Multidisciplinary working

**Nurses worked as a team with other professionals in the hospital and wider health and social care system to benefit patients. They supported each other to provide good care.**

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. There was evidence of good communication between clinical and non-clinical teams. Staff were passionate about the importance of this and how it could help to ensure the delivery of effective care and treatment to patients. Staff told us that any errors or delays in communication were reported through incident reporting and are then discussed at Hospital Quality Committee (HQC).

### Seven-day services

**Key services were available five days a week to support timely patient care.**

The Hospital had X-ray facilities on site which the MIIU nurses could access during their working hours. There was clear guidance on the hospitals website and displayed at the entrance of the hospital and MIIU at the weekends when the service was not open.

### Health Promotion

**Staff gave patients practical support and advice to lead healthier lives.**

Staff assessed each patient's health when they attended the MIIU and provided support for any individual needs to live a healthier lifestyle. We observed staff providing leaflets to support healthy living. They also gave practical advice on self-care and how to look after wounds to patients. Staff were skilled at engaging patients in discussion about their lifestyles during their assessment and were able to use humour and empathy to give suggestions and provide signposts to local services that could support with healthy eating and weight loss.

### Consent, Mental Capacity Act and Deprivation of Liberty safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.**

Staff made sure patients consented to treatment based on all the information available, and clearly recorded consent in the patients' records. We observed staff providing information in different ways to ensure both a mother and child had understood information about the child's injury. For example, the staff used their own body to show movement that should happen, pictures of body parts to indicate where injury had occurred and leaflets that contained information on helping the injury to heal. We reviewed consent records in five sets of patient records and found they all had consent clearly documented.



## Urgent and emergency services

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary. The Trust's mental capacity policy guidance note was exemplary. It provided hints and tips that ensured staff were approaching the mental capacity assessment in a holistic way and prompted them to consider all aspects that could hinder someone's decision making ability before any assessment commenced. The assessment document also supported staff to complete a person centered and empowering assessment through its use of open-ended, prompting questions for the staff member. Staff in the MIIU had a good understanding of the mental capacity act and its code of practice and were confident discussing the policy and assessment tools. They were passionate about providing patients with everything they needed to enable them to make informed decisions about their care. This was further evidenced by their adaptive use of their communication support folder.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff were confident discussing the principles of best interest meetings and told us they were able to access additional support from a local trust and Clinical Commissioning Group if they needed urgent guidance or support.

Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment. Staff were skilled in adapting their approach to suit different interests and ages. They had access to communication tools that were child friendly. The tools supported children to indicate consent and supported the staff to have informed discussion with the child. Staff told us they could access and download additional supportive tools if they needed to support a child who wanted to make a decision about their own treatment.

### Is the service caring?

Good 

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

### Compassionate care

**Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness. The department staff were caring to all patients but showed additional sensitivity and empathy when working with children in the department. They seamlessly adapted their approach to enable them to make connections with the children. They used child friendly pain assessment tools and adapted their communications folder to support communication with children. Through the support of a local charity the department also had access to toys for young patients to keep. It was hoped that these gifts would provide some additional comfort during the child's initial assessment, treatment and once they left the hospital.

## Urgent and emergency services

Staff followed policy to keep patient care and treatment confidential. Staff understood and respected the individual needs of each patient.

On a day to day basis our teams engage with patients, relatives and carers continuously, and if additional support for families and loved ones is required then we can facilitate this.

Nursing staff were available to provide chaperone support to patients. Chaperone service was offered to all patients in the department.

### Emotional support

**Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients knew how to seek help and said they felt listened to. We observed patients approaching staff for support and staff responding courteously, even when the department was very busy.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff encouraged and initiated discussion with patients about all aspects of their wellbeing. We observed staff spending additional time talking with a patient who lived alone and did not have any family or friends nearby to provide support. The staff showed genuine interest and gave encouragement and reassurance about seeking out the services provided at the MIIU. The patient subsequently told us they felt safe and supported.

### Understanding and involvement of patients and those close to them

**Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.**

Staff made sure patients and those close to them understood their care and treatment. Staff talked to patients in a way they could understand, using communication aids where necessary. Staff supported patients to make informed decisions about their care. Patients were given information in written and verbal forms to support them in their decision making regarding their care. Patient survey results for 2020-2021 found that 100% of patients felt they were treated with dignity and respect and were confident in the staff. All patients in the survey had rated the care provided by the trust either excellent (89% of responses) or very good (11% of responses). This was further supported by 91% of patients being extremely likely to recommend the services and 9% being likely to recommend the service. The survey also reported that 85% of patients felt involved in decision making, with 6% stating they did not want to be involved.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patient and carer feedback was encouraged and could be provided through the Trust website, iWantGreatCare and Google review.

We reviewed feedback cards and comments from patients. Feedback included; 'excellent care and very efficient', 'Everyone very kind', 'Lovely staff', and 'Friendly staff who explained clearly the process and treatment'.

Carer survey results for 2020-2021 reported 100% of 23 carers said they were acknowledged, treated with dignity and respect, and had information shared in a way they could understand.

# Urgent and emergency services

## Is the service responsive?

Good 

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

### Service delivery to meet the needs of local people

**The service mostly 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. Facilities and premises were appropriate for the services being delivered. The service was rarely crowded and delays to accessing care were infrequent. There was adequate seating for all visitors during our inspection, but we noted it could be difficult for a patient in a wheelchair to navigate to a space, without others having to stand. The waiting area had recently been reconfigured and the reception staff had good visibility of all patients waiting.

The service had systems to help care for patients in need of additional support or specialist intervention. Patients' additional support needs were recorded on the patient record system. The system created an alert which highlighted to the practitioner what the needs were.

### Meeting people's individual needs

**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. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. There was a communication folder in all departments within the hospital. It included picture exchange communication system (PECS) style cards that displayed pictures, symbols and words. These tools were used to support patients to communicate without relying solely on speech. Most staff felt confident to use the folder and adapted it to their needs to support communication with children as required too. There was good knowledge within the teams of communication skills and the matron was passionate about making services accessible to people with learning disabilities, autism, dementia and mental health needs. For example, as part of hospital refurbishments, noise reducing flooring had been installed, easy use clocks had been installed and easy read signage and leaflets had been created. The department had guidelines for how to care for patients living with a learning disability and autism. However, the service did not source or provide training to staff to enable them to make best use of the communication tools and resources they had access to.

There were leaflets available in different formats to support patients to understand their diagnosis and treatments.

In line with refurbishments elsewhere in the hospital, the trust was planning a redesign and refurbishment of the MIU. The staff and Matron advised that these plans would include installing noise reducing flooring, dementia friendly signage, assistive colours used in decorating and relocation of dementia friendly clocks.

The service had access to wheelchairs and other mobility aids if required by patients. There was also a room available for prayer.

# Urgent and emergency services

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff had access to communication aids to help patients become partners in their care and treatment. There was a hearing loop throughout the hospital and the staff had access to clear masks to aid communication.

## Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were mostly in line with national standards.**

Managers monitored waiting times and made sure patients could access emergency services when needed and received treatment within agreed timeframes and national targets. The Royal College of Emergency Medicine (RCEM) recommends the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust met this standard every month from April 2021 to March 2022. In four of the last six months, patients were seen within 15 minutes of arriving in the department as recommended by RCEM. However, in one month patients waited an average of 17 minutes and another month patients waited an average of 23 minutes. This was an improving picture on the previous six months.

Managers and staff worked to make sure patients did not stay longer than they needed to. The RCEM standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From April 2021 to March 2022, the trust met the standard every month.

The number of patients leaving the service before being seen for treatments was low.

Staff supported patients when they were referred or transferred between services. Managers monitored patient transfers and followed national standards. Managers monitored that patient moves between services were kept to a minimum.

## Learning from complaints and concerns

**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.**

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. All patients we spoke with knew how to raise a concern or complain.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers investigated complaints and identified themes. All formal complaints were acknowledged in writing and complainants were kept informed if there were any delays in the investigations. Complainants received full written explanations following investigation and apologies were offered where appropriate.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice. They shared with us a complaint and some feedback provided from a patient about the department toilet having bins that were not accessible to someone with physical disability or in a wheelchair. We were told that this was discussed at team meeting and actions were taken to ensure the bin was replaced with a more suitable alternative.

# Urgent and emergency services

## Is the service well-led?

Good 

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

### Leadership

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

Leaders fully understood the challenges faced by the service and clearly identified the actions needed to address them. They spoke confidently about workstreams and improvement plans which had been developed and were ongoing to improve performance.

Staff we spoke with told us that the leadership team were trusted and respected. They were visible and were described as friendly, approachable and supportive. The MIIU had a department manager who was experienced and supportive to the team. The manager was also the clinical lead and attended meeting with other clinical leads in the local area every 8 weeks. We observed the clinical lead did not appear to have as much time as they needed to complete leadership tasks. The manager reported to the hospital matron. Staff we spoke with told us the matron shared key messages from the board and provided feedback from staff to senior leadership.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

The MIIU had a clear and well-articulated vision and strategy ‘to deliver the best in care’. This included their charitable objective “to provide integrated, seamless healthcare for the people and local communities we serve that is safe, effective and centred around the patient”.

The MIIU had six key values which staff were familiar with and used to underpin everything they did.

There was a clear strategy for the hospital and the vision and strategy of the MIIU was reviewed as part of this. The Trust were responsive to the feedback of the community and the staff. This was part of the MIIU strategy to provide services the community wanted and needed

The vision of the department had previously been to become an urgent treatment centre and the relocation and refurbishment had been focused around meeting this standard. However, as discussions around becoming an urgent treatment centre had stopped for the time being, the Trust explored their ability to provide the MIIU service instead of MIU service. The MIIU service was provided from April 2022 and continued to gain interest and support from the wider community.

# Urgent and emergency services

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

The Trust had a Mental Health First Aider and offered clinical supervision to staff every month. These services were advertised well within staff areas and included on every Chief Executive Officer's team brief with telephone number and email. Sessions were face to face when possible and via telephone when not.

The Trust had a workforce and wellbeing committee and were a designated mindful employer. This means they have been recognised as an employer who are working toward better mental health in the workplace.

Emergency Nurse Practitioners (ENPs) were empowered to lead and initiate change within the MIU. We saw evidence of this through their input in the move of the department and the proposed reconfiguration and refurbishment plan for the department. They had access to a paediatric specialist link nurse through a local NHS trust and reported good relationships and accessibility with them.

The staff survey asked for staff views on all areas of the hospital, all staff were able to add items to the Hospital Quality Committee agenda for discussion. The staff survey results were mostly positive, and staff spoke favourably of the freedom to speak up guardian and how accessible the guardian was. Information was feedback to the MIU through the department manager, matron and through minutes which were distributed via email, available on the staff intranet and kept in the staff room as a hard copy for staff to read.

Staff were positive about there being a culture for learning and a strong focus on safety. They told us about there being a lead nurse for quality and audit who also held the role of patient safety specialist.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

There were effective governance systems to provide assurance of quality and safety. Standard agendas were used to provide consistency and structure to meetings. There was a detailed review of serious incidents, audits and quality improvement projects. Learning from complaints, and safety messages were shared with all relevant staff. There was regular review of protocols, oversight of the risk register, key performance indicators and workforce.

There was a weekly senior management team meeting for the management of business and operational matters, including immediate staffing arrangements. The managers from each department attended a morning huddle which considered staffing arrangements and planned patient attendance for the coming day. Also, in attendance at the huddle were the matron, quality lead and IT manager to ensure any wider updates or impacts were considered and discussed as part of safe staffing and planning.

We saw evidence that changes to pathways had been agreed and ratified by clinical and non-clinical members of the team. Actions and discussions were clearly documented and followed up to ensure high standard of quality had been maintained through the pandemic.

# Urgent and emergency services

Information was appropriately shared with senior leadership teams. There were regular meetings with partners, stakeholders and other healthcare providers, including the local GP services, local NHS trusts and local ambulance services.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

Information was collected within the MIU and fed into the hospital overall systems to manage governance and risk.

The trust had a risk register which included financial, clinical and operational risks. The risk register was reviewed monthly by the trust's hospital quality committee and the board. New risks or progress on actions were highlighted to the board in the chief executive officer's report to board. The trust also had a permanent staff member in a GP liaison role who provided updates to the board on any business risks that may have been highlighted.

The trust benchmarked its performance data quarterly and complete annual reports on workforce, clinical incidents, complaints, safeguarding, clinical audit and contractual compliance. These reports informed the Trust's quality accounts which were published annually.

The Trusts clinical audit committee supported a varied clinical audit programme including departmental audit, surgical safety, NEWS 2, PPE, clinical record keeping, safeguarding children, head injury and hand hygiene. The trust was also supported by a local NHS trust for clinical audit and infection control. This gave the opportunity for the quality and audit processes to receive additional scrutiny and testing. Quality and audit outcomes were shared monthly at Hospital Quality Committee.

Central Alert System (CAS) alerts were monitored daily and cascaded to departmental managers by Matron and the Lead Nurse for Quality and Audit. We saw evidence that any alerts were acted upon immediately and outcomes were discussed at hospital quality committee.

The service completed audits as set out in the trust's annual programme of audits.

Staff showed us examples of how changes to, and any new policies were shared with them through email. They showed us where they could find the hard copies and explained that they could access all policies on the staff page on the hospital's website.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

The service had effective information systems, which provided real-time and retrospective reporting of performance, safety, risk and quality, and, patient experience. Information was regularly reviewed and used to support continuous improvement. Attendance and performance data was used when looking at staffing levels and any restructures of the department.



## Urgent and emergency services

There were effective information governance processes and safeguards. Staff received information governance training and understood their responsibility to safeguard confidential data.

IT equipment, including access to electronic patient records, were password protected.

### Engagement

**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.**

The hospital had a financial, marketing and GP liaison manager who worked directly with local services and the community to ensure the hospital were acting on feedback and providing services that supported the wider community infrastructure. We were given examples of engagement with the local community which included working with the local women's institute to be part of a presentation all about 'Tetbury Our Town', writing in the town's monthly magazine about the hospital and fundraising, and, updating the hospital staff in a quarterly staff newsletter. Staff were also encouraged to contribute to the newsletter and the Trust's wellbeing and resilience co-ordinator also contributed.

The hospital had a proactive and successful fundraising committee, The Friends of Tetbury Hospital. The hospital had a representative at the fundraising committee's monthly meetings which enabled and encouraged information sharing and discussion about and with the wider community. The funds were used across the hospital but most recently had supported the relocation and refurbishment of the MIIU.

Staff who lived in the local community were encouraged to feedback if they had been or were approached by other members of the community about complications with local service availability, any service confusion or services that the community would like to be offered.

There was an ongoing community engagement project. It was working initially with six small focus group sessions across a broad demographic, as an example, Voluntary and Faith group, Schools and Early Learning group to gain further understanding of the needs of the local community. Local GP practices were also invited to contribute. Evaluation from these sessions was planned to feed into a questionnaire that would be distributed to the communities in Tetbury, surrounding villages and Wiltshire. The qualitative data is expected to be presented to Board for strategic review. The outcome will then be conveyed to the community and proposed options explored.

These systems were all vital to the service provided in the MIIU as recent changes had been based on feedback gathered through these links and pathways.

### Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

Tetbury Hospital was undertaking a reconfiguration project in MIIU at the time of this inspection. This was ongoing and in collaboration with senior clinicians and Estates and Facilities Team. The project (detailed above under Engagement) was part of quality improvement work identified by the trust to support the care of Children and Young Persons attending the MIIU.



## Urgent and emergency services

During the initial months of the COVID-19 pandemic it was identified that patients were not able to be socially distanced in the waiting area for MIU. The decision was taken to relocate the whole department to another area of the hospital with its own access. This was successful and has enabled the service to grow due to increased space and efficiency. The move was led by the Departmental Manager due to a need to improve patient safety and was in line with the vision for the MIU to reach the standards to become an urgent treatment centre.

Also, during the COVID-19 pandemic, a department triage nurse designed transparent masks for the staff before these were accessible or available elsewhere. The nurse also had these made by a member of the local community and they continue to be available for staff to use.

The department was nominated for placement of the Year by Oxford Brookes University Students