

Royal Cornwall Hospitals NHS Trust

Inspection report

Royal Cornwall Hospital
Treliske
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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 trust quality rating

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

Are resources used productively?

Good 

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

Royal Cornwall Hospitals NHS Trust provides acute, emergency and planned care services to a population of approximately 430,000 residents within Cornwall and Isles of Scilly. The population significantly increases during busy holiday periods. The trust employs over 5,500 staff and 600 volunteers and has a budget of around £400 million.

The trust delivers care from five main sites:

- Royal Cornwall Hospital (Treliske)
- St Michael's hospital
- West Cornwall Hospital
- Helston birth centre
- St Austell Hospital

The trust has seven care groups:

- Anaesthetics, critical care and theatres
- Clinical support
- General surgery and cancer
- Specialist medicine
- Specialist services and surgery
- Urgent, emergency and trauma
- Women, children and sexual health

Royal Cornwall Hospitals NHS Trust is a teaching hospital as part of the University of Exeter Medical School and the University of Plymouth (nursing and dental faculties). It also has a strong research, development and innovation portfolio.

Overall summary

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



What this trust does

Royal Cornwall Hospitals NHS Trust provides acute, emergency and planned care services within Cornwall and Isles of Scilly.

The trust delivers care from five main sites:

- Royal Cornwall Hospital (Treliske)

Summary of findings

- St Michael's hospital
- West Cornwall Hospital
- Helston birth centre
- St Austell Hospital

The trust has seven care groups:

- Anaesthetics, critical care and theatres
- Clinical support
- General surgery and cancer
- Specialist medicine
- Specialist services and surgery
- Urgent, emergency and trauma
- Women, children and sexual health

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

Royal Cornwall Hospitals NHS Trust has been in special measures since October 2017 and requires regular inspections. We focused this inspection on areas where we had concern at our last inspection, as well as those where we expected to see improvements.

We inspected six core services during this inspection: urgent and emergency care, medical care, surgery, maternity, outpatients and end of life care. We also inspected how well-led the trust is.

What we found

Overall trust

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

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

Summary of findings

- Urgent and emergency services remained the same and were rated as requires improvement overall. Safe and responsive stayed the same and were rated as requires improvement. Effective went down one rating and was rated as requires improvement. Caring and well-led stayed the same and were rated as good.
- Medical care remained the same and was rated as requires improvement overall. Safe and responsive were rated as requires improvement. Effective, caring and well-led were rated as good. Responsive and well-led both improved one rating.
- Surgery remained the same and was rated as requires improvement overall. Safe and responsive were rated as requires improvement. Effective, caring and well-led were rated as good. Effective and well-led both improved one rating.
- Maternity improved one rating to good overall. Effective, caring, responsive and well-led were rated as good. Safe was rated as requires improvement. Well-led improved one rating.
- End of life care improved one rating to good overall. Safe, effective, caring responsive and well-led were rated as good. Safe, effective, responsive and well-led improved one rating.
- Outpatients improved one rating to good overall. Caring, responsive and well-led were rated as good. Safe was rated as requires improvement. Effective was not rated. Responsive and well-led improved one rating.
- The remaining core services were not inspected at this inspection and their previous ratings are therefore unchanged.

Are services safe?

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

- In urgent and emergency services, the mental health assessment room did not meet recommended guidance for safety, emergency equipment was not always checked, and training was not always up-to-date. However, there were sufficient staff to keep people safe, infection risk was well-controlled, patient records were detailed, and patient safety incidents were well-managed.
- In medical care, there were not enough staff with the right qualification, skills and training to keep patients safe and risk assessments were not always completed. Facilities, premises and equipment did not always keep people safe and not all staff had completed mandatory and/or safeguarding training. However, staff understood how to protect patients from abuse and managed infection risk well. Staff identified and acted on patients at risk of deterioration and patient safety incidents were managed well.
- In surgery, there were not always enough staff with the right qualification, skills and training to keep patients safe and mandatory training was not always up-to-date. However, staff understood how to protect patients from abuse and managed infection risk well. Staff identified and acted on patients at risk of deterioration and patient safety incidents were managed well.
- In maternity, infection risk was not always controlled well, medical staff compliance with mandatory and safeguarding training was poor, and the WHO checklist was not completed consistently. However, staff understood how to protect women from abuse, completed and updated risk assessments for each woman and took action to remove or minimise risks, and had enough staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment.
- In end of life care, mandatory training in key skills was provided to all staff and everyone completed it, staff understood how to protect patients from abuse and the service worked well with other agencies to do so, and staff completed and updated risk assessments for each patient and removed or minimised risks. The service had enough

Summary of findings

staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment and used systems and processes to safely prescribe, administer, record and store medicines. However, palliative care consultants felt their workload was unsustainable and end of life documentation was not always fully completed.

- In outpatients, infection risks were not always controlled well, and equipment was not always visibly clean. The maintenance and use of equipment did not always keep people safe, not all records were stored securely and shared learning from incidents was not always embedded. However, staff understood how to protect patients from abuse, the design and use of facilities and premises kept people safe, and there were enough staff with the right qualifications, skills, training and experience to keep patients safe. Staff kept detailed records of patients' care and treatment and patient safety incidents were managed well.

Are services effective?

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

- In urgent and emergency services, pain relief was not always given in a timely way, audit results often showed the service was not meeting the best outcomes, and not all staff had been appraised in the last year. However, treatment was provided in accordance with national guidance and evidence-based practice, staff were competent in their roles, and there was strong multidisciplinary working.
- In medical care, treatment was provided in accordance with national guidance and evidence-based practice, pain relief was administered promptly, staff were competent in their roles and there was good multidisciplinary working. However, staff did not always protect the rights of patients subject to the mental health act.
- In surgery, treatment was provided in accordance with national guidance and evidence-based practice, pain relief was administered promptly, staff were competent in their roles and there was good multidisciplinary working. However, key services were not available seven days a week to support timely patient care.
- In maternity, care and treatment was based on national guidance and best practice, staff monitored the effectiveness of care and treatment, there was good multidisciplinary working and staff supported women to make informed decisions about their care and treatment. However, not all staff were aware of the doctors and nurses holding powers under the Mental Health Act and medical appraisal rates did not meet the trust target.
- In end of life care, care and treatment was based on national guidance and evidence-based practice, staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way, and 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 and monitored the effectiveness of care and treatment. However, staff did not always document mental capacity assessments.
- In outpatients, care and treatment was based on national guidance and evidence-based practice, staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way, staff were competent for their roles, and patients were supported to make informed decisions about their care and treatment. However, key services were not available seven days a week to support timely patient care.

Are services caring?

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

- In urgent and emergency, services patients were treated with compassion and kindness and had their privacy and dignity respected. Staff gave patients emotional support and involved patients, families and carers in decisions about care.

Summary of findings

- In medical care, patients were treated with compassion and kindness and had their privacy and dignity respected. Staff gave patients emotional support and involved patients, families and carers in decisions about care.
- In surgery, patients were treated with compassion and kindness and had their privacy and dignity respected. Staff gave patients emotional support and involved patients, families and carers in decisions about care.
- In maternity, women were treated with compassion and kindness and had their privacy and dignity respected. Staff gave women emotional support and involved women, families and carers in decisions about care.
- In end of life care, patients were treated with compassion and kindness and had their privacy and dignity respected. Staff gave patients emotional support and involved patients, families and carers in decisions about care.
- In outpatients, patients were treated with compassion and kindness. Staff gave patients emotional support and involved patients, families and carers in decisions about care. However, staff did not always treat patients in a way which respected their privacy and dignity.

Are services responsive?

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

- In urgent and emergency services, the facilities could not always cope with patient demand and did not always meet patients' needs. Patients' individual needs and preferences were not always considered, and patients could not always get a timely access to the service. However, the service was working with others in the wider system to plan and coordinate care and people could easily raise concerns and make complaints and while constitutional standards were not being met, the trust performed comparatively well nationally in its ED performance standard.
- In medical care, people could not always access the service when they needed it and did not always receive the right care promptly. However, service was working with others in the wider system to plan and coordinate care and people could easily raise concerns and make complaints. Performance measures, such as referral to treatment times, gave a mixed picture with some measures performing as expected, others not as expected but better than the England average, and others not as expected and worse than the England average.
- In surgery, people could not always access the service when they needed it and did not always receive the right care promptly. The service did not always plan and provide care in a way that met the needs of local people and the communities served. However, the service was inclusive and took account of patients' individual needs and preferences and it was easy for people to give feedback and raise concerns about care received. Performance measures, such as referral to treatment times, gave a mixed picture with some measures performing as expected, others not as expected but better than the England average, and others not as expected and worse than the England average." ('Are services responsive?' section).
- In maternity, women received the right care promptly, care was planned and provided in a way that met the needs of local people and it was easy for people to give feedback and raise concerns about care. However, women could not always access the service when they needed it.
- In end of life care, care was planned and provided in a way that met the needs of local people and the communities served, patients could access the specialist palliative care service when they needed it, and it was easy for people to give feedback and raise concerns about care received. However, audits did not provide assurance all patients near to the end of their lives received suitable, individualised care.
- In outpatients, care was planned and provided in a way that met the needs of local people and the communities served, patients' individual needs and preferences were considered, and it was easy for people to give feedback and raise concerns about care received.

Summary of findings

Are services well-led?

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

- In urgent and emergency services, leaders had the integrity, skills and abilities needed to run the service. There was an open culture in which staff felt respected, supported and valued, and there were effective governance processes. Reliable data was collected and analysed to identify areas for improvement and staff were committed to continually learning and improving services. However, there was no strategy to turn the service's vision into action.
- In medical care, leaders had the integrity, skills and abilities needed to run the service. There was a clear vision with a strategy to support its delivery and there was an open culture in which staff felt respected, supported and valued. There were effective governance processes and reliable data was collected and analysed to identify areas for improvement and staff were committed to continually learning and improving services.
- In surgery, leaders had the integrity, skills and abilities needed to run the service. Leaders operated effective governance processes and collected reliable data and analysed it. All staff were committed to continually learning and improving services and staff were focused on the needs of patients receiving care. However, the service did not have a vision for what it wanted to achieve or a strategy to turn it into action and staff did not always feel respected, supported and valued.
- In maternity, leaders had the integrity, skills and abilities needed to run the service. The service had a vision for what it wanted to achieve and a strategy to turn it into action, staff felt respected, supported and valued, and Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services
- In end of life care, leaders had the integrity, skills and abilities needed to run the service and staff felt respected, supported and valued. The service had a vision for what it wanted to achieve and a strategy to turn it into action, leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services, and all staff were committed to continually learning and improving services. However, palliative care consultants felt frustrated when they did not have the time to provide expert advice and support to add further pace and quality to improvement projects.
- In outpatients, leaders had the integrity, skills and abilities needed to run the service and staff felt respected, supported and valued. The service had a vision for what it wanted to achieve and a strategy to turn it into action, and all staff were committed to continually learning and improving services. However, leaders and staff did not actively and openly engage with equality groups and the public.

Use of resources

Our rating of use of resources improved. We rated it as good.

NHS England and NHS Improvement undertake the Use of Resources assessments. The report is available on our website.

Combined quality and resources

Our rating of combined quality and resources stayed the same. We rated it as requires improvement.

Ratings tables

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

Summary of findings

Outstanding practice

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

Areas for improvement

We found areas for improvement including 18 breaches of legal requirements the trust must put right. We found 68 things 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

We issued 18 requirement notices to the trust. This meant the trust had to send us a report saying what action it would take to meet these requirements.

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

Following our inspection we made a recommendation to NHS Improvement that Royal Cornwall Hospitals NHS Trust should be removed from quality special measures.

What happens next

We will check 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

Medicines management

- The trust was one of the partners in the Patient Safety Kernow Quality Improvement Collaborative (PSKQI) group to reduce opiate use across the county. The pharmacy team worked with prescribers (secondary and primary care) and patient support groups to identify patients prescribed high doses or volumes of opiates and support a reduction. The trust pharmacy reviewed its prescribing of oral morphine sulfate liquid on discharge and implemented policies to ensure patients were not discharged routinely with more than 100ml.
- The trust pharmacy team had worked with the South West Academic Health Science Network to develop a framework to share medicines information with patients' community pharmacies at discharge. Data analysis found the 30-day readmission rate dropped from 15% to 8% where people received a post-discharge medicines use review by the community pharmacist.

Surgery

- Managers had invited a patient to a governance meeting to share their experience of their care at the hospital, so all staff could listen and understand the patient experience and reflect on their role and the impact it may have had. The care group planned to have a patient story at all future meetings.

Maternity

- The Teyluva team of midwives supported the travelling community and provided continuity of midwife. This helped improve health outcomes and build relationships with women and their families through pregnancy, birth and the first few weeks after birth. The team consisted of two midwives who were based in the hospital but visited the community each Wednesday.

Summary of findings

End of life care

- The public-facing web page supported improving public knowledge about making decisions if they were diagnosed with a life limiting illness. This supported the public to think about decisions they may need to make before it happened and informed them where they could find additional practical support.
- We saw and heard of compassionate acts undertaken to improve the care of patients near the end of their life. The service was proactive in learning from patient experiences, promoting learning and made improvements wherever they could.
- The specialist end of life (SpEOL) team supported staff across the trust with their own emotional wellbeing. They had started group supervision sessions where staff could discuss their experiences when caring for patients and families during end of life care. The supervision sessions were new to the trust, but staff were keen to provide the support across the trust.
- The SpEOL team were working across the community of Cornwall, outside of the trust, to improve services for patients at end of life. The joint working was in its early stages but there had been positive responses to an education passport. SpEOL nursing staff were providing education sessions to a set standard and were monitoring competency for completion of the modules to increase understanding for all community staff and volunteers.

Outpatients

- The specialist nurse for teenagers and young people with cancer provided exceptional levels of support to patients. This nurse made sure young patients received coordinated care that met their needs which were often uniquely complex. For example, on one occasion, this nurse had approached a charity to fund the travel and accommodation for a patient who needed treatment a long way from home. Every six weeks, the nurse arranged a peer support evening at a local restaurant for young people to meet others who were being treated for a cancer diagnosis.

Areas for improvement

Action the trust MUST take to improve:

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

Urgent and emergency services

- Ensure staff complete mandatory training, refresher training and safeguarding training in line with national guidelines and trust policy.
- Ensure risk assessments, such as safety checklists, are completed to keep patients safe.
- Ensure the mental health assessment room meets the safety standards described by the Psychiatric Liaison Accreditation Network 2007.
- Ensure patients attending the emergency department do not wait longer than 15 minutes for initial assessment or an hour for their treatment to begin as recommended by the Royal College of Emergency Medicine.
- Ensure patients are admitted, transferred or discharged within four hours of arriving in the emergency department.

Medical care

- Ensure consultant vacancies which cause delays in care are addressed.
- Ensure recruitment for nursing vacancies continues and enough staff are always available on the wards.

Summary of findings

- Ensure all staff are clear about their responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005, including documentation.
- Ensure care and treatment for patients being cared for as outliers, on wards not providing care for their speciality need, is suitable or appropriate and does not cause delays in treatment.

Maternity

- Improve training update compliance for medical staff in infection prevention, conflict resolution and basic life support.
- Ensure medical staff are trained and up-to-date with safeguarding children level three.
- Ensure there is documented evidence of all daily, weekly and monthly equipment checks having been completed.
- Ensure there is an authorising signature on all midwife patient group directions (PGDs).
- Ensure systems and processes for managing infection control are effective.
- Ensure World Health Organisation (WHO) theatre checklists are consistently completed in all cases and ascertain why compliance has reduced.

Outpatients

- Ensure resuscitation equipment in the cardiology department is regularly checked.
- Ensure records of cardiac pacing tests are securely stored.
- Ensure all outpatient areas are equipped with appropriate fire safety equipment.

Action the trust SHOULD take to improve:

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

Overall trust (well-led)

- Review the reporting and supervision arrangements for the Freedom to Speak-up Guardian.
- Start winter planning earlier and work towards having the 2020/2021 winter plan signed off ahead of winter starting.
- Review staffing levels in the medical physics team.
- Strengthen relationships with staff-side representatives, including improving consistent attendance by executives at the joint consultative and negotiation committee.
- Improve documentation of serious incident investigations to demonstrate patient and/or family involvement.
- Review how learning from incidents is shared.
- Review all deaths in accordance with the trust policy.
- Improve board ownership and oversight of equality and diversity.
- Seek greater assurance about ongoing research within the trust.
- Review how sub-committees are evaluated on an ongoing basis.
- Provide greater detail of discussion and challenge in minutes.
- Continue to address fire safety issues.

Summary of findings

Urgent and emergency services

- Record controlled drugs in accordance with trust policy.
- Undertake and record checks of medicines for use in a major incident.
- Record daily checks of emergency equipment throughout the emergency department.
- Improve the time taken to respond to complaints in line with trust policy.
- Provide reception staff additional training in identifying signs of a deteriorating patient, as recommended by Royal College of Emergency Medicine.
- Improve compliance with the Royal College of Emergency Medicine standard around electrocardiograph completion and review by a doctor within 10 minutes.
- Improve compliance with and recording of assessment of hourly pain relief in line with Royal College of Emergency Medicine guidance.
- Improve staff understanding of mental capacity and mental health legislation.
- Follow through with plans to expand the resuscitation beds in the department.
- Improve the clarity of the department's risk register.

Medical care

- Review processes to safely manage patients being placed in the middle of a bay while waiting for a bed.
- Improve staff completion of mandatory training in all areas including safeguarding.
- Record patient consent and preferences in patient records.
- Undertake venous thromboembolism risk assessments in line with good practice guidelines.
- Continues to drive forward the improvements in flow management to support the avoidance of outliers, delayed transfers of care, stranded patients and use of surgical wards for medical patients.
- Improve referral to treatment times to meet national standards and reduce delays in care.
- Risk assess ligature risks in bathrooms and toilets.
- Complete regular checks of emergency equipment including oxygen and suction.
- Consistently manage complaints in a timely manner and within agreed trust timescales.

Surgery

- Establish a sustainable nursing workforce, without the need for high use of agency.
- Improve the St Mawes lounge so it is a suitable environment to accommodate the numbers of patients and maintain their dignity.
- Complete controlled drug records in accordance with trust policy.
- Label all medicines supplied for use by patients outside the hospital in accordance with trust policy.
- Incident report understaffing on wards.
- Support surgical nurses to care for medical outlier patients.
- Equip staff to support patients with mental health needs.

Summary of findings

- Communicate future plans for the service with staff.

Maternity

- Manage and complete controlled drug records in accordance with trust policy.
- Consider providing a clear breakdown of the trust mandatory training compliance for all staff grades and departments.
- Display mandatory replacement dates on all curtains and review the process of monitoring birth pool cleaning.
- Improve staff awareness of the holding powers under the Mental Health Act and Fraser and Gillick competency guidelines.
- Lock computers when unattended to avoid displaying patient identifiable information.
- Use personalised perinatal mental health plans consistently and review involvement in mental health audits.
- Improve communication to women and their families of the requirements for an extended postnatal stay for neonatal observations.
- Review oversight and monitoring of shoulder dystocia and brachial plexus injuries, to improve care outcomes.
- Increase appraisal completion for medical staff groups.
- Improve the flow for women undergoing inpatient induction of labour in view of the increase in induction numbers in response to the saving babies lives care bundle.
- Improve the time taken to investigate and respond to complaints to bring this in line with the trust complaints policy.

End of life care

- Continue with creating systems which provide assurance that patients at the end of their life receive suitable, personalised care.
- Continue to embed improvements for accurate completion of treatment escalation plans, ensuring assessment of decision making is documented.
- Consider increasing capacity for medical staff to work within contracted hours while effectively supporting SpEOL team leads with developing the service.
- Continue with plans to increase the medical staffing levels in line with national guidance.
- Document all risks to providing good quality end of life care to patients on the service's risk register and escalate risks as required.
- Provide side rooms to end of life patients when they choose this option.

Outpatients

- Continue to develop a process to ensure learning is embedded following serious incidents.
- Look at how outpatient services can be delivered across seven days.
- Identify how patient privacy and confidentiality can be maintained at the fracture clinic and in the cardiology clinic.
- Make sure all staff are aware of available equipment to support patients with hearing difficulties.
- Look at further ways to incorporate use of outcome measures to monitor the effectiveness of treatment provided within outpatient clinics.

Summary of findings

- Consider implementing a process of audit for discharge summaries.
- Consider implementing a system to monitor and improve the time that patients spend waiting in waiting rooms in outpatient clinics.
- Look at ways to audit the quality and regularity of supervision provided to nursing staff.
- Continue to make progress to improve referral to treatment times and ensure timely appointments for cancer patients.
- Consider ways to include prompts for staff to check patients' mental health needs within outpatient assessment documentation.
- Look at making sure complaints are addressed within timeframes identified in the trust's policy.
- Continue to focus on ways to fill medical staffing vacancies.

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 improved. We rated it as good because:

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

Summary of findings

- 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.

However:

- More work was needed to promote equality and diversity in daily work.
- There was more work to do to engage with equality groups.

Ratings tables

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

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

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

Ratings for the whole trust

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

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal Cornwall Hospital	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Requires improvement ↔ Dec 2019
West Cornwall Hospital	Requires improvement ↔ Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
St Michael's Hospital	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Overall trust	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Requires improvement ↔ Dec 2019

Ratings for the trust are from combining ratings for hospitals. 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 Royal Cornwall Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Dec 2019	Requires improvement ↓ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019
Medical care (including older people's care)	Requires improvement ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Requires improvement ↑ Dec 2019	Good ↑ Dec 2019	Requires improvement ↔ Dec 2019
Surgery	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Requires improvement ↔ Dec 2019
Critical care	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Maternity	Requires improvement ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↑ Dec 2019	Good ↑ Dec 2019
Services for children and young people	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
End of life care	Good ↑ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Good ↑ Dec 2019	Good ↑ Dec 2019	Good ↑ Dec 2019
Outpatients	Requires improvement ↔ Dec 2019	N/A	Good ↔ Dec 2019	Good ↑ Dec 2019	Good ↑ Dec 2019	Good ↑ Dec 2019
Diagnostic imaging	Good Sept 2018	N/A	Good Sept 2018	Outstanding Sept 2018	Outstanding Sept 2018	Outstanding Sept 2018
Overall*	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Requires improvement ↔ Dec 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 West Cornwall Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Medical care (including older people's care)	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Surgery	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
Outpatients	Good Sept 2018	N/A	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Overall*	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018

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

Ratings for St Michael's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Sept 2018					
Surgery	Good Sept 2018					
Outpatients	Good Sept 2018	N/A	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Overall*	Good Sept 2018					

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

Royal Cornwall Hospital

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Key facts and figures

Royal Cornwall Hospitals NHS Trust is the main provider of acute hospital and specialist services for most of the population of Cornwall and the Isles of Scilly, approximately 500,000 people. The population served more than doubles during busy holiday periods. The trust employs over 5,500 staff and 600 volunteers and has a budget of approximately £400 million.

The trust delivers care from three main sites – Royal Cornwall Hospital, Truro; St Michael’s Hospital, Hayle; and West Cornwall Hospital, Penzance. The trust also provides outpatient, maternity and clinical imaging services at community hospitals and other locations across Cornwall & the Isles of Scilly.

Summary of services at Royal Cornwall Hospital

Requires improvement ● → ←

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

- Urgent and emergency services stayed the same and were rated as requires improvement overall. Safe and responsive stayed the same and were rated as requires improvement. Effective went down one rating and was rated as requires improvement. Caring and well-led stayed the same and were rated as good.
- Medical care stayed the same and was rated as requires improvement overall. Safe stayed the same and was rated as requires improvement. Responsive improved and was rated as requires improvement. Effective and caring stayed the same and were rated as good. Well-led improved and was rated as good.
- Surgery stayed the same and was rated as requires improvement overall. Safe and responsive stayed the same and were rated as requires improvement. Caring stayed the same and was rated as good. Effective and well-led improved and were rated as good.
- Maternity improved and was rated as good overall. Effective, caring and responsive stayed the same and were rated as good. Well-led improved and was rated as good. Safe stayed the same and was rated as requires improvement.
- End of life care improved and was rated as good overall. Caring stayed the same and was rated as good. Safe, effective, responsive and well-led improved and were rated as good.

Summary of findings

- Outpatients improved and were rated as good overall. Caring stayed the same and was rated as good. Responsive and well-led improved and were rated as good. Safe stayed the same and was rated as requires improvement. Effective was not rated.

Urgent and emergency services

Requires improvement   

Key facts and figures

Urgent and Emergency services are provided on two sites, the Royal Cornwall Hospital (accident and emergency) and West Cornwall Hospital (urgent care centre). Both sites operate 24 hours a day, seven days a week. We only inspected Royal Cornwall Hospital on this occasion.

The Royal Cornwall Hospital emergency department is open 24 hours a day, seven days a week. It treats patients with serious and life-threatening emergencies and those with minor injuries that need prompt treatment, such as lacerations and suspected broken bones.

Royal Cornwall Hospital has a dedicated paediatric emergency department and an emergency service for adult patients. There are 22 cubicles for adult patients with major injuries, a treatment area for more minor injuries, and a three-bay resuscitation room. Within the department is an eight-bed clinical decision unit, where adult patients may be transferred from the emergency department for short-term care or investigations.

There is also a same day emergency care unit which operates seven days per week. This is where patients who have been referred by their GP are admitted as medically expected patients and where possible can be treated the same day without being admitted onto a medical ward. Where admission is necessary, all patients are assessed and a plan of care started prior to transfer to a ward. The unit is staffed by a multi-disciplinary team.

The Royal Cornwall Hospital emergency department is also part of the Peninsula Trauma Network. The network brings together all those responsible for treating patients who have undergone major trauma incidents across Devon and Cornwall, including the Isles of Scilly. Its purpose is to ensure that patients receive the most appropriate care in their region. Depending on journey time and injury, patients can be transported directly to the most local major trauma centre following on scene assessment, or may be taken to a trauma unit, such as that at The Royal Cornwall Hospital, for initial care and stabilisation. Because of the travel times involved within this region this is frequently the case.

A team of two inspectors and two specialist advisors spoke with 21 staff and 10 patients. We looked in multiple sets of patient notes at different times of the day throughout the inspection and reviewed audit data, policies and processes. Our inspection was announced (staff knew we were coming) to ensure everyone we needed to talk to was available.

The service was last inspected in September 2018.

Summary of this service

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

- Not all staff had completed or refreshed mandatory and safeguarding training at the required level for their role. Safety checklists were being used although recording of ongoing monitoring was not as frequent as it should have been.
- The mental health assessment room did not meet required standards for patient safety.
- The service did not meet the Department of Health's standard for patients to be admitted, transferred or discharged within four hours of arrival, although it had been mostly better than the England average. Patients were not always assessed promptly and within 15 minutes of arrival in the emergency department. The percentage of patients waiting more than four hours from decision to admit to admission was also high.

Urgent and emergency services

- The response time for complaints was not in line with trust policy and the average was more than twice the required time limit.
- Some emergency equipment was not consistently checked.
- The resuscitation room was too small to accommodate current demand and on occasion, some patients had to be transferred and treated elsewhere. However, there was a plan to upgrade this area.
- Some staff did not have all the skills or tools to support them to communicate with people with sensory impairment, dementia or learning difficulty.

However:

- The department was visibly clean, and most medicines were managed well.
- There were enough staff with the right qualifications, skills and experience who were supported to develop.
- Leaders understood the challenges to quality and sustainability.
- Patient feedback was good while we were on site, though survey results showed some deterioration over the past nine months.
- Nursing staff vacancy rates were reducing.
- There was a structure of governance, which provided accountability and quality assurance.

Is the service safe?

Requires improvement ● → ←

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

- The mental health assessment room did not meet recommended guidance for safety.
- Not all emergency equipment was checked every day as required.
- The service did not ensure all staff completed mandatory training in key skills including the highest levels of life support training.

However:

- The service had enough nursing 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, agency and locum staff a full induction.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. Most staff had completed safeguarding training.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and aspects of the premises and equipment visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed 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.

Urgent and emergency services

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses 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 actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Requires improvement ● ↓

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

- Staff did not always assess and monitor patients regularly to see if they were in pain or give pain relief in a timely way.
- The service did not always achieve good outcomes for patients. The service was failing to meet fundamental standards or national averages for measures in many national audits, although improvements were being seen.
- Not all staff had received an appraisal in the last year.
- Some key in-reach services were not available seven days a week to support timely patient care.
- Staff did not always support patients to make informed decisions about their care and treatment. They did not always follow national guidance to gain patients' consent. They did not always know how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- 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 gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.

Is the service caring?

Good ● → ←

Urgent and emergency services

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

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

Is the service responsive?

Requires improvement ● → ←

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

- The service did not always plan and provide care in a way that met the needs of local people and the communities served. Facilities could not always cope with patient demand and some premises did not always meet the needs of the services being delivered.
- The service did not always take account of patients' individual needs and preferences. Staff did not always make reasonable adjustments to help patients access services.
- People could not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.

However:

- The service worked with others in the wider system and local organisations to plan and coordinate care. Managers and staff worked to make sure they started discharge planning as early as possible.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Good ● → ←

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve. The vision was focused on sustainability of services and aligned to local plans within the wider health economy.
- 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.

Urgent and emergency services

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff engaged with patients and staff. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- There was no strategy to turn the service's vision into action.
- Leaders and staff did not actively and openly engage with equality groups, the public and local organisations to plan and manage services.

Areas for improvement

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

Medical care (including older people's care)

Requires improvement   

Key facts and figures

The medical care service at the trust provides care and treatment for a range of acute and specialist services including general medicine, respiratory medicine, cardiology, renal services, neurology, hepatology, gastroenterology, haematology, elderly care, stroke services and specialist cancer services. There are 354 medical inpatient beds located across 37 wards.

Medical services provide inpatient facilities and outpatients clinics at the main hospital sites and peripheral clinics.

At this inspection we only visited medical services at the Royal Cornwall Hospital.

In-patient services include cardiology and a coronary care unit, with an elective and inpatient ward shared with respiratory. There is the provision of 24/7 primary percutaneous coronary intervention (PCI) and two catheterisation laboratories. Cardiac surgery is referred to two other trusts in the south west.

There are two acute medical assessment wards which contain 12 frailty pathway beds for elderly care. There is also a same day assessment unit which receives patients through GP referral and patients from the emergency department.

There are two care of the elderly wards, one of which is shared with neurology. There is a dedicated stroke ward with two "hyper acute stroke" beds.

There is one respiratory ward including six higher care beds providing non-invasive ventilation (NIV) to patients.

Endocrinology and nephrology jointly cover two wards to provide specialist in patient service. There is one ward for gastroenterology and hepatology patients. The service provides a seven-day gastrointestinal (GI) bleed on call service.

Medical care was provided for oncology patients on Lowen Ward.

Day-case activity includes endoscopy, renal dialysis, cardiac procedures and diagnostics. There is a medical day unit providing infusions and pre/post recovery for interventional radiology.

There is a discharge area which operates Monday to Friday 7.30am to 10pm, excluding bank holidays. The unit can accommodate up to eight seated patients and six patients requiring a bed and aims to improve patient flow in the hospital by freeing up beds once a patient is ready to be discharged.

During our announced inspection between 12 and 14 November 2019, we visited the acute assessment unit, the same day emergency care unit, the medical day unit, the discharge ward Kynance ward, the coronary care unit, cardiac catheter laboratories, Wellington ward and higher dependency bay (respiratory), Roskear ward (cardiac), Phoenix (stroke ward), Kerensa ward, Tintagel ward, Grenville ward (older peoples care), Lowen ward (oncology), gastro and Liver unit and the endoscopy department. We also visited outlier patients on Eden Ward and Wheal Coates ward.

This inspection was undertaken by a team of two inspectors, a CQC pharmacist and a mental health inspector, and three specialist advisors. We spoke with 112 members of staff including nurses, doctors, therapists, pharmacists, administration staff and housekeeping staff. 26 patients and relatives. We looked at 30 sets of patient notes, which included medical, nursing and observation records.

The trust had 63,840 medical admissions from March 2018 to February 2019. Emergency admissions accounted for 21,736 (34%), 1,565 (2.4%) were elective, and the remaining 40,539 (63.5%) were day cases.

Medical care (including older people's care)

Admissions for the top three medical specialties were:

- General medicine: 20,988
- Gastroenterology: 17,273
- Clinical oncology: 10,168

Summary of this service

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

- The service did not have enough medical staff in all areas and staff mandatory training was not fully completed.
- Not all staff were fully aware of the rights of patients under the Mental Health Act 1983.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not all in line with national standards.

However:

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

Is the service safe?

Requires improvement   

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

Medical care (including older people's care)

- The service did not have enough staff with the right qualifications, skills, training and experience keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff did not always complete and update risk assessments for each patient and remove or minimise risks. Risk assessments for venous thromboembolisms (VTEs) were not always completed.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe. In some areas there were ligature risks in bathrooms and toilets, which were not risk assessed to promote patient safety. Some emergency equipment including oxygen and suction had not been checked regularly.
- Not all staff had completed mandatory and/or safeguarding training. While compliance in some staff groups had improved, some had deteriorated.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff managed clinical waste well.
- Staff identified and quickly acted upon patients at risk of deterioration.
- Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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 actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.

Medical care (including older people's care)

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. 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.

However:

- Staff did not always protect the rights of patients subject to the Mental Health Act 1983. Not all staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. In some cases, the documentation for the Mental Capacity Act 2005 and the Mental health Act 1983 was incomplete or missing and staff were not aware of the scope of care needed.

Is the service caring?

Good ● → ←

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

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

Is the service responsive?

Requires improvement ● ↑

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

- People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards. This was especially so for cardiology, hepatology, neurology and gastroenterology.

Medical care (including older people's care)

- Care and treatment to patients being cared for as outliers, on wards not providing care for their speciality need, was not always suitable or appropriate and caused delays in treatment.

However:

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

Is the service well-led?

Good ● ↑

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

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

Medical care (including older people's care)

Areas for improvement

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

Surgery

Requires improvement   

Key facts and figures

There are three sites which provide elective surgery within the trust:

- Royal Cornwall Hospital (who also provide emergency surgery)
- West Cornwall Hospital
- St Michaels Hospital

At this inspection we inspected the Royal Cornwall Hospital only.

Surgery is provided by four care groups: general surgery and cancer; specialist services and surgery; anaesthetics, critical care and theatres; urgent, emergency and trauma. Specialist services and surgery provide ear, nose and throat, oral and maxillofacial surgery and ophthalmology.

There are three designated orthopaedic theatres and an accredited trauma unit consisting of 56 beds, this is part of the Peninsula Trauma network. The only elective lists operating with this care group are for the hand and paediatric service.

The trust had 36,397 surgical admissions from March 2018 to February 2019. Emergency admissions accounted for 10,411 (28.6%), 21,302 (58.5%) were day case, and the remaining 4,684 (12.8%) were elective.

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

Surgery at Royal Cornwall Hospitals NHS Trust was inspected in September 2018 and was rated as requires improvement. It had previously been inspected in September 2017, when it was rated as inadequate.

Summary of this service

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

- The service did not have enough staff to care for patients and keep them safe. Nursing staffing in the surgical division remained a challenge and had been for some time. The service provided mandatory training in key skills, however, we were not assured all staff were fully compliant with their training, particularly medical staff. Staff were working towards keeping good care records using a process of audit and improvement programmes.
- The management of medicines could be improved to ensure best practice. Not all controlled drug records were completed in accordance with trust policy.
- The service did not always have suitable premises. On Trauma 1 ward, we found a room which was used for both storage of equipment and as a patient waiting area, because of a lack of storage area. There was not enough space in the St Mawes lounge, we observed three patients having their observations taken in the waiting area, with one patient standing up to have their observations done as no chair was available. However, the surgical admissions lounge was used as an escalation area and not adequately staffed with appropriately trained nurses. Surgical nurses were not trained to look after the acutely unwell medical patients on the surgical admissions lounge.

Surgery

- The service did not always plan care to meet the needs of local people or take account of patients' individual needs. Medical outliers were regularly in the surgical bed space and this impacted on patient flow throughout the hospital. At the time of our inspection there were 44 medical outliers on surgical wards including the surgical admission lounge and Wheal Coates. On one day of the inspection we saw 16 medical outliers (out of a total of 18 surgical inpatient beds and four day-case beds).
- Not all staff understood the service's vision and values, and how to apply them in their work. In some areas we found that this had a negative effect on morale and on staff retention.

However:

- Staff understood how to protect patients from abuse. Staff we spoke with understood the trust's safeguarding policy and processes and were clear about their responsibilities. Staff had access to a safeguarding lead nurse and told us they gave good support.
- 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. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. The leadership team felt supported by the executive team to drive progress and make improvements. They had a good awareness of risks and the challenges to the service. We found the leaders highly energised and enthusiastic about shaping the future of surgical services in Cornwall, focusing on patient experience.

Is the service safe?

Requires improvement ● → ←

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

- The service did not always have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service provided mandatory training in key skills to staff but did not ensure everyone completed it.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient. Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

Surgery

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However:

- Key services were not available seven days a week to support timely patient care. The service did not meet the seven-day service standards.

Is the service caring?

Good   

Surgery

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

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

Is the service responsive?

Requires improvement ● → ←

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

- People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.
- The service did not always plan and provide care in a way that met the needs of local people and the communities served. Not all staff had received training on meeting the needs of patients living with dementia. There was not enough space in the St Mawes lounge, and it was not always used appropriately.

However:

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Good ● ↑

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Surgery

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a basic understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- The service did not have a vision for what it wanted to achieve or a strategy to turn it into action.
- Staff did not always feel respected, supported and valued. Staff did not always feel senior staff recognised the pressures of understaffing, the number of medical outliers and patient flow. Staff were not aware of future plans for the department.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

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

Maternity

Good  

Key facts and figures

Maternity services at the Royal Cornwall Hospitals NHS Trust provide a range of antenatal, intrapartum and postnatal care at the main hospital and within local community settings across Cornwall and the Isles of Scilly. The maternity services are part of the women, children and sexual health care group within the trust. Some of the buildings and facilities within the maternity service are acknowledged to be outdated, although at the time of our inspection the Helston birth centre was due to reopen following refurbishment. The trust was in the process of consultation for the complete redevelopment and relocation of the maternity services on the acute site.

The Royal Cornwall Hospitals NHS Trust has 56 maternity beds across four sites plus four community birth rooms. Of these beds 47 are located within an antenatal ward, delivery suite and the postnatal and transitional care ward at Royal Cornwall Hospital. Antenatal care including monitoring and induction of labour is provided from Wheal Rose ward which had 11 beds, a bereavement suite and a licensed (small) mortuary facility. Wheal Rose has three side rooms and two four-bedded bays. A maternity day assessment unit and triage is linked to Wheal Rose ward. This service provides appointments for monitoring, treatment and care for women with health issues related to pregnancy. The delivery suite has ten beds including recovery facilities. Postnatal care for women and neonates who require ongoing treatment or monitoring post birth is provided on Wheal Fortune (postnatal and transitional care) ward with 25 beds. This had four bedded bays with shared bathroom facilities, side rooms and a combined day/discharge lounge.

The remaining nine beds are located at the trust's midwife-led birthing centres. Four beds are available at the birthing centre at Royal Cornwall Hospital, three beds at the stand-alone Penrice birthing unit at St Austell, one bed at the stand-alone Helston birth centre (this is not a 24-hour service and patients must call the on-call midwife when they are in labour) and one bed at the stand-alone birthing centre at St Mary's Hospital on the Isle of Scilly. Women living on the Isle of Scilly assessed with high risks or due to personal choice are transferred to one of the maternity services available on the mainland.

In 2018/19 there were 4,077 births. 29.2% (1,189) of these births were at home or in one of the four low risk birth centres.

We inspected the whole core service as it was rated requires improvement at the last inspection in 2018. We spoke with community staff but did not inspect the community service.

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

During this inspection we observed care provided by staff and spoke with four women about their care and treatment and three relatives of women receiving care. We spoke with 95 staff, including two clinical directors, the care group manager, the head of midwifery and deputy head of midwifery/consultant midwife, two midwifery matrons, the care group governance lead, obstetric consultants, obstetricians, anaesthetists, junior through to senior midwives, specialist midwives, maternity support workers, maternity voices partnership leads, administrative and domestic staff.

We observed four ward handovers, a multidisciplinary team (MDT) meeting, safety briefing and two ward huddles. We reviewed ten sets of clinical care records of women who had received maternity services and reviewed data provided to us by the trust.

Maternity

Summary of this service

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

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

However:

- There were concerns surrounding infection control. We were not assured staff were following an agreed process when cleaning the birth pools. Staff were not always seen to be bare below the elbow.
- Medical staff did not achieve the trust target for all mandatory training. It had not been recognised by the trust that medical staff required safeguarding children level three training.
- There were documentation gaps in the completion of daily, weekly and monthly equipment checks on the birth centre. This was consistent with the last inspection in 2018 and had not improved.
- Midwife patient group directions (PGD's) training records did not always have an authorising signature recorded. Controlled drugs records were not kept in line with legislation.

Is the service safe?

Requires improvement   

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

- The service did not always control infection risk well. Staff did not always use equipment and control measures to protect women, themselves and others from infection. Not all staff followed infection control principles including the use of personal protective equipment (PPE).

Maternity

- The WHO checklist was not consistently completed in theatre and audit data suggested variable compliance, with a reducing trend.
- Specialist equipment checks were not always completed. There were documentation gaps in the completion of daily, weekly and monthly equipment checks. This was a requirement from the inspection in 2018 and was still a concern.
- The service used systems and processes to safely prescribe, administer, record and store medicines, but these were not always followed. Most midwife patient group directions (PGD's) training records did not have an authorising signature recorded. Controlled drugs records were not kept in line with legislation.
- Patient records were not always stored securely.
- Not everyone completed mandatory and/or safeguarding training. Medical staff were not compliant with all mandatory update requirements and were not trained to safeguarding children level three.
- Monitoring results to improve safety were not clearly displayed for staff, women and visitors.

However:

- Staff understood how to protect women from abuse and the service worked well with other agencies to do so.
- Staff generally kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment usually kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each woman and took action to remove or minimise risks. Staff identified and acted quickly when women were at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of women's care and treatment. Records were clear, up to date, and easily available to all staff providing care.
- The service managed 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 women honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.
- Staff gave women enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for women's religious, cultural and other needs.

Maternity

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for women.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, midwives, nurses and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave women practical support and advice to lead healthier lives.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Not all staff were aware of the doctors and nurses holding powers under the Mental Health Act.
- Medical appraisal rates did not meet the trust target.

Is the service caring?

Good ● → ←

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

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff were discreet and responsive when caring for women. Staff took time to interact with women and those close to them in a respectful and considerate way.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood women's personal, cultural and religious needs. 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 supported women, families and carers to understand their condition and make decisions about their care and treatment. Women and their families could give feedback on the service and their treatment and staff supported them to do this.

Is the service responsive?

Good ● → ←

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

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

Maternity

- Women received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge women were in line with national standards.
- 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 women in the investigation of their complaint.

However:

- Women could not always access the service when they needed it. The induction of labour process was, at times, delayed due to increased demand and need for one to one care in labour.

Is the service well-led?

Good  

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

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

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

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

End of life care

Good  

Key facts and figures

The trust provides end of life care at all three of its sites. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust and includes care for relatives and those people close to patients. It includes aspects of essential nursing care, specialist palliative care, bereavement and chaplaincy support and mortuary services.

The trust had 1,499 deaths from March 2018 to February 2019.

(Source: Hospital Episode Statistics)

The trust has an integrated specialist palliative and end of life care, nurse-led, seven-day service. There are six specialist palliative and end of life care nursing staff. There are 3.4 whole time equivalent (WTE) palliative care consultants (1 WTE employed by the trust and 2.4 WTE as an arrangement with a local hospice). The team provides a service across all three sites however most of the referrals are from the Royal Cornwall Hospital. An in-reach palliative care consultant is provided by a nearby hospice which supports consultant cover for the service to be seven days a week and the 24-hour consultant advice line.

End of Life care at Royal Cornwall hospitals trust was inspected in September 2018 and was rated as requires improvement. It had previously been inspected in January 2017, when it was rated as inadequate. End of life care had also been rated as inadequate in January 2016 during a comprehensive inspection.

During this inspection we visited seven wards and specialist departments. These included: the onward care team, the cancer centre, the mortuary, chaplaincy service and bereavement office. We spoke with 10 patients and those close to them. We reviewed nine sets of patient care records and looked at six combined patient treatment escalation plans and Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms. We spoke with 26 staff about end of life care. These included: specialist palliative care consultants, specialist nurses, registered nurses, health care assistants, chaplains, the bereavement team, the patient experience team the end of life executive lead, administrators, the mortuary manager, volunteer staff and junior doctors.

Summary of this 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 and managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service. Staff were working towards keeping good care records using a process of audit and improvement programmes.
- We saw staff provided care and treatment which was suitable for patients at the end of their life. Staff 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, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

End of life care

- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Staff had the skills, knowledge and experience to lead the service. Leaders ran services well, were developing information systems and supported staff to develop their skills. Specialist end of life staff understood the service's vision and values, and how to apply them in their work. Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Documentation did not always provide assurances that suitable, individualised care was provided for patients at the end of their life.

Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff used 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 them. Staff managed clinical waste well. The mortuary had undergone a major refurbishment since our last inspection and now met national standards.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

- Palliative care consultants felt their workload was unsustainable.
- End of life documentation was not always fully completed.

End of life care

Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their health needs. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support to help them live well until they died.
- 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. They used agreed personalised measures that limit patients' liberty.

However:

- Staff did not always document mental capacity assessments.

Is the service caring?

Good   

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

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

End of life care

Is the service responsive?

Good ● ↑

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

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

However:

- Audits did not provide assurance all patients near to the end of their lives received suitable, individualised care.

Is the service well-led?

Good ● ↑

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

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

End of life care

- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Palliative care consultants felt frustrated when they did not have the time to provide expert advice and support to add further pace and quality to improvement projects.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

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

Outpatients

Good ● ↑

Key facts and figures

The outpatient service at the Royal Cornwall Hospital is part of a much wider service provision. The trust delivers outpatient services across 47 different sites that are managed directly by the trust or by the local community trust, private providers and GP practices.

At the Royal Cornwall Hospital, the outpatient service is devolved and managed within all seven of the care groups. The hospital outpatient clinics are delivered through advice and guidance, nurse led clinics, one-stop clinics and open access clinics. There was a central booking team that managed 66% of the booking of new and follow up appointments. The booking team received outpatient referrals through the electronic referral system. Some specialities, such as ophthalmology and cardiology managed the process of booking appointments within their teams.

The trust had 538,377 first and follow up outpatient appointments from March 2018 to February 2019. The trust had a similar number of first and follow up appointments to the England average.

Our inspection team consisted of two inspectors and one specialist advisor. This inspection was focussed only on the Royal Cornwall Hospital site, known as 'Treliske'. During our inspection we visited outpatient clinics and departments in different specialties. We spoke with 109 staff including administrative staff, technical staff, managers, nursing staff, allied health professionals and doctors. We looked at eight patient records and spoke with 13 patients. We checked records of cleaning and equipment and looked at a range of documents including risk assessments, minutes of meetings, policies and procedure.

Summary of this 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. Staff assessed risks to patients and acted on them. Staff completed comprehensive records and managed medicines well. Staff kept themselves and patient equipment clean. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness. Staff listened to patients and their carers and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. Some patients could access the service when they needed it and did not have to wait too long for treatment.

Outpatients

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Not all records in cardiology were stored securely. Staff were not always aware of learning from incidents in other clinics. There was a risk of cross infection because staff did not follow trust policy for cleaning the play equipment in outpatient clinics. Staff did not always complete safety checks on emergency equipment. Essential fire safety equipment was not available or was out of date.
- Not all key services were available seven days a week.
- Not all staff took care to maintain patient privacy and dignity in outpatient clinics.
- There were delays for treatment in some specialties. Patients waited longer than expected for their complaints to be investigated and resolved.

Is the service safe?

Requires improvement ● → ←

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

- The service did not always control infection risks well and did not always keep equipment visibly clean. Staff did not keep toys in waiting rooms clean.
- The maintenance and use of equipment did not always keep people safe. Daily checks on emergency equipment were not always completed and were not always thorough. Recommended fire safety equipment was not available in several clinics.
- Not all records were stored securely. The system for storing cardiology tracer records was not secure.
- Shared learning from incidents was not always embedded. Not all staff demonstrated a working knowledge of how learning from incidents was applied to their own working practice.
- Not all staff completed mandatory training.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff used equipment and control measures to protect patients, themselves and others from infection. They kept the premises visibly clean.
- The design and use of facilities and premises kept people safe. Staff managed clinical waste facilities well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Outpatients

- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured actions from patient safety alerts were implemented and monitored.

Is the service effective?

We do not rate effective in outpatients. We found:

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.
- 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. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Key services were not available seven days a week to support timely patient care.

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness and took account of their individual needs.

Outpatients

- Staff provided emotional support to patients, families and carers to minimise their distress. Staff understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

However:

- Staff did not always treat patients in a way which respected their privacy and dignity.

Is the service responsive?

Good  

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

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

However:

- People could not always access the service when they needed it or receive the right care promptly. Waiting times from referral to treatment were not always in line with national standards. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients varied between specialties. In some clinics, the number of patients who received treatment within the recommended timeframes was significantly below the England average.
- Managers took longer than expected to investigate and resolve complaints.

Is the service well-led?

Good  

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action. developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Outpatients

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Leaders and staff did not actively and openly engage with equality groups and the public.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

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)

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity

Maternity and midwifery services

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 15 HSCA (RA) Regulations 2014 Premises and equipment

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 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

Daniel Thorogood, Inspection Manager led this inspection, overseen by Amanda Williams, Interim Head of Hospital Inspection. An executive reviewer, Garry Marsh, supported our inspection of well-led for the trust overall.

The team also included 17 inspectors and 13 specialist advisers.

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