

Weston Area Health NHS Trust

Inspection report

Weston General Hospital
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Weston Super Mare
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Date of inspection visit: 26th February to 28th March
2019
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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

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

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

Ratings

Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Are resources used productively?

Inadequate 

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

Weston Area Health NHS Trust was established in April 1991. The Trust is based at Weston General Hospital, built in 1986 near Uphill in the south of Weston-Super-Mare.

The Trust provides a wide range of acute and rehabilitation hospital services, as well as some community health services primarily to residents of the North Somerset area. Services are provided on a contractual basis to local health bodies that are responsible for purchasing health care for the resident population.

Overall summary

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



What this trust does

Weston Area Health NHS Trust provides acute hospital services and specialist community children's services to a population of 202,566 people (source: 2011 census), in North Somerset, with over 70% of people living in the four main towns of Weston, Clevedon, Portishead and Nailsea. A further 3.3 million day-trippers and 375,000 staying visitors increase this base population each year.

It has three locations that are registered with the Care Quality Commission. These are Weston General Hospital, The Barn in Clevedon and Drove House which both provide special community children's services.

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.

We inspected four core services in February 2019, and the 'well led' aspect of the trust in March 2019. The four core services were inspected at Weston General Hospital, The Barn, and Drove Road and were urgent and emergency services, medical care, surgery, and child and adolescent mental health services.

Summary of findings

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

Prior to our inspection on site, we gathered information and data from the trust, NHS Improvement, and stakeholders (community organisations with an interest in healthcare provided by the trust and the clinical commissioning group). We held focus groups for different staff prior to the core service inspections as part of regular engagement meetings, and during the well-led inspection.

At our last comprehensive inspection of the trust in March 2017 (the report published in June 2017) we rated the trust overall as requires improvement, with requires improvement ratings for safe, effective, and well led. We rated the trust inadequate for responsive, and good for caring.

We considered all the information we held about the trust when deciding which core services to inspect and based our inspection plan on the areas considered to be the highest risk.

What we found

Overall trust

Overall trust

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

Safe, responsive and well-led were rated requires improvement and effective and caring were rated as good. The rating of well-led at core service level was requires improvement overall, and the rating for trust management, was also requires improvement. This led to a combined overall rating for the trust of requires improvement.

We rated **well-led** at the trust as requires improvement because:

- While there had been improvements in the stability of the board, we had concerns about the capacity of them to meet all of the demands being placed on the trust. We saw that support for this issue was being procured through close working relationships with a neighbouring trust, as well as through the use of funding to support some additional posts. However, there remained the challenge of a lack of succession planning to provide any kind of leadership infrastructure which further jeopardised the performance of the trust.
- The trust was not compliant with the requirements of the fit and proper persons regulation, with a board level director in a seconded role not subject to FPPR tests.
- Mandatory and safeguarding training levels continued to fail to meet targets, with opportunities for training often hindered by the staffing challenges faced by the trust.
- Capacity constraints meant that pharmacy was used as a supply service, meaning there was significant risk around clinical support to wards. This was a known risk and had been on the corporate risk register since July 2017 with no reduction in risk rating. Action had not been taken to reduce the significant workforce risk. There were limited internal process for monitoring the pharmacy service and results of medicines audits were not always shared with pharmacy. The department responded reactively to incidents and the lack of pharmacy or medicines audits meant they were not identifying concerns before they become an incident. However, an annual pharmacy report went to the Quality and Safety Committee (a sub-board committee) and a monthly pharmacy report was submitted to the Clinical Effectiveness Group which reported directly to the Quality and Safety Committee. We heard consistently of a negative

Summary of findings

working culture in all the areas we visited on this inspection with the exception of surgery, – experienced at operational level, and not addressed at leadership level. Staff survey results remained a concern, and, while an improving picture, still contained many areas of poor performance. Added to this was a lack of visibility of the senior leadership team with a feeling of being disconnected articulated by operational staff at all levels.

- The executive and non-executive team evaluated an integrated performance report at the monthly board meeting. However, there was a lack of statistical process control to enable the leadership team to analyse performance in a proactive way. This meant that the reports provided for analysis of past performance but did not create a space to enable the forecasting of future activity.
- The arrangements for identifying, recording and managing risks, issues and performance was not always effective or effectively managed.
- Engagement with unions was poor, with little provision made for representatives to carry out their roles effectively.

However:

- We were assured that the leadership team at the trust were fully sighted and conversant with the challenges of their roles. During our interviews with the senior leadership team we were assured there was a common recognition of the challenges facing the organisation and its ability to provide high quality care in a sustainable way. It was clear from our conversations, that the chief executive officer demonstrated the strengths, insight, integrity and resilience needed to perform his function.
- Beyond the capacity challenge, the trust enjoyed a leadership team which was fully recruited and contained a diverse range of skills and experience. The trust had received funding from the NHS challenged provider fund which had funded additional posts to support elements of the capacity challenge.
- The trust articulated and was engaged in some key strategic work within the local health economy. There was a clear interconnected vision and strategy for the quality of care and services for patients and the local population. Internally, the trust was working towards its strategy, and externally it was a key stakeholder in the development of the Healthy Weston programme, as well as driving the linking up of services with local trusts.
- Staff at the trust were trained from induction onwards to understand and recognise the duty of candour. This approach was amongst the best we have seen and was clearly having a positive impact.
- The trust had been performing well above average for the NHS referral to treatment time target and met the standard overall.
- There were effective arrangements for the work of volunteers who were highly regarded and valued in the trust.
- **Urgent and emergency services** (also known as accident and emergency services or A&E) remained inadequate. This remained the same as our inspection in 2017. Safe and well-led remained inadequate. Caring remained as good and effective remained requires improvement, with responsive improving from inadequate to requires improvement. In safe, we found staff did not always assess and respond appropriately to patient risk and monitor their safety. The service did not have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. There was not a cohesive or stable leadership team in the emergency department. This was compounded by a culture in which some staff did not feel supported. However, patient outcomes were generally in line with similar services, and staff cared for patients with compassion and provided emotional support when they were distressed.
- **Medical care** was rated as requires improvement overall. This remained the same as our inspection in 2017. Safe and well led remained as requires improvement but responsive improved to requires improvement from inadequate. Effective improved from requires improvement and caring remained as good. In safe, the service did not always follow best practice when prescribing, giving, recording and storing medicines. Patients did not always receive the

Summary of findings

right medication at the right dose at the right time. The service did not have enough nursing and therapy staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Acutely unwell patients who needed side rooms did not always receive the recommended level of monitoring by nursing staff. However, the service took steps to control infection risks well most of the time. Staff kept equipment and the premises clean. When an infection was confirmed, they used control measures to prevent the spread of infection. Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. The service also used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

- **Child and adolescent mental health services** were rated overall as inadequate. This was a drop from outstanding at our inspection in 2015. Safe and well led both went down from good to inadequate, effectiveness went down from outstanding to requires improvement, responsive went down from good to inadequate, and caring went down from outstanding to good. Staff did not protect young people from avoidable harm because they did not actively monitor the waiting list or revisit the risks of young people waiting to access treatment. There were not enough staff to meet the demands of the service. There was a high turnover rate and staff had felt the impact of this on their workload. The service had received an increase in referrals that was putting strain on its ability to see young people quickly. The service was not well led and there was a lack of ownership in local management. Staff did not document risk assessments of all the young people receiving care within the service.
- **Surgery** was rated good at this inspection, which is the same rating as our last inspection in 2017. Safe, effective, and well led improved from requires improvement to good. Caring remained good, but responsive went down from good to requires improvement. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service controlled infection risk well. There were systems to monitor and maintain standards of cleanliness and hygiene, to prevent the spread of infection. The service had suitable premises and equipment and looked after them well. The World Health Organisation's (WHO) five steps to safer surgery process was well embedded and followed within theatres. The service managed patient safety incidents well. The service used safety monitoring results well. However, the management of medicines could be improved to ensure best practice. The service provided mandatory training in key skills, however, not all staff were fully compliant with their training, particularly medical staff. Junior doctors were not confident the processes to support urology patients overnight and at weekends were functioning effectively.
- On this inspection we did not inspect critical care, maternity, services for children and young people, or end of life care. The ratings we gave to these services on previous inspections in 2015 and 2017 are part of the overall rating awarded to the trust this time.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – www.cqc.org.uk/provider/RA3/reports.

Are services safe?

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

There remained issues with nursing and medical staffing which did not ensure safe care at all times in the emergency department, medical care wards and the children and adolescent mental health services. The trust provided mandatory training in key skills to all staff; however, they did not make sure everyone completed it. In medical care and surgery we found the services did not always follow best practice when prescribing, giving, recording and storing medicines. Patients did not always receive the right medication at the right dose at the right time. We also found the process for

Summary of findings

supplying medicines for patient discharge in the discharge lounge could cause delays. In the children and adolescent mental health service we found staff did not protect young people from avoidable harm because the service did not actively monitor the waiting list or revisit the risks of young people waiting to access treatment. We also found staff did not document risk assessments of all young people receiving care within the service.

However, staff understood how to protect patients from abuse and the service worked well with other agencies to do so. In medical care and surgery, we saw the services used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service. The trust controlled infection risk well.

Are services effective?

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

Patients had enough food and drink to meet their needs and improve their health and provided health promotion information for patients to support them to manage their conditions and health choices. Staff also assessed and monitored patients regularly to see if they were in pain.

Services provided care and treatment based on national guidance and evidence of its effectiveness.

In most areas, disciplines of staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However,

There was a higher than expected risk of readmission for patients discharged after care and treatment in the specific areas of general medicine, gastroenterology, stroke medicine and geriatric medicine. However, it should be noted that the trust had the highest average age of admitted patients of all acute trusts which has a bearing on non-risk-adjusted data. We also found there were difficulties in identifying patients who were re-admitted with a surgical site infection if it was not incident reported.

In the emergency department we found the service monitored the effectiveness of care and treatment but there was no effective system to report on results and limited substantial evidence to show that the service had taken action in response to poor outcomes.

We found staff could access care and treatment protocols based on national guidance and best practice. However, in the emergency department we had concerns about version control and out of date guidelines. This meant there was potential for medical staff to access out of date guidelines.

Are services caring?

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

Staff were kind and caring to their patients. The patients we spoke with were largely positive about the compassion and kindness of staff, and their dedication to giving good care, and we observed patients being treated with care and respect throughout their stay in hospital.

In the child and adolescent mental health service young people could have open discussions about their personal, cultural, social and religious needs with staff, as they knew staff would respect their wishes and help meet their needs.

Are services responsive?

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

Summary of findings

The trust tried to plan and provide services in a way that met the needs of local people, however they were restricted by the uncertainty of its future. Patients did not always have timely access to initial assessment, diagnosis or urgent treatment, and the people with the most urgent needs did not always have their care and treatment prioritised.

We found the emergency department was frequently crowded; patients were cared for in non-clinical areas and some were accommodated overnight, without access to suitable bathroom facilities.

In the child and adolescent mental health service we found there were extensive waits for the service that put young people at risk and breached the 18-week referral to treatment target set by commissioners.

However,

The trust treated complaints seriously, investigated them, learned lessons from the results and shared these with all staff, although they did not always meet the deadlines to deal with complaints.

Are services well-led?

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

Managers for the emergency care division, which included urgent and emergency care and medical care, had the abilities but did not always use the right skills to run a service providing high-quality, sustainable care. Some staff told us they felt undervalued by service leads.

The service did not have effective governance systems to provide assurance of quality and safety. We also found there were compatibility issues with IT systems across the trust. The trust had recognised the need for improvement and submitted an information technology bid for £10m bid via the CCG Sustainability and Transformation Partnership (STP) to the Department of Health.

In the child and adolescent mental health service we found the pressure on the service working to full capacity had restricted the clinical leads ability to dedicate time to the management role. The service was not well led and there was a lack of ownership in local service management. Staff expressed concerns with safety, vacancies and capacity of the service and we were shown evidence of these concerns being raised that had not been acted on promptly and effectively, this included management of the waiting list, staff vacancies, staff numbers and support for staff.

However,

In surgery we found the surgical leadership were clear about their roles and understood the challenges faced by the service. There were governance processes and oversight in the surgical division.

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 not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also accounted for factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

See the Ratings tables section below for the detail.

Outstanding practice

We found examples of outstanding practice in medical care, and trust-wide.

For more information, see the Outstanding practice section of this report.

Summary of findings

Areas for improvement

We found areas for improvement including 29 breaches of five legal requirements that the trust must put right. We found 51 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

Action we have taken

We issued a warning notice to the trust. Our action related to breaches of five legal requirements in relation to urgent and emergency services and child and adolescent mental health services.

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

Our action related to breaches of legal requirements at a trust-wide levels, in urgent and emergency care, medical care, and CAMHS. We did not issue any requirements in surgery services.

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

What happens next

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

Outstanding practice

The trust was positively engaged with the Healthy Weston programme and had established itself as a key stakeholder in the development of this work.

Despite the staffing challenges faced on the medical wards staff made time to ensure that elderly couples on different wards were able to eat together. This was not considered extraordinary by these staff but hugely benefitted patients.

Areas for improvement

Action the provider **MUST** take to improve

Trust Wide

- Comply with the requirements of the fit and proper persons employed regulations. Specifically, it should ensure that all board members have completed required checks to pass the fit and proper persons test and seek assurance this has been completed.
- Review the corporate risk register to ensure all risks are recorded and given priority to match their degree of seriousness. Use the board assurance framework to identify, monitor and mitigate key risks.
- Work to ensure that the trust meets the targets for mandatory and safeguarding training levels.
- Ensure pharmacy staffing levels meet demand and Carter model hospital indicators, and therefore, protect patient safety.

Urgent and Emergency Services

Summary of findings

- Ensure that staff employed in the emergency department are supported to complete regular mandatory training, so they can be assured all staff are familiar with safety systems and processes.
- Ensure that staff have the appropriate training, knowledge and skills to care for sick and injured children.
- Ensure there are appropriate and reliable arrangements for the prompt transfer of sick children by ambulance to specialist children's centres.
- Ensure that patients are assessed promptly on arrival in the emergency department so as to ensure that patients with serious and life-threatening illness and injury are prioritised for treatment.
- Continue to drive improvement to ensure that patient safety is regularly monitored and acted upon. This includes ensuring that patients are assessed and protected against the risk of falls and that they have call bells in order to summon assistance.
- Ensure that patients in the emergency department are assessed for the risk of falls.
- Ensure that incidents in the emergency department are investigated without delay and demonstrate appropriate remedial actions have been taken to reduce or eliminate the risk of similar incidents reoccurring.
- Ensure that regular reviews of mortality and morbidity take place to ensure there is learning from deaths and unexpected outcomes.
- Review clinical guidance and treatment protocols in the emergency department to ensure that they are easily accessible and up-to-date.
- The trust must use findings from clinical audit, so they can be assured that care and treatment is provided in accordance with national guidance and best practice, and to improve patient outcomes.
- Ensure that all staff receive adequate supervision, mentorship and appraisal, and ensure that this is documented.
- Improve its oversight of nurse training in the emergency department. They must ensure there is an effective system to assess and meet the ED-specific training needs of nursing staff.
- Ensure relevant staff in the emergency department have knowledge and understanding of their responsibilities to assess and document patients' capacity to give consent to care and treatment. Where a patient is assessed as unable to give consent due to incapacity, staff must act in accordance with the Mental Capacity Act 2005.
- Improve waiting times for patients who attend the emergency department.
- Ensure the mental health assessment room in the emergency department meets national safety standards. This includes upgrading the security alarm system.

Medical care and Surgery

- Staff must follow trust policy for the management, storage and administration of medicines, having assurance medicines are in date, given at the right time, and ensure medicines on the ward that are no longer required are disposed of as directed.
- The services must have assurance through medicines reconciliation that patients are prescribed their long-term medicines.

Child and Adolescent Mental Health Services

- Ensure they assess the risk of the environment and implement any actions.
- Ensure that all caseloads are effectively managed and that there is a clear understanding of who is being seen and the risks of the caseload.

Summary of findings

- Ensure that all incidents that need reporting are reported and that learning is gained.
- Ensure that all young people have a documented plan of care.
- Ensure that all staff receive regular and meaningful supervision.
- Review the management arrangements for the service.

Action the provider **SHOULD** take to improve

Trust Wide

- Consider the capacity of the leadership team to deliver the competing priorities faced by the trust, and ways of mitigating the effects of this on service delivery and staff wellbeing.
- Evaluate and consider the extent to which the culture of working environment is having a detrimental effect on staff and establish a plan to improve culture at the trust.
- Review the findings of the most recent staff survey and consider ways in which significant improvements can be achieved.
- Give sufficient priority to information technology systems to enable them to support delivery of quality services rather than hinder them.
- Prioritise work with representatives from trade unions to improve, develop and nurture an effective working relationship.
- Work to prioritise the completion of structured judgement reviews to reflect the trust target of 50%.
- Audit services against the Accessible Information standards to determine compliance or actions to be taken and publish these results.

Urgent and Emergency Services

- Consider ways to ensure the children's waiting area in the emergency department is always secure, to ensure audio and visible separation from the main waiting area.
- Consider providing an area in the emergency department where parents can securely store pushchairs.
- Monitor the temperature in the emergency department and check that patients are comfortable.
- Continue to audit children's records in the emergency department and take action to ensure pain scores are recorded.
- Consider the appointment of a practice development nurse in the emergency department.
- Take further steps to support patients living with dementia, or other forms of cognitive impairment, who attend the emergency department.
- Take further steps to engage with staff, patients and the public to inform future plans and drive service delivery.

Medical Care

- The service should keep all fire exits clear and available as a route for evacuation if needed.
- Store all fire extinguishers in a way that they can be accessed but not fall on patients, staff or visitors.
- Provide systems so managers are aware of the numbers of nursing staff needed to match the acuity of the patients cared for.
- Provide enough staff to safely care for patients when their needs are more acute, and they need close monitoring.

Summary of findings

- Provide appropriate monitoring for patients who are at higher risk.
- Provide patients in the discharge lounge with their medications at the prescribed time without delay and develop systems to reduce delays for patients waiting for medicines to take home.
- Consider providing prompts to guide new staff when caring for patients who have received rapid tranquilisation.
- Consider providing two forms of therapy for stroke patients on a Saturday and Sunday to comply with SSNAP audit recommendations.
- Provide enough accessible, storage space for equipment needed to care for patients on the stroke unit.
- Provide hoists which are suitable for frequent use by stroke patients.
- Develop systems so staff feel able to contribute their ideas and escalate concerns without fear of retribution.
- Consider using and embedding a tool to measure effectiveness of occupational therapy services.
- Provide systems for all staff to be aware of types of incident which need reporting to provide learning.
- Review risk of patient readmission and identify actions to improve in line with national comparisons.

Surgery

- Support all staff with completion of mandatory training to meet trust targets. Review how training compliance is recorded to confirm the accuracy of training compliance reported.
- Review difficult airway trolleys and confirm guidelines are available and attached to each.
- Confirm all staff are aware of the process and standard operating procedure document for blood transfusion.
- Continue to review the arrangement and location for the theatre receiving unit and pre-operative assessment.
- Review the audit process for the World Health Organisation's five steps to safer surgery process and be assured consistently achieving 100% compliance is a true reflection of performance.
- Review processes for identifying patients readmitted with a surgical site infection, to ensure this patient group is consistently picked up to enable investigation and learning.
- Continue to monitor staffing levels for surgical wards and focus on recruitment and retention of the nursing workforce.
- Review the cover and support for the urology speciality overnight and at weekends. Confirm the local hospital support system is working effectively and work with junior doctors to be assured a safe service is provided to patients when substantive consultants are not present. Consider how to audit this process for assurance and evidence the system and processes are appropriate.
- Continue to complete staff appraisals for the surgical service and bring compliance levels in line with trust targets.
- Improve the process for discharging patients with medicines.
- Review job planning for surgeons and the ability to fully utilise theatres by running theatre lists and improving session utilisation in line with targets.
- Continue to review late starts to elective theatre and bring performance in line with trust targets. Consider how to give clinicians the opportunity to justify the data.

Summary of findings

- Review the reasons behind delayed discharges from recovery, to identify areas of learning or for improvement. Complete thorough audits which clearly show areas for improvement and action plans to achieve these improvements.
- Consider how to review cancellations of patients who were close to the surgery date, additionally to patients cancelled on the day of their surgery. To enable this data to be reviewed and monitored for any learning or improvements.
- Consider a system or process for alerting of the number of female and male patients for day surgery unit when booking patients, to prevent having more of one gender than bed capacity to enable no mixed sexed breaches.
- Review the risk registers and ensure there is a clear trail of risks being reviewed and actions taken.
- Review the IT systems used across the surgical service and whether they ensure the maximum effectiveness and productivity. In particular, the number of different IT systems used by the access team.

Child and Adolescent Mental Health Services

- Consider ways that the trust can better look after staff wellbeing so that staff feel engaged.
- Review the arrangements for staff progression within the service.
- Consider ways to improve the response to complaints.

Is this organisation well-led?

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

We rated well-led as requires improvement because:

- While there had been improvements in the stability of the board, we had concerns about the capacity of them to meet all of the demands being placed on the trust. We saw that support for this issue was being procured through close working relationships with a neighbouring trust, as well as through the use of funding to support some additional posts. However, there remained the challenge of a lack of succession planning to provide any kind of leadership infrastructure which further jeopardised the performance of the trust.
- The trust was not compliant with the requirements of the fit and proper persons regulation, with a board level director in a seconded role not subject to FPPR tests.
- Mandatory and safeguarding training levels continued to fail to meet targets, with opportunities for training often hindered by the staffing challenges faced by the trust.
- Capacity constraints meant that pharmacy was used as a supply service, meaning there was significant risk around clinical support to wards. This was a known risk and had been on the corporate risk register since July 2017 with no reduction in risk rating. Action had not been taken to reduce the significant workforce risk. There were limited internal process for monitoring the pharmacy service and results of medicines audits were not always shared with pharmacy. The department responded reactively to incidents and the lack of pharmacy or medicines audits meant they were not identifying concerns before they become an incident. However, an annual pharmacy report went to the Quality and Safety Committee (a sub-board committee) and a monthly pharmacy report was submitted to the Clinical

Summary of findings

Effectiveness Group which reported directly to the Quality and Safety Committee. We heard consistently of a negative working culture in all the areas we visited on this inspection with the exception of surgery, – experienced at operational level, and not addressed at leadership level. Staff survey results remained a concern, and, while an improving picture, still contained many areas of poor performance. Added to this was a lack of visibility of the senior leadership team with a feeling of being disconnected articulated by operational staff at all levels.

- The executive and non-executive team evaluated an integrated performance report at the monthly board meeting. However, there was a lack of statistical process control to enable the leadership team to analyse performance in a proactive way. This meant that the reports provided for analysis of past performance but did not create a space to enable the forecasting of future activity.
- The arrangements for identifying, recording and managing risks, issues and performance was not always effective or effectively managed.
- Engagement with unions was poor, with little provision made for representatives to carry out their roles effectively.

However,

- We were assured that the leadership team at the trust were fully sighted and conversant with the challenges of their roles. During our interviews with the senior leadership team we were assured there was a common recognition of the challenges facing the organisation and its ability to provide high quality care in a sustainable way. It was clear from our conversations, that the chief executive officer demonstrated the strengths, insight, integrity and resilience needed to perform his function.
- Beyond the capacity challenge, the trust enjoyed a leadership team which was fully recruited and contained a diverse range of skills and experience. The trust had received funding from the NHS challenged provider fund which had funded additional posts to support elements of the capacity challenge.
- The trust articulated and was engaged in some key strategic work within the local health economy. There was a clear interconnected vision and strategy for the quality of care and services for patients and the local population. Internally, the trust was working towards its strategy, and externally it was a key stakeholder in the development of the Healthy Weston programme, as well as driving the linking up of services with local trusts.
- Staff at the trust were trained from induction onwards to understand and recognise the duty of candour. This approach was amongst the best we have seen and was clearly having a positive impact.
- The trust had been performing well above average for the NHS referral to treatment time target and met the standard overall.
- There were effective arrangements for the work of volunteers who were highly regarded and valued in the trust.

Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating (www.cqc.org.uk/provider/RA3/Reports).

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 ↔ Jun 2019	Good ↑ Jun 2019	Good ↔ Jun 2019	Requires improvement ↑ Jun 2019	Requires improvement ↔ Jun 2019	Requires improvement ↔ Jun 2019

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

Ratings for Weston General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↔↔ Jun 2019	Requires improvement ↔↔ Jun 2019	Good ↔↔ Jun 2019	Requires improvement ↑ Jun 2019	Inadequate ↔↔ Jun 2019	Inadequate ↔↔ Jun 2019
Medical care (including older people's care)	Requires improvement ↔↔ Jun 2019	Good ↑ Jun 2019	Good ↔↔ Jun 2019	Requires improvement ↑ Jun 2019	Requires improvement ↔↔ Jun 2019	Requires improvement ↔↔ Jun 2019
Surgery	Good ↔↔ Jun 2019	Good ↔↔ Jun 2019	Good ↔↔ Jun 2019	Requires improvement ↔↔ Jun 2019	Good ↔↔ Jun 2019	Good ↔↔ Jun 2019
Critical care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Requires improvement Jun 2017	Good Jun 2017	Good Jun 2017
Services for children and young people	Good Aug 2015	Good Aug 2015	Good Aug 2015	Requires improvement Aug 2015	Good Aug 2015	Good Aug 2015
End of life care	Good Aug 2015	Good Aug 2015	Outstanding Aug 2015	Requires improvement Aug 2015	Good Aug 2015	Good Aug 2015
Maternity and gynaecology	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015
Outpatients and diagnostics	Good Aug 2015	N/A	Good Aug 2015	Requires improvement Aug 2015	Good Aug 2015	Good Aug 2015
Overall*	Requires improvement ↔↔ Jun 2019	Good ↑ Jun 2019	Good ↔↔ Jun 2019	Requires improvement ↑ Jun 2019	Requires improvement ↔↔ Jun 2019	Requires improvement ↔↔ Jun 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 mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Specialist community mental health services for children and young people	Inadequate ↓↓ Jun 2019	Requires improvement ↓↓ Jun 2019	Good ↓ Jun 2019	Inadequate ↓↓ Jun 2019	Inadequate ↓↓ Jun 2019	Inadequate Jun 2019

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

Acute health services

Background to acute health services

Weston Area Health NHS Trust provides acute hospital services and specialist community children's services to a population of 202,566 people (source: 2011 census), in North Somerset, with over 70% of people living in the four main towns of Weston, Clevedon, Portishead and Nailsea. A further 3.3 million day trippers and 375,000 staying visitors increase this base population each year.

It has three locations that are registered with the Care Quality Commission. These are Weston General Hospital, The Barn in Clevedon and Drove House which both provide special community children's services

We inspected four core services in February 2019, and the 'well led' aspect of the trust in March 2019. The four core services were inspected at Weston General Hospital, The Barn, and Drove Road and were urgent and emergency services, medical care, surgery, and child and adolescent mental health services.

The trust provides ten core services but not all services at all sites.

Summary of acute services

Requires improvement ● → ←

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

- There remained issues with nursing and medical staffing which did not ensure safe care at all times in the emergency department, medical care wards and the children and adolescent mental health services. The trust provided mandatory training in key skills to all staff; however, they did not make sure everyone completed it. In medical care and surgery we found the services did not always follow best practice when prescribing, giving, recording and storing medicines. Patients did not always receive the right medication at the right dose at the right time. We also found the process for supplying medicines for patient discharge in the discharge lounge could cause delays.
- There was a higher than expected risk of readmission for patients discharged after care and treatment in general medicine, gastroenterology, stroke medicine and geriatric medicine. We also found there were difficulties in identifying patients who were re-admitted with a surgical site infection. In the emergency department we found the service monitored the effectiveness of care and treatment but there was no effective system to report on results and limited substantial evidence to show that the service had taken action in response to poor outcomes.
- The trust tried to plan and provide services in a way that met the needs of local people, however they were restricted by the uncertainty of its future. Patients did not always have timely access to initial assessment, diagnosis or urgent treatment, and the people with the most urgent needs did not always have their care and treatment prioritised. We found the emergency department was frequently crowded; patients were cared for in non-clinical areas and some were accommodated overnight, without access to suitable bathroom facilities.

Summary of findings

- Managers for the emergency care division, which included urgent and emergency care and medical care, had the abilities but did not always use the right skills to run a service providing high-quality, sustainable care. Some staff told us they felt undervalued by service leads. The service did not have effective governance systems to provide assurance of quality and safety. We also found there were compatibility issues with IT systems across the trust.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. In medical care and surgery, we saw the services used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service. The trust controlled infection risk well.
- Patients had enough food and drink to meet their needs and improve their health and provided health promotion information for patients to support them to manage their conditions and health choices. Staff also assessed and monitored patients regularly to see if they were in pain.
- Staff were kind and caring to their patients. The patients we spoke with were largely positive about the compassion and kindness of staff, and their dedication to giving good care, and we observed patients being treated with care and respect throughout their stay in hospital. In the child and adolescent mental health service young people could have open discussions about their personal, cultural, social and religious needs with staff, as they knew staff would respect their wishes and help meet their needs.
- The trust treated complaints seriously, investigated them, learned lessons from the results and shared these with all staff, although they did not always meet the deadlines to deal with complaints.
- In surgery we found the surgical leadership were clear about their roles and understood the challenges faced by the service. There were governance processes and oversight in the surgical division.

Weston General Hospital

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Key facts and figures

Weston Area Health NHS Trust provides acute hospital services and specialist community children's services to a population of 202,566 people (source: 2011 census), in North Somerset, with over 70% of people living in the four main towns of Weston, Clevedon, Portishead and Nailsea. A further 3.3 million day trippers and 375,000 staying visitors increase this base population each year.

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The trust provides ten core services but not all services at all sites.

Summary of services at Weston General Hospital

Requires improvement ● → ←

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

- There remained issues with nursing and medical staffing which did not ensure safe care at all times in the emergency department, medical care wards and the children and adolescent mental health services. The trust provided mandatory training in key skills to all staff; however, they did not make sure everyone completed it. In medical care and surgery we found the services did not always follow best practice when prescribing, giving, recording and storing medicines. Patients did not always receive the right medication at the right dose at the right time. We also found the process for supplying medicines for patient discharge in the discharge lounge could cause delays.
- There was a higher than expected risk of readmission for patients discharged after care and treatment in general medicine, gastroenterology, stroke medicine and geriatric medicine. We also found there were difficulties in identifying patients who were re-admitted with a surgical site infection. In the emergency department we found the service monitored the effectiveness of care and treatment but there was no effective system to report on results and limited substantial evidence to show that the service had taken action in response to poor outcomes.

Summary of findings

- The trust tried to plan and provide services in a way that met the needs of local people, however they were restricted by the uncertainty of its future. Patients did not always have timely access to initial assessment, diagnosis or urgent treatment, and the people with the most urgent needs did not always have their care and treatment prioritised. We found the emergency department was frequently crowded; patients were cared for in non-clinical areas and some were accommodated overnight, without access to suitable bathroom facilities.
- Managers for the emergency care division, which included urgent and emergency care and medical care, had the abilities but did not always use the right skills to run a service providing high-quality, sustainable care. Some staff told us they felt undervalued by service leads. The service did not have effective governance systems to provide assurance of quality and safety. We also found there were compatibility issues with IT systems across the trust.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. In medical care and surgery, we saw the services used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service. The trust controlled infection risk well.
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- The trust treated complaints seriously, investigated them, learned lessons from the results and shared these with all staff, although they did not always meet the deadlines to deal with complaints.
- In surgery we found the surgical leadership were clear about their roles and understood the challenges faced by the service. There were governance processes and oversight in the surgical division.

Urgent and emergency services

Inadequate ● → ←

Key facts and figures

Urgent and emergency care services are provided in the hospital's emergency department (ED) seven days a week, 365 days a year. The department is open from 8am until 10pm.

From October 2017 to September 2018 there were 47,609 attendances, of which 25% arrived by ambulance and 27% were admitted to hospital. Approximately 17% of attendances were children. There are no paediatric beds in the hospital and therefore no paediatric cover in the hospital at night or at weekends and children are taken by ambulance to Bristol or Taunton.

There are two treatment areas in the emergency department. Patients with serious injuries or illness, who mostly arrive by ambulance, are seen and treated in the major treatment area, which has eight cubicles and a resuscitation room. The resuscitation area has four bays, one of which is equipped to treat children. The major treatment area is accessed by a dedicated ambulance entrance. Patients with minor injuries are assessed and treated in the minor treatment area, which has 12 cubicles and a paediatric room. At times of high demand, patients are accommodated in the corridor surrounding the major treatment area. There are designated trolley spaces and temporary curtains are used to provide privacy.

There is an adjacent ambulatory emergency care (AEC) unit and medical day care unit (reported on under medicine), which provides same-day urgent assessment and treatment for ambulant patients, who are not predicted to require admission to hospital. This includes patients directly referred by GPs or the ambulance service, or patients who have attended the emergency department and who meet the suitability criteria. There is a GP assessment, unit staffed by an advanced nurse practitioner (provided by a local GP consortium).

The emergency department is not a designated trauma unit. Severely injured patients are taken by ambulance to trauma centres in Bristol or Taunton.

We visited the emergency department over two and a half weekdays. Our inspection was announced (staff knew we were coming). We returned unannounced and conducted an inspection in the evening. We inspected all key questions; is the service safe, effective, caring, responsive and well-led?

We spoke with approximately 25 staff, including doctors, nurses, administrative staff and managers. We observed staff handover meetings. We looked at seven patients' records and observed patients' care. We spoke with 10 patients and four relatives. Before the inspection we reviewed information about the service and information provided by the trust.

We have had ongoing concerns about this service for a few years.

Inspection history

May 2015: We undertook a comprehensive inspection (reviewing all key questions) and the service was rated requires improvement overall, with safe rated as inadequate. Concerns related to patients not being assessed promptly on arrival in the department and inadequate monitoring of their safety. There was a shortage of senior medical staff and junior doctors felt unsupported.

August 2015: We undertook a focussed inspection to look at concerns raised during our previous inspection in relation to medical staffing and supervision of junior medical staff. There was a shortage of senior medical staff (consultants, middle grade doctors and registrars). Senior medical staff were tired, and the rota was not felt to be sustainable.

Urgent and emergency services

February and March 2017: We undertook a comprehensive inspection and rated the service inadequate overall. Safe, responsive and well led were rated as inadequate, effective was rated as requires improvement and caring was rated as good. We had continuing concerns about the fragility of the medical staffing infrastructure and the lack of medical leadership. The emergency department was frequently crowded, with patients queuing in the corridor. There was inadequate support from specialty doctors to review patients in the emergency department, particularly at night. We issued a warning notice, which identified serious concerns about poor patient flow, extended waits in the emergency department and the safety of patients queuing in the corridor.

The board took the decision to temporarily close the A&E department in July 2017. This was undertaken on the grounds of patient safety. This was carried out in conjunction with system partners to ensure that patients were safe in this process. Transfer and repatriation arrangements were put in place, as well as ensuring patients could contact emergency services outside the ED when it was closed.

December 2017: We undertook a focussed inspection to review the trust's progress against the requirements of the warning notice. We judged there had been significant progress, but change was not embedded, and the warning notice remained in place.

August 2018: We undertook a further focussed inspection and judged that the service had made sufficient progress against the requirements of the warning notice and this was lifted. However, this was a focussed inspection and provided very limited assurance of quality and safety standards. Our ongoing monitoring of this trust, and intelligence from a number of external sources continues to raise significant concerns:

- Medical staff have raised concerns with CQC and the trust, regarding the competence of some senior medical staff. In September 2018 the General Medical Council imposed conditions on the approval of training placements for junior doctors and the trust is under enhanced monitoring. Health Education England has undertaken six-monthly triggered visits and spoken with trainee doctors. They are also asking trainees to complete weekly surveys. At the latest visit, in November 2018, they reported that trainee doctors sometimes struggled to gain adequate supervision.
- There is a shortage of nursing staff and significant challenges regarding recruitment and retention.

Summary of this service

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

- We rated the safe and well led key questions as inadequate. The effective and responsive key questions were rated as requires improvement. We rated the caring question as good.
- Staff did not always assess and respond appropriately to patient risk and monitor their safety. Patients were not always assessed promptly on arrival in the emergency department, to ensure that those with serious or immediately life-threatening illness or injury were identified and prioritised. There were frequent ambulance handover delays and patients were not always assessed within the timescale recommended by the Royal College of Emergency Medicine. Patients were not assessed and protected from the risk of falls and some patients were not given identification wristbands to ensure the right patient received the right treatment. Staff did not routinely assess patients for the risks of falls.
- Patients could not always access care and treatment when they needed in the right setting. Facilities were not wholly appropriate; the emergency department was frequently crowded, and patients continued to experience long delays. Some patients spent more than 12 hours in the emergency department and remained there overnight, when basic needs, such as adequate bathroom facilities, could not be met.

Urgent and emergency services

- The trust had not taken adequate steps to ensure that the service met the needs of children and to ensure their safety. We were not assured that all staff were suitably trained and skilled to care for sick children and safeguard them from abuse. The environment did not meet the needs of children.
- The service did not have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. There was a shortage of registered nurses and heavy reliance on bank and agency staff. Staff reported numerous concerns about staffing levels and the associated risks. The trust was not able to provide sufficient evidence to demonstrate that all staff were suitably skilled and up to date with mandatory and ED-specific training. Some staff did not feel competent or supported to carry out some tasks. Staff demonstrated poor understanding about how and when to assess whether a patient had the capacity to make decisions about their care and treatment.

There were still some senior medical staff vacancies and we did not think the current senior medical staff rota was sustainable. Some junior medical staff continued to feel unsupported by senior colleagues at times, although this was improving. Some staff expressed concerns about the clinical competence of some senior medical staff.

- Systems and processes to safeguard adults and children from abuse were not robust. Some staff had not received adequate training and did not always follow processes.
- During the inspection staff we met demonstrated limited understanding of the needs of patients with dementia. However, following the inspection, the trust told us of a frequent users' group, support from mental health and geriatric emergency management(GEM) service - specifically designed to give specialist support to frail patients (which would include dementia).
- The service did not have effective governance systems to monitor quality, safety and risk. Incidents were not always investigated promptly. After our inspection the trust shared with us governance reports which aimed to share where learning had taken place, and risks assessed. Although the service had participated in national clinical audits, there was inadequate oversight of audit and a failure to share and act on results where improvements were required. We had concerns that some treatment protocols and guidelines were out of date.
- There was not a cohesive or stable leadership team in the emergency department. This was compounded by a culture in which some staff did not feel supported. Some staff told us they did not feel supported, respected or valued. Whilst we saw good teamworking in the emergency department during our visit, some junior medical staff reported concerns about a lack of support from senior doctors. Some staff told us they reported concerns but did not receive feedback. Others told us they were reluctant to report concerns because they were not confident they would be dealt with sensitively or in confidence. We heard of a number of incidents that had been reported in November and December 2018 that involved alleged bullying and unsupportive behaviours. Support was provided at a local level by some senior staff, but staff reported a perception that this behaviour was not managed. However, we brought these concerns to the attention of the executive leadership team who acted immediately to investigate the situation.
- The service did not have a formal vision for what it wanted to achieve. The service was in a state of flux. The future and shape of the emergency department and other 'front door' services were currently under review by the local clinical commissioning group and it was currently subject to public consultation. Staff felt uncertain about the future and did not feel well informed, despite numerous communications and opportunities to have their say.

There was little meaningful engagement with staff about the future and shape of the service. Staff were aware of the public consultation exercise in relation to the future and shape of services at Weston General Hospital, but few had participated in any formal engagement to express their views.

However,

Urgent and emergency services

- The emergency department was well maintained, equipped and clean. Premises had been reconfigured and refurbished, providing well laid out accommodation with adequate space for staff to work safely. Staff observed good hand hygiene practice.
- Safety systems had improved. Staff completed safety checklists, which prompted them to carry out regular checks of patients' safety. This system was overseen by safety sisters and had resulted in improved detection and management of sepsis. The service mostly followed best practice when prescribing, giving, recording and storing medicines.
- Patient outcomes were generally in line with similar services.
- Staff monitored patients to ensure their comfort. Patients were given regular refreshments and pain relief.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses, and other healthcare professionals supported each other to provide good care. We saw excellent teamwork with the hospital's stroke team, frailty team and psychiatric liaison team.
- Staff cared for patients with compassion and provided emotional support when they were distressed. They involved them and their relatives in decisions about their care. Patients and relatives told us all staff treated them with respect and kindness. We observed, that even when the department was very busy, staff took the time to interact with patients in a respectful, considerate and friendly manner. Staff used appropriate humour and non-verbal gestures to provide distraction and comfort to distressed or anxious patients.
- The service treated complaints seriously, investigated them, learned lessons from the results and shared these with all staff.

Is the service safe?

Inadequate ● → ←

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

- The service provided mandatory training in key skills to all staff; however, they did not make sure everyone completed it. Staff were not up to date with mandatory training and completion rates for medical staff were particularly poor. This meant we could not be assured they were familiar with safety systems and processes.
- Systems and processes to safeguard adults and children from abuse were not robust. Staff had not received adequate training and did not always follow processes.
- Staff did not always assess and respond to patient risk and monitor their safety. Patients were not always assessed promptly on arrival in the emergency department, to ensure that those with serious or immediate or life-threatening illness or injury were identified and prioritised. There were frequent ambulance handover delays and patients were not always assessed within the timescale recommended by the Royal College of Emergency Medicine. Patients were not always given identification wristbands to ensure the right patient received the right treatment. Staff did not routinely assess patients for the risk of falls.
- The service did not have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. There was a shortage of registered nurses and heavy reliance on bank and agency staff. Staff reported numerous concerns about staffing levels and the associated risks. The trust was not able to provide sufficient evidence to demonstrate that all staff were suitably skilled and up to date with mandatory and ED-specific training, including the skills required to care for sick and injured children.

Urgent and emergency services

- There were still some senior medical staff vacancies and we did not think the current senior medical staff rota was sustainable. Some junior medical staff continued to feel unsupported by senior colleagues at times, although this was improving. Some staff expressed concerns about the clinical competence of some senior medical staff.
- The service did not have a good safety track record and did not manage safety incidents well. Twelve serious incidents had been reported in 12 months and a never event was reported in December 2018. Many of these incidents were still under investigation or review and there were many other incident investigations outstanding. There was little evidence that incidents, including unexpected deaths and poor patient outcomes, were regularly discussed or actions and learning cascaded to prevent further mistakes happening. However, staff recognised incidents and reported them appropriately. When things went wrong, the service apologised and gave patients honest information and suitable support.

However,

- The service controlled infection risk well. Staff used control measures to prevent the spread of infection. The emergency department appeared clean and tidy, and records confirmed that cleaning tasks were completed regularly. Staff cleaned their hands before and after direct patient care.
- The service had mostly suitable premises and equipment and looked after them well. The emergency department was well laid out and staff had adequate space to work safely. Equipment, including medical equipment, was readily accessible and checked regularly to ensure it was fit for purpose. However, the mental health assessment room did not comply with national recommendations to ensure the safety of patients and staff. Some staff had expressed concerns regarding the responsiveness of security staff when patients or visitors were violent or aggressive.
- Staff kept detailed records of patients' care and treatment. Records were mostly clear, up-to-date and easily accessible to all staff providing care. Safety checklists were completed for all patients in the major treatment area. These provided time and sequence-based prompts to staff to carry out regular safety and comfort checks and provided a clear record of these checks. A sample of safety checklists was audited daily by the safety sister.
- The service mostly followed best practice when prescribing, giving, recording and storing medicines. There were suitable arrangements for the storage of medicines (including controlled drugs). However, access to medicines requiring disposal was not restricted to authorised staff. Blank prescription pads were stored securely and there was a system in place to monitor their use. Emergency medicines were available and were stored securely, sealed and checked regularly. The clinic room temperature was not being monitored and some medicines were being stored in an incubator but there was no assurance that medicines were stored at an appropriate temperature. Some medicines, which had a reduced shelf life once opened or removed from the fridge, did not have an updated expiry date to ensure they were still safe to use.
- The service had taken some steps to support people to live healthier lives. Patients were directed or referred to other sources of support to manage their health.

Is the service effective?

Requires improvement ● → ←

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

- Although staff could access care and treatment protocols based on national guidance and best practice, we had concerns about version control and out of date guidelines. This meant there was potential for medical staff to access out of date guidelines. Aside from participation in national Royal College of Emergency Medicine (RCEM) audits, the

Urgent and emergency services

service did not routinely monitor compliance with national guidance or re-audit areas where national audits identified room for improvement. We could not therefore be assured that national guidance was complied with. However, during our inspection we saw good management of stroke and sepsis, which was in accordance with national guidelines.

- The service monitored the effectiveness of care and treatment but there was no effective system to report on results and limited substantial evidence to show that the service had taken action in response to poor outcomes. The service participated in national clinical audits so that it could compare its results with those of other services. The service participated in three Royal College of Emergency Medicine audits in 2016/17 and three in 2017/8. Patient outcomes were generally in line with similar services. However, no action plans had been developed in response to these audits and there were no plans to re-audit where performance required improvement. However, the service monitored the identification and management of sepsis on a monthly basis and this was improving.
- The service did not have effective systems to provide assurance that staff were competent for their roles. There was no oversight of nursing staff ED-specific competencies. We were not assured that poor staff performance was well managed, and staff supported to improve. Some junior doctors reported concerns about the clinical competence of some senior doctors. Whilst senior staff told us that these concerns were taken seriously and acted upon, the trust was unable to provide evidence to demonstrate this.
- There was not a full range of services available seven days a week.
- Staff demonstrated poor understanding about how and when to assess whether a patient had the capacity to make decisions about their care and treatment. Most staff groups were not compliant with the 90% target for attendance at mandatory training in the Mental Capacity Act.

However,

- Staff gave patients enough food and drink to meet their needs and improve their health. Audits showed staff mostly provided refreshments to patients who were in the emergency department for more than two hours. Patients who remained in the emergency department for long periods, including overnight, were offered hot meals.
- Staff assessed and monitored patients regularly to see if they were in pain and gave timely pain relief. Staff supported those unable to communicate using suitable assessment tools. However, weekly audits of children's records showed they did not always record a pain score, although this was improving.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses, and other healthcare professionals supported each other to provide good care. We saw excellent teamwork with the hospital's stroke team, frailty team and psychiatric liaison team.
- The service had taken some steps to support people to live healthier lives. Patients were directed or referred to other sources of support to manage their health.

Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback confirmed that staff treated them well and with kindness. Staff took the time to interact with patients in a respectful, considerate and friendly manner. We observed staff introduce

Urgent and emergency services

themselves by name and their role. The tone of voice they used was caring and compassionate and appropriate to each patient's emotional state and needs. We observed staff using humour to engage and build a relationship with patients, as well as take their mind off their discomfort or anxiety. However, during our second visit, the emergency department was cold; staff had not taken steps to check on patients' comfort and offer them blankets.

- Staff provided emotional support to patients to minimise their distress. Staff understood the impact that a person's care, treatment or condition may have on their wellbeing and on those close to them, both emotionally and socially. We observed staff explaining procedures to patients in a way which was reassuring.
- Staff involved patients and those close to them in decisions about their care and treatment. All patients we spoke with told us they were aware of the treatment they were receiving and why. Relatives and carers also reported they felt involved in care and decisions, where appropriate.

Is the service responsive?

Requires improvement  

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

- Facilities and premises were not wholly appropriate for the services delivered. The emergency department was frequently crowded; patients were cared for in non-clinical areas and some were accommodated overnight, without access to suitable bathroom facilities.
- The service had taken limited steps to support patients with complex needs and those in vulnerable circumstances. There was a limited understanding of the needs of patients with dementia and little evidence of a strategy or use of tools to support this patient group. However, staff spoke positively about the mental health liaison service, which responded promptly to support patients with mental illness.
- People could not always access care and treatment at the right time and in the right setting. The trust was not meeting national standards in respect of waiting times in the emergency department. Some patients experienced long delays and did not receive care and treatment in the right setting. At times of high demand, when there were no suitable beds available in the hospital, patients queued in the emergency department and were sometimes accommodated overnight.

However,

- The service treated complaints seriously, investigated them, learned lessons from the results and shared these with all staff.

Is the service well-led?

Inadequate   

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

- Managers did not always demonstrate they had the right skills and abilities to run a service providing high-quality sustainable care. The leadership lacked stability and cohesiveness; there had been many changes in the leadership team over a number of years and some further changes were due to take place in April 2019. The service failed to demonstrate effective management of workforce performance issues.

Urgent and emergency services

- The service did not have a formal vision for what it wanted to achieve. The service was in a state of flux. The future and shape of the emergency department and other ‘front door’ services were currently under review by the local clinical commissioning group and this was currently subject to public consultation. Staff felt uncertain about the future and did not feel well informed, despite numerous communications and opportunities to have their say.
- There was not a positive culture in the emergency department, that supported staff. Some staff did not feel supported, respected or valued. Some junior medical staff continued to feel unsupported by some senior medical staff. This was a long-standing problem. A concerning number of staff reported being subject to, or witnessing, unpleasant and inappropriate behaviour from senior colleagues.
- The service did not have effective governance systems to provide assurance of quality and safety. Governance meetings were poorly attended, and minutes did not provide evidence to demonstrate that senior staff had good oversight of quality and safety. Audit was not used to drive service improvement.
- The trust did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and the unexpected. The risk register was not used effectively to maintain oversight of and manage risks. The main forum for monitoring and managing risk was not well led.
- The service collected and analysed information using secure electronic systems but did not use it well to support all its activities. The service had access to different streams of information, but it did not provide leaders with a holistic view of performance. We were not assured that information was used effectively to manage risks to performance and safety.
- The service did not engage well with patients, staff and the public and local organisations to plan and manage appropriate services. Staff were aware of the public consultation exercise in relation to the future and shape of services at Weston General Hospital, but few had participated in any formal engagement to express their views.
- The trust had engaged with the public and partner organisations about the future of services, and this was ongoing. At a department level, we saw little evidence of meaningful engagement of people who used the service. However, staff told us there was good day-to-day communication in the emergency department.

There were positive and collaborative relationships with the local ambulance service. The two services had worked jointly to ensure there was shared understanding of the limitations of the service at Weston General Hospital. On a day-to-day basis, we saw positive relationships between ambulance and emergency department staff.

- The service was committed to improving services and we saw improvements had taken place, since our last inspection, for example, operational performance had improved. However, there was still some way to go. There was limited evidence of learning from when things went well and when they went wrong, promoting training, research and innovation.

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 services at the trust provides the following specialities: medical assessment unit, medical short stay, general and speciality wards such as cardiology, endocrinology, respiratory, stroke, medical gastroenterology, rehabilitation and includes care of the elderly.

(Source: Routine Provider Information Request AC1 - Acute context)

The medical care service had changed the ward areas since our last inspection in 2017.

The trust had 17,865 medical admissions from October 2017 to September 2018. Emergency admissions accounted for 10,282 (58%), 351 (2%) were elective, and the remaining 7,232 (40%) were day case admissions.

Admissions for the top three medical specialties were:

General medicine – 11,048

Clinical haematology – 2,100

Gastroenterology – 1,708

(Source: Hospital Episode Statistics)

Our previous inspection in March 2017 rated the medical service as requires improvement in all domains except for caring, which was rated good.

During our inspection we spent time on all wards and units across the medical care service. We spoke with 41 staff which included registered nurses, nursing assistants, managers, domestic staff, porters, pharmacists and doctors.

We reviewed 20 care records and obtained feedback by talking with seven patients and their relatives. We reviewed information and data provided by the trust.

Summary of this service

Some domains had improved but the overall rating of this service stayed the same. We rated it as requires improvement because:

Medicines management needed improving. We found medicines had not been stored according to best practice guidelines and some had no expiry dates on them. Some patients had their medication delayed or missed when waiting in the discharge lounge. Medicines for discharge of patients in the discharge lounge could be delayed due to a lack of registered staff available to provide and explain medicines to patients.

There were not enough nursing and therapy staff to always safely care for patients and staff did not always follow trust policies when caring for patients. Acutely unwell patients did not always receive the appropriate level of monitoring.

Not all staff had attended mandatory training.

Service leads did not always use the best methods of engaging staff and inviting opinion. Some staff felt inhibited, undervalued and unsupported by senior managers.

Most staff felt they could raise concerns but were doubtful that any actions would result.

Medical care (including older people's care)

However,

Records were kept in an organised way and staff had completed risk assessments for patients. These were transferred to care plans for staff to follow.

Staff were knowledgeable about safeguarding procedures and knew how to access support if they needed it.

Most staff were knowledgeable about what incidents to report. We found some staff were not clear about what they reported as an incident but incidents which were reported were investigated fully and improvement actions were identified. Staff used safety monitoring and audit results to inform their practice and make improvements. National standards and guidelines informed their practice and policies were developed using this information.

There was a strong ethos of team working and staff enjoyed working in the trust. Staff up to and including matron level, supported each other and were respectful in their contacts.

Matrons and ward managers supported their staff well and all staff felt they could approach any manager at this level.

Service leads used processes to provide an oversight of how staff were performing and outcomes for patients.

Staff were aware of individual needs of patients and developed systems to meet those needs wherever possible. This included patients with learning disabilities, mental health needs and dementia.

Specialist staff connected with staff in the community to create a smooth pathway of care for patients with ongoing needs.

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 follow best practice when prescribing, giving, recording and storing medicines. Patients did not always receive the right medication at the right dose at the right time. We saw some medicines, which had been dispensed by other pharmacies for patients, were being re-used instead of being returned to pharmacy for disposal; this is not in line with the trust policy or good practice. When patients moved wards, or waited in the discharge lounge for transport, medicines were not always available for them at the right time. Medicines reconciliation was not being completed in a timely manner. We saw one patient had not had been prescribed some of their regular medicines for the duration of their stay in hospital.
- The process for supplying medicines for patient discharge in the discharge lounge could cause delays. This was because there were no trained nurses or pharmacists allocated to the discharge lounge to supply and explain the medicines to the patient. A registered nurse provided this service from another ward area, but staff needed to wait for their availability.
- The service did not have enough nursing and therapy staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. This meant patients were at risk of their condition deteriorating without being noticed by staff. However, the service was working with the trust to recruit and retain staff.
- Acutely unwell patients who needed side rooms did not always receive the recommended level of monitoring by nursing staff. This was because staff were caring for patients in a bay for six other patients in addition to the patient in the side room. Additional staff were not always available to provide the close monitoring.

Medical care (including older people's care)

- There were no prompts used to guide staff on actions needed when monitoring patients after they had received rapid tranquilisation to manage aggression. However, staff were knowledgeable about potential side effects and when to use reversal medicines.
- The service provided mandatory training in key skills to all staff but not everyone had completed it. There was no assurance that all doctors working in the medical care service had completed all mandatory training they should have. This was because some medical staff also worked for another trust who provided training in subjects including health and safety, safeguarding, infection prevention and control and other subjects needed for basic awareness in the hospital. Weston medical care leads had been unable to get assurance from the other trust these modules had been completed but allowed staff to continue working without requiring them to complete further modules. However, medical leads were in the process of working with the other trust to gain this assurance.
- Substances hazardous to health were accessible to patients. Sluice doors were left unlocked.
- Storage facilities were problematic in some areas. We found the new location of the stroke ward did not have enough storage facilities for rehabilitation equipment and storage was cluttered. A fire escape route on Berrow ward was partially obstructed and fire extinguishers were not fixed in place. They were on a stand but could topple over if knocked.

However,

- The service took steps to control infection risks well most of the time. Staff kept equipment and the premises clean. When an infection was confirmed, they used control measures to prevent the spread of infection. Cubicles were used to isolate patients when needed and doors had been placed on six-bedded bays to increase their flexibility in nursing outbreaks of flu or other infections conditions.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Training was provided for staff on how to recognise and report abuse, and they knew how to apply it but not all staff had completed it.
- The service had mostly suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Medical staff had previously felt unsupported when caring for elderly patients. The service had taken steps to ensure support was available for staff. Doctors fed back to us how they felt confident and well supported by consultants.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff mostly recognised incidents and reported them appropriately.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

Medical care (including older people's 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 of its effectiveness. Managers checked to make sure staff followed guidance. The service contributed to national benchmarking audits and monitored their performance against the benchmarks.
- Patients had enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service adjusted meals available for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- 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 monitor the effectiveness of the service.
- All disciplines of staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service provided care and treatment seven days a week which met national standards, although not in every aspect of the service. The service had completed an assessment of where gaps in the seven-day service were and actions taken to meet the need. Patients were reviewed by consultants in line with national standards.
- Staff provided health promotion information for patients to support them to manage their conditions and health choices.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However,

- There was a higher than expected risk of readmission for patients discharged after care and treatment in the specific areas of general medicine, gastroenterology, stroke medicine and geriatric medicine. However, it should be noted that the trust has the highest average age of admitted patients of all acute trusts which has a bearing on non-risk-adjusted data.
- Care and treatment for patients who had a stroke was not as good in September 2018 when compared with audit results from June 2018. The worst score was for speech and language therapy.

Is the service caring?

Good   

Medical care (including older people's care)

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

- Staff cared for patients with compassion, dignity and respect. We observed patients being treated with care and respect throughout their stay in hospital.
- Staff took the time to communicate with patients and those close to them, in a respectful and considerate manner. For example, we saw healthcare staff checking on patients in a gentle, kind and dignified manner. They involved and encouraged both patients and relatives as partners in their own care.
- The patients we spoke with were positive about the compassion and kindness of staff, and their dedication to giving good care.
- Staff provided emotional support to patients to minimise their distress. Staff understood the impact the care, treatment or condition might have on the patient's wellbeing and on those close to them both emotionally and socially. Staff talked about patients compassionately and with knowledge of their circumstances and those of their families.
- Staff involved patients and those close to them in decisions about their care and treatment. We saw staff explaining things to patients in a way they could understand.

Is the service responsive?

Requires improvement ● ↑

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

- The trust tried to plan and provide services in a way that met the needs of local people, however they were restricted by the uncertainty of the future for the medical service and the whole trust.
- Patients did not always have timely access to initial assessment, diagnosis or urgent treatment. The systems to promote patient flow were not effective. The trust monitored bed occupancy (how many of beds were occupied). Between January 2018 and January 2019, the bed occupancy averaged at 96.1%, higher than the trust target of 95%.
- People with the most urgent needs did not always have their care and treatment prioritised. The stroke unit also had one 'hot bed' for use for patients who had a stroke and were admitted from the emergency department. However, this hot bed was sometimes used by other patients because of flow issues within the hospital.
- The average length of stay for medical elective patients was 11.1 days, higher than the England average of 5.9 days. For medical emergency patients the average length of stay was 5.8 days, lower than the England average of 6.3 days.
- From December 2017 to November 2018 there were 46 complaints about medical care. The trust took an average of 49 days to investigate and close complaints. This was not in line with their complaints policy, which states complaints should be closed within 40 working days.

However,

- The facilities and premises were mostly appropriate for the services that were delivered.
- The service took account of patients' individual needs. Patients were treated as individuals with treatment and care being offered in a flexible way and tailored to meet their individual needs.
- Staff said that where possible, they planned discharges for patients to ensure they left hospital with the medicines they needed and made the appropriate people (such as any healthcare teams and relatives) aware that the patients discharge was approaching and the date and time.

Medical care (including older people's care)

- Referral to treatment times were better than the England average.

Is the service well-led?

Requires improvement ● → ←

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

- Managers for the medical care service had the abilities but did not always use the right skills to run a service providing high-quality, sustainable care. Involvement of staff in the reorganisation of the medical service had been limited. There was a lack of trust that service leads would escalate concerns accurately to the executive team. Many staff had voiced concerns to senior executives but seen no changes. They felt their concerns would not be acted upon and nothing would change.
- Some staff felt undervalued by service leads. Some staff felt they had received little guidance or support from service leads in developing their roles. Some specialist nurses were unclear of their immediate future with the service and whether fixed term contracts were to be renewed. Staff at varying levels described occasions when they had witnessed service leads reprimanding staff in full view of patients and staff. Some staff had been refused training opportunities to develop their roles and felt undervalued as a result.

However,

- Staff felt supported by their ward managers and matrons and able to raise any concerns to them.
- Mental health issues were represented at trust board level by a member of the executive team.
- Matrons promoted a positive culture that supported and valued staff, creating a sense of common purpose, based on shared values. All ward staff worked together supporting each other and treating colleagues with respect. Staff were proud to work for the trust and felt part of a family.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care. Governance procedures had been reviewed and improved since our last inspection in 2017. Staff were clear about lines of reporting and systems supported oversight by the executive team.
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. However, we were not confident the systems were always used properly to ensure issues were reported accurately.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Service leads, matrons and managers understood the performance reports and the impact on patients.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. The trust had encouraged staff to develop initiatives in a coordinated way to reduce potential duplication of activities and provide oversight of developments. Many staff we spoke with had attended development and training courses.

Outstanding practice

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

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

Good   

Key facts and figures

The trust's surgery service at Weston General Hospital offers a broad range of core surgical activity which includes planned (elective), emergency and day case surgery, pre-assessment area, theatres, anaesthetic rooms and a recovery area.

Areas of surgical speciality include: colorectal surgery, upper gastrointestinal surgery, breast surgery, general surgery, ear, nose and throat, trauma and orthopaedics, urology and ophthalmology.

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

The trust had 9,427 surgical admissions from October 2017 to September 2018. Emergency admissions accounted for 3,302 (35%), 4,968 (53%) were day case, and the remaining 1,157 (12%) were elective.

(Source: Hospital Episode Statistics)

As part of this inspection we reviewed trust wide processes, systems and leadership for the surgical division. We visited the following areas:

- Main theatres
- Day case unit
- Steephelm Ward
- Hutton Ward
- Waterside Ward
- Oncology Day Unit
- Pre-Operative Assessment Unit and Theatre Receiving Unit

We spoke with approximately 80 staff this included; surgical division leaders, nursing staff in theatres and onwards, medical staff to include junior doctors through to consultant level, allied health professionals, and hospital support staff.

We spoke with 15 patients about the care and treatment they had received and six relatives. We reviewed 20 patient records. We also reviewed and analysed data which was provided to us during and after the inspection.

Summary of this service

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

- Safe care was being provided in many areas of the surgical service. Staff understood how to protect patients from abuse. Patient risk was well considered and there were clear processes for escalation and support should a patient deteriorate. The world health organisation's five steps to safer surgery was observed to be completed well and was embedded in practice. Patient safety incidents and patient safety performance was monitored, managed and learning identified to make improvements to the service.

Surgery

- There was effective care within the surgical service. Care and treatment were based on national guidance and evidence of its effectiveness. The effectiveness of care and treatment was monitored, and the trust were generally performing similar when compared to other trusts. Patient's nutrition, hydration and pain was well managed. Teams worked well together to deliver care which benefitted the patient.
- The care provided to patients was done so with compassion, dignity and respect. Patients spoken with were largely positive about the dedication and kindness of staff. Staff provided emotional support to patients when needed and involved them in decisions about care and treatment.
- Although responsiveness requires improvement, the service was restricted by the future plans for the trust and thus for the surgical service. Theatre productivity was a priority for the transformation team and was reviewed regularly. Patients had access to the service when they needed it for planned and emergency surgery. There were strict guidelines to minimise cancellations for patients, particularly patients with cancer. The trust had learnt from the problems identified in the previous year and had arranged for additional bed capacity to support when the day surgery unit was used for escalation for inpatients.
- The surgical leadership team were clear about their roles and understood the challenges for the service, although the vision and strategy were once again impacted by the trust's future. There was a positive culture observed. Governance processes were established, and staff were clear about their responsibilities within this. There were effective systems for identifying risks and risk were well understood by staff and leaders.

However,

- In some area's safety could be improved and brought in line with best practice. Mandatory training compliance for medical staff was not meeting trust targets and there were inaccuracies with reporting of this data. Medicines were not always managed appropriately, to include storage and medicines reconciliations. Staffing was challenged although being managed to keep patients safe. However, there were concerns from the junior doctors with the processes to support urology patients overnight and at weekends, which require further review and resolution.
- There were a few areas which would help to improve the effectiveness of the service. Appraisals needed further focus to enable them to meet trust targets for all staff groups. Consideration could also be given to patients being re-admitted to hospital with a surgical site infection and how this is identified to allow investigation.
- Responsive was rated as requires improvement. The responsiveness of the service was impacted by the theatres not being fully utilised as there were not enough surgeons to run theatre lists. Data provided from the trust also showed late starts in theatre were occurring frequently, and patients were not always discharged from recovery in a timely manner. Some environments could also be improved to include the day surgery unit and the theatre receiving unit, both of which were limited by their environment but being managed by the teams.
- The leadership team had undergone frequent changes with interim arrangements, which made it difficult for consistency across the surgical directorate. We found although risks were well understood and identified, the risk registers did not have clear actions to see a trail of the management of risks. There were also compatibility issues with IT systems used across the surgical service.

Is the service safe?

Good   

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

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

Surgery

- The service controlled infection risk well. There were systems to monitor and maintain standards of cleanliness and hygiene, to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Risk assessments relating to patients needs were completed and evaluated.
- There was clear escalation of a deteriorating patient. There were processes and policies used to monitor, assess, identify and respond to patient risks.
- The World Health Organisation's (WHO) five steps to safer surgery process was well embedded and followed within theatres. Audits showed full compliance, although the accuracy and validity of these audits should be reviewed.
- There was safe provision of physiotherapy and occupational therapy for patients following surgery.
- Staff kept detailed records of patients' care and treatment. Patient records showed a multidisciplinary collaborative approach to care. They were well written and managed in a way that kept people safe.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers were responsible for investigating incidents and sharing the learning.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

However,

- The management of medicines could be improved to ensure best practice. This included the storage and disposal of medicines, and medicines reconciliations.
- The service provided mandatory training in key skills, however, not all staff were fully compliant with their training, particularly medical staff. This included safeguarding training for medical staff. We were informed the system used to capture this information was reporting inaccurate data and this was being reviewed at the time of our inspection.
- There were no adult guidelines on the difficult airway trolley. However, this was rectified at the time of inspection.
- The theatre receiving unit (where patients arrive and wait for their surgery) environment was not an ideal arrangement for infection control purposes. The theatre receiving unit was combined with pre-operative assessment.
- The service did not always have enough nursing staff but were managing staffing gaps to ensure people were safe from avoidable harm, and to provide the right care and treatment.
- The service did not always have enough medical staff with vacancies in some specialties. However, there were adequate medical staffing levels on the wards to safely meet the needs of patients. The clinical leads spoke of challenges in adequately staffing some of the departments. Particularly in urology as there was not enough consultants to provide full consultant cover seven days a week.
- Junior doctors were not confident the processes to support urology patients overnight and at weekends were functioning effectively. There was limited review to be assured of the effectiveness of this process.

Is the service effective?

Good   

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

Surgery

- The service provided care and treatment based on national guidance and evidence of its effectiveness. They continually reviewed guidance to help improve services.
- 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.
- The effectiveness of care and treatment was monitored, and findings used to improve services. The results of national audits did not suggest that any of the surgeons or the trust was a significant outlier.
- There had been efforts to improve clinical pathways for patients undergoing hip replacements and fractured neck of femur repair. At our previous inspection we issued a requirement notice for the neck of femur pathway which required significant improvement. The trust had participated in the national hip quality improvement programme work, where they performed well, and had seen a reduction in mortality from fractured neck of femur to below the national average, and a reduction in overall length of stay for hip replacements.
- The service made sure staff were competent for their roles.
- Staff from different professions or departments worked together as a team to benefit patients.
- The surgical division aimed to meet the seven-day service standards. They provided medical and nursing staffing, and the availability of diagnostic services.
- Health promotion was a routine part of all care provided to patients. All staff worked collaboratively to assess all aspects of general health and to give support and advice to promote healthy lifestyles.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However,

- There were difficulties in identifying patients who were re-admitted with a surgical site infection, there was no process to identify these patients unless an incident was reported, which allowed investigation.
- The compliance with staff appraisals could be improved. Completed appraisals were not meeting trust targets.

Is the service caring?

Good   

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

- Staff cared for patients with compassion, dignity and respect.
- Staff took time to interact with patients and those close to them, in a respectful and considerate manner.
- The patients we spoke with were largely positive about the compassion and kindness of staff, and their dedication to giving good care.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Surgery

Is the service responsive?

Requires improvement ● → ←

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

- The trust tried to plan and provide services in a way that met the needs of local people, however they were restricted by the uncertainty of the future for the surgical service and the whole trust.
- The day surgery unit was used for inpatients at times of escalation. The environment in the day surgery unit was not ideal for patients. It did not contain appropriate facilities for showering, impacting on the dignity for patients.
- The theatre receiving unit was limited by its environment, reducing the ability to make the unit's environment appealing and meeting the needs of individuals. However, was being managed as best it could by the team.
- The theatres were not being fully utilised as there were not enough surgeons to run theatre lists. This was included on the surgical risk register and there were plans to increase theatre utilisation as part of theatre transformation, however this was in its infancy. Between April 2018 and January 2019 theatre session utilisation was at 75%, which was worse when compared to a trust 85% target.
- There were concerns raised in the board papers and surgical governance with regards to late starts to theatre. This meant patients had been kept waiting for the theatre list to start. Between April 2018 and January 2019 late starts to elective theatre was at 42.65%, which was worse when compared to a 9% target.
- No patients should wait over 60 minutes to be discharged from recovery to ward, however between September 2018 and February 2019 this key performance indicator was never met. This meant patients were waiting unnecessarily in recovery, while waiting for a bed to become available.
- The average length of stay for all non-elective patients at the trust was higher than the England average.

However,

- Theatre productivity was a priority for the transformation team. Theatre productivity was now being reviewed on a regular basis and guiding the theatre transformation project.
- The orthopaedic department had a locum orthogeriatrician in post to improve the management of elderly patients undergoing orthopaedic surgery. This had improved since our last inspection where we had issued a requirement notice as there was no orthogeriatrician in post.
- The service took account of patients' individual needs. Patients were treated as individuals with treatment and care being offered in a flexible way and tailored to meet their individual needs.
- People could access the service when they needed it. Performance for referral to treatment times was generally in line with the national average, and performance had been sustained.
- There was a trust standard operating procedure setting out strict guidelines for the cancellation of elective surgery. The trust aimed to rebook any cancelled patients within 28 days and were generally achieving this. Surgery for cancer was only cancelled when necessary, and with sign off from an executive.
- Additional bed capacity had been arranged to support the day surgery unit at times of escalation. This was because of the previous year cancellations when beds were not available.
- The average length of stay for all elective patients at the trust was similar to the England average.

Surgery

Is the service well-led?

Good   

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

- The surgical leadership team were clear about their roles and understood the challenges faced by the service.
- The trust had a vision and strategy; however, this was complicated by the planned changes to the trust.
- There was a positive culture which supported and valued staff.
- The trust used a systematic approach to continually improve the quality of its services and safeguard high standards of care.
- There were governance processes and oversight in the surgical division. Staff at all levels were clear about their responsibilities, roles and accountability within the governance framework. However, some areas impacting the responsiveness of the service in theatres had not been addressed in a timely manner, for example late theatre starts. This indicated some lack of oversight and action, although this was now being reviewed as part of the theatre transformation project.
- Each specialty governance group was responsible for their own reviews of mortality and morbidity within their clinical governance structures.
- The trust had effective systems for identifying risks.
- The risks in the service were understood by staff and leaders.
- The surgical service concentrated on sustainability and best practice to continually learn and improve, there was therefore limited innovation.

However,

- There was instability with the leadership due to frequent changes and interim arrangements. The general manager was in an interim position and was due to leave this post shortly after our inspection.
- The risk register did not have the action summary and actions completed. We were therefore unable to see the date the risk was reviewed and any progress or updates with the risks. However, we recognise the trust had recently moved to a new system for recording their risks, therefore there was a possibility this information had not been updated.
- There were compatibility issues with IT systems across the trust. Staff said it was difficult to coordinate between multiple systems and this could hamper delivery of effective care and treatment. A number of IT systems were used by the access team, because systems did not interface with each other.

Areas for improvement

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

Mental health services

Background to mental health services

Weston Area Health NHS Trust provides child and adolescent mental health and learning disability services (CAMHS) from two sites: Drove House in Weston-Super-Mare and the Barn in Clevedon; services are delivered by one multidisciplinary team across the two sites. Community paediatric services were also based at these sites and delivered services from these locations.

The CAMHS teams provide services for children and adolescents with severe and complex mental health issues. The multidisciplinary team provided services from the two main bases but also from clinics, schools, early years settings and in families' homes. The team offered the following therapies/services:

- Generic and specialist mental health assessments
- Individual interventions including counselling, cognitive behaviour therapy (CBT), interpersonal psychotherapy (IPT), eye movement desensitisation reprocessing (EMDR), art psychotherapy and art protocol for trauma
- Systemic psychotherapy, family work and a solution focused therapy
- Medication
- Groups for parents and young people

The CAMHS team used set referral criteria to ensure access to assessment and treatment for children and young people who needed it most.

We have previously inspected the service once. Our last inspection was in 2015 when we rated the service outstanding.

Summary of mental health services

Inadequate ●

Our rating of these services went down. We rated them as inadequate because:

- Staff did not protect young people from avoidable harm because they did not actively monitor the waiting list or revisit the risks of young people waiting to access treatment. There were not enough staff to meet the demand on the service. There was a high turnover rate and staff had felt the impact of this on their workload.
- The service had received an increase in referrals that was putting strain on its ability to see young people quickly. This was due to the cutting of local services that young people would have previously have gone to before a referral to CAMHS was required. As a result, staff saw young people that were increasingly more complex and unwell in their presentation. This combined to create a service, which had previously been rated outstanding by CQC in 2015, that was struggling to cope with the demand and was therefore no longer operating at a level over and above its duty of care.

Summary of findings

- There were extensive waits for the service that put young people at risk and breached the 18-week referral to treatment target set by commissioners. The long waits due to the lack of staff within the service had impacted on the health of young people and restricted who were offered a service. The pressure on the service had impacted the number of referrals being rejected and therefore young people were being re-referred into the service.
- The service was not well led and there was a lack of ownership in local management. Staff expressed concerns with safety, vacancies and capacity of the service and we were shown evidence of these concerns being raised that had not been acted on promptly and effectively. Staff felt that the trust did not understand the service.
- The governance arrangements did not support the delivery of a good quality service and the governance meeting functioned inadequately. The governance meeting had occurred only twice since June 2018 and the meeting minutes for the September meeting contained limited information. Staff felt business meetings were not regular enough to be useful and did not provide time for them to discuss issues. There were inadequate systems in place to demonstrate the effective running of the service, this meant that local management were not sighted on key performance indicators. The data systems in place at the time of the inspection meant that there was unreliable information being provided and data was not accurate.
- The lack of effective management had impacted the service. Staff consistently reported that they did not feel respected, supported or valued at work. They reported high levels of stress, were not happy and did not feel engaged with the service.
- There were not enough staff within the team to provide more intensive support to those experiencing crisis through the rapid access clinic. As a result, all staff held mixed caseloads that included young people requiring help in a crisis.
- Staff were not up to date with mandatory training with overall compliance at 75% on the first day of the inspection with child safeguarding and fire training below 75%. Staff expressed concern that staff did not have the correct skills to support all the pathways provided. Staff did not all receive regular supervision to provide them with opportunity for reflective practice. There was limited specialist training open to staff working at the service.
- Staff did not document risk assessments of all the young people receiving care within the service. There was no clear risk assessment tool being used by the staff and it was unclear where risk information was kept within the paper files. Staff did not document care plans for all young people in the notes we reviewed.
- There was an unsafe culture in the use of paper records that had compromised the care of young people while impacting on their confidentiality. Notes were not stored safely and securely at all times.
- Staff used an electronic records system to record and escalate incidents. However, we saw that not all incidents involving young people had been recorded. Learning from incidents was not robust enough to prevent repeated incidents occurring.

However:

- The trust had taken our feedback seriously, and had a critical friend visit from the CCG as well as inviting CAMHS experts from NHSI to come in to support with improving the service. Additionally, processes were amended so that any patient going on to the waiting list would be risk assessed as to their current status and whether they needed to be seen as an emergency. Advice to patients and families was also updated to ensure they were aware of how to seek help during the time they spent on the waiting list.
- Staff demonstrated knowledge of safeguarding processes. There were cover arrangements in place for sickness, vacancies and annual leave. Staff followed personal safety protocols.

Summary of findings

- Staff completed a mental health assessment of young people entering the service. Where a young person had been in hospital there was well documented care programme approach record. Care pathways guiding staff on the treatment to provide according to a young person's presentation were used and reflected National Institute for Health and Care Excellence (NICE) guidance. Staff used recognised rating scales to show progression through treatment.
- Young people accessing the eating disorder pathway received a comprehensive physical health assessment. Staff encouraged young people to lead healthy lives.
- Staff demonstrated a clear attitude of respectful, compassionate care. Young people could have open discussions about their personal, cultural, social and religious needs. Staff were skilled at using a range of communication tools.
- The service had a clinician of the day service to respond to young people and families phoning into the service. Staff followed up young people who did not attend an appointment to ensure their safety.
- The service received a critical friend report from a professional external to the service to help them identify performance issues and a potential way forward.

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Inadequate ●

Key facts and figures

Weston Area Health NHS Trust provides child and adolescent mental health and learning disability services (CAMHS) from two sites: Drove House in Weston-Super-Mare and the Barn in Clevedon; services are delivered by one multidisciplinary team across the two sites. Community paediatric services were also based at these sites and delivered services from these locations.

The CAMHS teams provide services for children and adolescents with severe and complex mental health issues. The multidisciplinary team provided services from the two main bases but also from clinics, schools, early years settings and in families' homes. The team offered the following therapies/services:

- Generic and specialist mental health assessments
- Individual interventions including counselling, cognitive behaviour therapy (CBT), interpersonal psychotherapy (IPT), eye movement desensitisation reprocessing (EMDR), art psychotherapy and art protocol for trauma
- Systemic psychotherapy, family work and a solution focused therapy
- Medication
- Groups for parents and young people
- The CAMHS team used set referral criteria to ensure access to assessment and treatment for children and young people who needed it most.

We have previously inspected the service once. Our last inspection was in 2015 when we rated the service outstanding.

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before and after the inspection visit, we reviewed information that we held about the location, and asked other organisations for information, including NHS England and the local authority.

During the inspection visit, the inspection team:

- toured the premises and reviewed the environment
- interviewed the clinical leads and the business manager
- observed a 1:1 session with a young person
- observed an eating disorders multidisciplinary team meeting and a multidisciplinary team meeting reviewing young people with an autistic spectrum disorder

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- observed the triaging of new referrals
- interviewed nine staff including psychiatrists, an admin worker, art therapists, nurses, an occupational therapist and a psychotherapist
- reviewed 15 sets of care records
- reviewed three complaints
- reviewed the records of young people on the waiting list
- observed a meeting involving 23 members of staff and the freedom to speak up guardian, joined by the Director of Operations, the Medical Director and the Director of Nursing.

Summary of this service

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

- Staff did not protect young people from avoidable harm because they did not actively monitor the waiting list or revisit the risks of young people waiting to access treatment. There were not enough staff to meet the demand on the service. There was a high turnover rate and staff had felt the impact of this on their workload.
- The service had received an increase in referrals that was putting strain on its ability to see young people quickly. This was due to the cutting of local services that young people would have previously have gone to before a referral to CAMHS was required. This reflected a national trend in the same direction. As a result, staff saw young people that were increasingly more complex and unwell in their presentation. This combined to create a service, which had previously been rated outstanding by CQC in 2015, that was struggling to cope with the demand and was therefore no longer operating at a level over and above its duty of care.
- There were extensive waits for the service that put young people at risk and breached the 18-week referral to treatment target set by commissioners. The long waits due to the lack of staff within the service risked a negative impact on the health of young people and restricted who were offered a service. The pressure on the service had impacted the number of referrals being rejected and therefore young people were being re-referred into the service.
- The service was not well led and there was a lack of ownership in local management. Staff expressed concerns with safety, vacancies and capacity of the service and we were shown evidence of these concerns being raised that had not been acted on promptly and effectively. Staff felt that the trust did not understand the service.
- The governance arrangements did not support the delivery of a good quality service and the governance meeting functioned inadequately. The governance meeting had occurred only twice since June 2018 and the meeting minutes for the September meeting contained limited information. Staff felt business meetings were not regular enough to be useful and did not provide time for them to discuss issues. There were inadequate systems in place to demonstrate the effective running of the service, this meant that local management were not sighted on key performance indicators. The data systems in place at the time of the inspection meant that there was unreliable information being provided and data was not accurate.
- The lack of effective management had impacted the service. Staff consistently reported that they did not feel respected, supported or valued at work. They reported high levels of stress, were not happy and did not feel engaged with the service.
- There were not enough staff within the team to provide more intensive support to those experiencing crisis through the rapid access clinic. As a result, all staff held mixed caseloads that included young people requiring help in a crisis.

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- Staff were not up to date with mandatory training with overall compliance at 75% on the first day of the inspection with child safeguarding and fire training below 75%. Staff expressed concern that staff did not have the correct skills to support all the pathways provided. Staff did not all receive regular supervision to provide them with opportunity for reflective practice. There was limited specialist training open to staff working at the service.
- Staff did not document risk assessments of all the young people receiving care within the service. There was no clear risk assessment tool being used by the staff and it was unclear where risk information was kept within the paper files. Staff did not document care plans for all young people in the notes we reviewed.
- There was an unsafe culture in the use of paper records that had compromised the care of young people while impacting on their confidentiality. Notes were not stored safely and securely at all times.
- Staff used an electronic records system to record and escalate incidents. However, we saw that not all incidents involving young people had been recorded. Learning from incidents was not robust enough to prevent repeated incidents occurring.

However:

- The trust had taken our feedback seriously, and had a critical friend visit from the CCG as well as inviting CAMHS experts from NHSI to come in to support with improving the service. Additionally, processes were amended so that any patient going on to the waiting list would be risk assessed as to their current status and whether they needed to be seen as an emergency. Advice to patients and families was also updated to ensure they were aware of how to seek help during the time they spent on the waiting list. The trust had developed an action plan to address the issues. The plan included:
 1. The urgent care assessment team (UCAT) had started to risk assess all patients on the waiting list, as well beginning to see patients as part of the urgent referral process, to reduce the workload on the remainder of the team
 2. Additional management capacity had been created in CAMHS to support the team. There was a demand and capacity review being undertaken to assess workload at an individual and service level
 3. There were weekly and monthly reports coming to the Medical Director, Director of Nursing and Director of Operations to monitor waiting list times and risk assessment of the waiting list.
 4. There were strengthened governance arrangements with the assistant general manager reporting back any governance risk issues, to the directorate governance committee.
- Staff demonstrated knowledge of safeguarding processes. There were cover arrangements in place for sickness, vacancies and annual leave. Staff followed personal safety protocols.
- Staff completed a mental health assessment of young people entering the service. Where a young person had been in hospital there was well documented care programme approach record. Care pathways guiding staff on the treatment to provide according to a young person's presentation were used and reflected National Institute for Health and Care Excellence (NICE) guidance. Staff used recognised rating scales to show progression through treatment.
- Young people accessing the eating disorder pathway received a comprehensive physical health assessment. Staff encouraged young people to lead healthy lives.
- Staff demonstrated a clear attitude of respectful, compassionate care. Young people could have open discussions about their personal, cultural, social and religious needs. Staff were skilled at using a range of communication tools.
- The service had a clinician of the day service to respond to young people and families phoning into the service. Staff followed up young people who did not attend an appointment to ensure their safety.

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- The service received a critical friend report from a professional external to the service to help them identify performance issues and a potential way forward.

Is the service safe?

Inadequate ● ↓↓

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

- Staff did not protect young people from avoidable harm because did not actively monitor the waiting list or revisit the risks of young people waiting to access treatment. We reviewed two months of the waiting list. Staff did not proactively follow up referrals on the waiting list to look at the risks and to assess whether risks had increased by contacting young people and families.
- The staff had not assessed the ligature risk of the environments at the two sites we inspected and there were no plans or understanding by staff of how to manage any potential risks posed by the environment to young people who received care at the sites. However, this was addressed following the inspection.
- The capacity of the team did not meet the demand on the service. There was a high vacancy rate and staff had felt the impact of this on their workload. Staff held higher caseloads than officially recorded due to young people that staff did not feel comfortable discharging due to risk.
- Staff were not up to date with mandatory training with overall compliance at 75% on the first day of the inspection.
- Staff did not document risk assessments of all young people receiving care within the service. There was no clear risk assessment tool being used universally by the staff and it was unclear where risk information was kept within the paper files. A risk form that rated risks had been used for some young people but these were often incomplete and had not had risks rated. There was limited personalised information included on young people's safety plans.
- There was an unsafe culture in the use of paper records that had compromised the care of young people while impacting on their confidentiality. Staff did not maintain young people's confidentiality through safe record keeping due to missing files. We reviewed incidents for the service and spoke to staff and found that paper records had gone missing and that notes were often not legible.
- Staff used an electronic records system to record and escalate incidents, however, there was concern that not all incidents involving young people had been recorded. Staff said that they only recorded incidents that occurred on site and would not record high risk incidents involving young people in the community. This meant that the increasing complexity and risk of the caseload was not recorded to escalate to senior management.
- Learning from incidents was not robust enough to prevent repeated incidents occurring. Management had not acted upon the high number of recorded incidents involving the paper records to prevent the issue reoccurring.

However

- Staff demonstrated sound knowledge of safeguarding processes and how to protect young people from abuse.
- Staff had personal safety protocols which included a safe word if they were at risk in the community.
- There were cover arrangements in place for sickness, vacancies and annual leave. Staff worked together to share the risk of young people to ensure that if needed, someone was able to see them while they were off.
- The environments were clean and well maintained. Clinic rooms were clean and well stocked to help staff monitor young people's physical health.

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- Internal risks were captured and reported on the service risk register. However, some from external community based services (i.e. schools, social care and police) may not be not communicated and reported as there was no shared system.

Is the service effective?

Requires improvement ● ↓↓

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

- Staff did not document care plans for all young people but set goals, however, this was not evident in all notes we reviewed. Of the 15 notes we reviewed there was only one set of notes that had clear goal setting that had included the young person. It was therefore not clear what the plan was for young people accessing the service.
- Staff expressed concern that there were not the staff with the correct skills to support all the pathways provided. Staff told us that young people had been allocated to them that they did not necessarily have the skills to work with, this was due to space on staff caseloads rather than because they were the best member of staff to provider care. New staff did not receive appropriate induction to the service.
- Staff did not all receive regular supervision to provide them with opportunity for support around their practice, some staff felt that they were not practicing safely. Staff told us that they were not regularly receiving managerial supervision as a result of increased caseloads and responsibilities. Appraisal rates were well below the level expected by the trust.
- There was limited specialist training open to staff working at the service. Staff felt that there was limited scope to progress. Staff had not been provided the opportunity to be promoted into higher bands without leaving and working as bank workers.

However:

- Staff completed a mental health assessment of young people entering the service. Staff used the Choice and Partnership Approach (CAPA) which is a model of engagement and clinical assessment principally used in Child and Adolescent psychiatry services.
- Where a young person had been in hospital there was well documented care programme approach (CPA) notes with joined up working with other professionals and services such as social services.
- Care pathways guiding staff on the treatment to provide according to a young person's presentation, were created according to National Institute for Health and Care Excellence (NICE) guidance. All clinical/therapy staff followed NICE guidance and other nationally or internationally recognised evidence-based guidelines or best practice.
- Young people accessing the eating disorder pathway received a comprehensive physical health assessment and then revisited to monitor treatment progression. This included regular height and weight and blood tests.
- Staff encouraged healthy living in young people. For example, eating well and the importance of sleep.
- Staff used recognised rating scales to show progression through treatment. For example, the Revised Children's Anxiety and Depression Scale (RCADS) and the Strengths and Difficulties Questionnaire (SDQ).

Is the service caring?

Good ● ↓

Specialist community mental health services for children and young people

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

- Staff demonstrated a clear attitude of respectful, compassionate care. We saw them interact with young people in a way that showed they were dedicated to protecting young peoples' dignity as well as keeping them safe.
- Young people could have open discussions about their personal, cultural, social and religious needs with staff, as they knew staff would respect their wishes and help meet their needs.
- Young people expressed that they had a choice in the care that they received.
- Staff were skilled at using a range of communication tools to help patients communicate their wishes.
- Carers felt their relatives were receiving high quality care from a staff team that was dedicated to helping them.

Is the service responsive?

Inadequate ● ↓↓

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

- There were extensive waits for the service that put young people at risk and breached the 18-week referral to treatment target set by commissioners. This reflected the national position. There were criteria to offer young people a service and a waiting list in operation, however, there was an extensive wait for a service from referral to assessment of up to 44 weeks if young people did not need the rapid access clinic. The average wait, which included referrals to the rapid access clinic was 12 weeks. 121 young people had been waiting for longer than 18 weeks. Staff felt that the impact of losing tier two services had affected the health of young people due to reduced community support that they would traditionally access prior to being referred to CAMHS.
- The long waits had impacted on the health of young people and restricted who was offered a service although the acceptance criteria had not changed, the service was full to capacity and therefore could only accept the riskiest cases. Young people requiring a service had been reviewed by staff and, if rejected, referred back to the GP.
- The pressure on the service had impacted the number of referrals being rejected and therefore young people were being re-referred into the service. At the time of the inspection there were around 444 re-referrals since December 2017 when they started recording re-referrals.
- There was limited capacity within the team to provide more intensive support to those experiencing crisis through the rapid access clinic. The provider had secured money to provide a crisis team in the service, however, it became clear that the money was not sufficient to provide a complete crisis service so there were plans in place to support the RAC provision with more staff and to increase the capacity of the service.
- The service had developed a transition procedure with adult mental health services for young people that required the service after the age of 18. However, this was not being implemented correctly and there had been difficulties between CAMHS and Adult Services with the timeliness of transitioning young people.
- Staff had not been happy with the trust's response to complaints. A number of complaints had taken a very long time of over two months to respond to.

However:

- The service had a clinician of the day service to respond to young people and families phoning into the service in the event of a crisis and for general support. The clinician of the day triaged referrals to the rapid access clinic.

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- There were plans in place to support the rapid access clinic provision with more staff and to increase the capacity of the service.
- The service followed up young people who did not attend appointments and had a process in place to engage young people that were harder to engage.
- The waiting area had toys and books for young people to play with while waiting for their appointment. Staff cleaned these regularly. Soundproofing had been enhanced by use of white noise machines in waiting areas.
- Staff worked with young people to access work and education outside of the service if they desired. Emphasis of treatment was not just on symptoms and illness but included the wider view of a young person's life and their hobbies and preferences.
- Both sites had good disabled access and staff responded to specific needs of young people such as language barriers through access to interpreters.
- There was a wide variety of information through leaflets and posters in the waiting areas of the two sites.

Is the service well-led?

Inadequate ● ↓↓

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

- The pressure on the service working to full capacity had restricted the clinical leads ability to dedicate time to the management role. The service was not well led and there was a lack of ownership in local service management.
- Staff expressed concerns with safety, vacancies and capacity of the service and we were shown evidence of these concerns being raised that had not been acted on promptly and effectively, this included management of the waiting list, staff vacancies, staff numbers and support for staff. This had meant that staff felt that they were not practicing safely. Staff expressed that they did not feel that concerns were taken seriously and that communication from above them was not joined up, meaning that they did not have a consistent message.
- Staff felt that the trust did not understand the service and that concerns with the service had not been taken seriously by them.
- The lack of effective local management had impacted the service. Staff consistently reported that they did not feel respected, supported or valued at work, there was a lack of pride working for the service although they were all dedicated to helping young people. Morale had reached 'rock bottom' and there was the sense that there was no point in raising concerns about the work they did due to the lack of response from the past.
- Staff reported high levels of stress and not being happy at work. Staff did not feel valued due to a lack of promotion opportunity for substantive staff without leaving.
- The governance arrangements did not improve the quality of the service and the governance meeting functioned inadequately. Waiting list size had not been addressed affectively and the lack of ownership around incident reviews had meant that incidents had re-occurred.
- There were inadequate systems in place to demonstrate the effective running of the service, this meant that management were not sighted on areas such as record completion, outcome measures and supervision for example. Therefore, there was no oversight that would allow managers to respond to a lack of performance or increased risk within the service.

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- The data systems in place at the time of the inspection meant that there was unreliable information being provided and data was not accurate. The service kept a risk register to escalate to the trust the main risks and to come up with an action plan, but this was ineffective and did not reflect the true risk of the service that the inspection found. Staff did not have the required technology to collate data around performance of the service or record keep effectively and safely.
- Staff did not feel engaged with the running and changes to the service but had been given the opportunity to talk about the issues with the service on the week of the inspection.
- Young people did not have the opportunity to engage with the service. As a result, young people were not included in decisions and plans about the running of the service.

However:

- The service received a critical friend report from a professional external to the service to help them identify performance issues and a potential way forward. The report highlighted the long waiting lists and ineffective model of care in using CAPA due to the lack of resources to implement it as well as a lack of manager, data systems and supervision data as being problematic. The report also identified the lack of waiting list management as a concern.
- Staff within the service had met for a meeting to discuss concerns on the week of the inspection and to create an action plan to resolve issues within the service.

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 11 HSCA (RA) Regulations 2014 Need for consent

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

S29A Warning Notice: quality of healthcare

Our inspection team

Mary Cridge, Head of Hospital Inspection, chaired this inspection and Marie Cox, Inspection Manager, led it. An executive reviewer, Thomas Hayhoe, Chairman, supported our inspection of well-led for the trust overall.

The team included 11 inspectors, one further inspection manager, one executive reviewer, and nine specialist advisers. The team were also joined by a financial governance assessor from NHSI.

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