Care Quality Commission

# Royal Cornwall Hospitals NHS Trust

# St Michael's Hospital

## Quality Report

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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

## Ratings

| | |
|---|---|
| Overall rating for this hospital | Good |
| Surgery | Good |

# Summary of findings

## Letter from the Chief Inspector of Hospitals

The Royal Cornwall Hospitals NHS Trust is the principal provider of acute care services in the county of Cornwall. The Trust is not a Foundation Trust and performance is monitored by the Trust Development Authority (TDA).

The Trust serves a population of around 450,000 people, a figure that can be doubled by holidaymakers during the busiest times of the year.

This is the second comprehensive inspection we have carried out at Royal Cornwall Hospital NHS Trust. The first being in January 2014 when the Trust was rated as requires improvement. In June 2015 we carried out a follow up to the first inspection and found the trust had not made sufficient progress in all areas and a second comprehensive inspection was required.

St Michael's Hospital is a registered location and provides surgery and outpatient services. We did not inspect the outpatient services as part of this inspection.

We rated St Michael's Hospital as good overall, safety was rated as requiring improvement and effective, caring, responsive and well led rated as good.

Our key findings were as follows:

Safe

- Clinical areas we visited throughout the hospital appeared clean and staff generally followed infection control policies and procedures
- However some staff were seen not to be following infection prevention and control practices at all times.
- Systems were in place to ensure patients were safe when going to theatre and the World Health Organisation surgical checklist was used consistently.

Effective

- The length of stay for patients at St Michael's Hospital was lower (better) than the England average although an enhanced recovery programme was not fully operational at the time of our inspection.
- Nursing staff were supported with a system of supervision and appraisal

Caring

- We observed staff were kind, compassionate and showed empathy to those they cared for.

Responsive

- Care and treatment was planned and coordinated with other services and within the wider trust.
- The service and the trust had a low numbers of cancelled operations over the past year.

Well led

- Clear leadership of the service was evidenced although the hospital manager had responsibilities on two other sites which reduced the amount of time spent at St Michael's hospital.
- Governance processes were in place and reviews and actions around complaints, incidents, risks and monitoring of the quality of the service were evidenced.

However, there were areas where the trust needs to make improvements.

# Summary of findings

The trust should:

- Ensure that cleaning materials are stored securely and not accessible to members of the public and patients.
- Ensure that all staff comply with the trust policies and procedures to ensure the control of infection.
- Ensure that the environment is safe and functional. All areas should be decorated to a standard that can ensure effective cleaning and enable the control of infection.
- Ensure all staff are up to date with their mandatory training.
- Ensure that staff sign and date to show that equipment which is required to be checked each day has been checked.
- Review the safety of the procedures in place for locking the hospital at night to ensure the safety of the staff.
- Training and/ or guidance should be provided for staff when introducing new paperwork.
- Care plans should be consistently completed in full and stored securely to protect patient's confidentiality.
- Medical records should be recorded in full and maintained to reduce the risk of loss of important information.
- The staffing levels of the doctors should be reviewed to ensure there are sufficient doctors on duty to provide care and treatment to the increased numbers of patients admitted to St Michael's Hospital.
- The medical staff should have appropriate support and supervision from a named person.
- Evacuation equipment should be ready and staff trained to use it in an emergency.

**Professor Sir Mike Richards**
**Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

| Service | Rating |
|---|---|
| Surgery | Good |

### Why have we given this rating?

We have judged surgery services at St Michael's Hospital, overall, as good.
There are some areas for improvement and safety is judged as requiring improvement because:

- Some areas required maintenance and refurbishment. This was to ensure the hospital could be cleaned thoroughly to ensure the control of infection.
- Staff in theatre did not consistently follow the trusts infection control policy and procedures.
- Although the numbers of patients using the hospital had increased over the past year, the numbers of doctors in post had not.
- Nursing records such as care plans were not stored securely in order to protect the patient's confidential and personal information. Some medical record files were not in good order, with loose leaves tucked inside patient files. This meant important information could be lost or misfiled and made it difficult to review notes.
- An enhanced recovery programme had been implemented but patients were not fully supported on this programme at the weekends which meant their stay in hospital could be longer than planned. The programme focuses on making sure that patients are active participants in their own recovery process.
- Some patients experienced a slight delay in their discharge as the enhanced recovery programme was reduced at the weekends due to a lack of therapist. There was no routine x-ray facility at St Michael's at the weekends which impacted on some patients discharge.

However:

- Staff were encouraged and supported to report incidents and concerns and we saw action had been taken to address these issues.
- Policies, procedures, systems and practices were in line with local and national guidance and recommendations.

# Summary of findings

- Nutritional assessments were undertaken and a good standard and choice of food provided to patients.
- Effective multi disciplinary team working was evidenced between medical, nursing and therapy staff at the hospital and between staff at the main trust site at the Royal Cornwall Hospital Treliske (RCHT).
- Consent to care and treatment was obtained in line with legislation and guidance and patients were supported to make informed choices and decisions.
- Nursing staff were provided with a clear appraisal and training plan. The resident medical officers (doctors) were not as well supported and it was not clear of the training programme or career progression available to them.
- Feedback from patients and/ or their relatives and representatives was positive about the way staff treated them.
- We observed staff were kind, compassionate and showed empathy to those they cared for and provided a service to.
- The service was delivered to meet the needs of patients who lived in Cornwall and required elective orthopaedic and breast surgery.
- Care and treatment was planned and coordinated with other services and within the wider trust.
- The facilities (the wards and theatres) ensured accessibility to the service and the trust had low numbers of cancelled operations over the past year. Patients were able to access their required care and treatment within seven weeks of initial referral.
- There was a clear vision and strategy for the service offered at the hospital. Clear leadership of the service was evidenced although the hospital manager had responsibilities on two other sites which reduced the amount of time spent at St Michael's Hospital.
- Governance processes were in place and reviews and actions around complaints, incidents, risks and monitoring of the quality of the service were evidenced.
- There was limited engagement with the public outside of the friends and family test. Staff

# Summary of findings

engagement was good both at a local level and from within the wider trust. Not all staff felt engaged with the wider trust and felt isolated at St Michael's Hospital.

# St Michael's Hospital

## Detailed findings

**Services we looked at**
Surgery

# Detailed findings

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## Background to St Michael's Hospital

The Royal Cornwall Hospitals NHS Trust is the principal provider of acute care services in the county of Cornwall. The Trust is not a Foundation Trust and performance is monitored by the Trust Development Authority (TDA).

The Trust serves a population of around 450,000 people, a figure that can be doubled by holidaymakers during the busiest times of the year.

St Michael's Hospital is a registered location of Royal Cornwall Hospitals NHS Trust. It provided care and treatment for patients requiring orthopaedic and breast surgery.

The hospital provided a total of 48 inpatient beds across two wards. Ten beds were also available for day surgery.

## Our inspection team

Our inspection team was led by:

**Chair:** Professor Edward Baker, Care Quality Commission

**Head of Hospital Inspections:** Mary Cridge, Care Quality Commission

The team included CQC inspectors and a variety of specialists: an orthopaedic theatre nurse manager and a surgeon.

## How we carried out this inspection

Prior to the inspection we reviewed a range of information we hold about the hospital and asked other organisations to share what they knew about the hospital. These organisations included Healthwatch Cornwall, Kernow Commissioning Care Group, the Trust Development Agency and Monitor.

We requested a variety of data from the trust to demonstrate their performance rates.

We carried out an announced inspection between the 12 and 15 January 2016.

We held a drop-in session to which all grades of staff in the hospital including nurses, junior doctors, consultants, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, staff side representatives, domestic staff and porters were welcome. We also spoke with staff individually. In total we spoke with 35 members of staff.

We talked with 14 patients and their representatives who were attending the hospital. We observed how people were being cared for and reviewed patients' records of their care and treatment.

# Detailed findings

## Facts and data about St Michael's Hospital

St Michael's Hospital carried out 17% of the 29,000 elective operations performed by the trust each year. The hospital provided a total of 48 inpatient beds across two wards - St Joseph's for orthopaedic patients and St Michael's for breast surgery patients. Surgery was provided for adults only. Both wards were open seven days a week.

There were four theatres in use at the hospital. Operating lists ran each weekday and on occasions on a Saturday.

An outpatients service was also provided at the hospital which included a preoperative assessment clinic for patients requiring breast or orthopaedic surgery

## Our ratings for this hospital

Our ratings for this hospital are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Surgery | Requires improvement | Good | Good | Good | Good | Good |
| **Overall** | Requires improvement | Good | Good | Good | Good | Good |

### Notes

# Surgery

| | |
|---|---|
| Safe | Requires improvement |
| Effective | Good |
| Caring | Good |
| Responsive | Good |
| Well-led | Good |
| Overall | Good |

## Information about the service

St Michael's Hospital is a registered location of Royal Cornwall Hospitals NHS Trust. It provides care and treatment for patients requiring orthopaedic and breast surgery. The hospital provides a total of 48 inpatient beds across two wards St Joseph's for orthopaedic patients and St Michael's for breast surgery patients. Surgery was provided for adults only. Both wards were open seven days a week.

Ten beds were also available for day surgery. A preoperative assessment clinic was run from St Michael's Hospital to assess patients prior to their surgery.

There were four operating theatres in use at the hospital. Operating lists ran each weekday and on occasions on a Saturday.

St Michael's Hospital provided 5,100 spells of treatment for patients between July 2014 and June 2015. 59% of which were admitted as day cases and 41% as inpatients.

We carried out an announced inspection between the 12 and 15 January 2016. During this inspection we visited St Michae'ls ward, St Joseph's ward, the theatre department, the day assessment unit and the preoperative assessment clinic.

We spoke with 35 members of staff and 14 patients and / or relatives to seek their views of the service at the hospital.

## Summary of findings

We have judged surgery services at St Michael's Hospital, overall, as good.

There are some areas for improvement and safety is judged as requiring improvement because:

- Some areas required maintenance and refurbishment. This was to ensure the hospital could be cleaned thoroughly to ensure the control of infection.
- Staff in theatre did not consistently follow the trusts infection control policy and procedures.
- Although the numbers of patients using the hospital had increased over the past year, the numbers of doctors in post had not.
- Nursing records such as care plans were not stored securely in order to protect the patient's confidential and personal information. Some medical record files were not in good order, with loose leaves tucked inside patient files. This meant important information could be lost or misfiled and made it difficult to review notes.
- An enhanced recovery programme had been implemented but patients were not fully supported on this programme at the weekends which meant their stay in hospital could be longer than planned. The programme focuses on making sure that patients are active participants in their own recovery process.

# Surgery

- Some patients experienced a slight delay in their discharge as the enhanced recovery programme was reduced at the weekends due to a lack of therapist. There was no routine X-ray facility at St Michael's at the weekends which impacted on some patients discharge.

However:

- Staff were encouraged and supported to report incidents and concerns and we saw action had been taken to address these issues.
- Policies, procedures, systems and practices were in line with local and national guidance and recommendations.
- Nutritional assessments were undertaken and a good standard and choice of food provided to patients.
- Effective multi disciplinary team working was evidenced between medical, nursing and therapy staff at the hospital and between staff at the main trust site at the Royal Cornwall Hospital Treliske (RCHT).
- Consent to care and treatment was obtained in line with legislation and guidance and patients were supported to make informed choices and decisions.
- Nursing staff were provided with a clear appraisal and training plan. The resident medical officers (doctors) were not as well supported and it was not clear of the training programme or career progression available to them.
- Feedback from patients and / or their relatives and representatives was positive about the way staff treated them.
- We observed staff were kind, compassionate and showed empathy to those they cared for and provided a service to.
- The service was delivered to meet the needs of patients who lived in Cornwall and required elective orthopaedic and breast surgery.
- Care and treatment was planned and coordinated with other services and within the wider trust.
- The facilities (the wards and theatres) ensured accessibility to the service and the trust had low numbers of cancelled operations over the past year. Patients were able to access their required care and treatment within seven weeks of initial referral.
- There was a clear vision and strategy for the service offered at the hospital. Clear leadership of the service was evidenced although the hospital manager had responsibilities on two other sites which reduced the amount of time spent at St Michael's Hospital.
- Governance processes were in place and reviews and actions around complaints, incidents, risks and monitoring of the quality of the service were evidenced.
- There was limited engagement with the public outside of the friends and family test. Staff engagement was good both at a local level and from within the wider trust. Not all staff felt engaged with the wider trust and felt isolated at St Michael'sHospital.

# Surgery

## Are surgery services safe?

**Requires improvement**

We judged surgical services as requires improvement for safety because:

- We observed a disregard for the trust policy regarding infection control on two occasions in the theatre department. This was regarding staff not being bare below the elbows. We also observed a lack of infection control during an operation when soiled swabs were dropped on the floor by the surgeon rather than in a container.
- The environment required refurbishment in some areas, repairs were required in some areas which had been damaged for a number of weeks and posed a risk to users of the building.
- The numbers of patients attending the hospital had increased over the past year but there had not been an uplift in the numbers of doctors working at the hospital. Nursing staff levels had increased and a programme of recruitment was ongoing for therapy staff.
- 48% of staff at St Michael's Hospital were out of date with their mandatory training.

However:

- Clinical areas we visited throughout the hospital appeared clean and staff on the wards followed infection control policies and procedures.
- Staff understood their responsibilities and were encouraged to report incidents and event which could potentially cause patients harm. Learning was taken from such incidents to reduce the risk of similar events reoccurring.
- Systems were in place to ensure patients were safe when going to theatre and the World Health Organisation surgical checklist was used consistently.

### Incidents

- The trust had developed a policy and procedure for staff, which included a flow chart of the processes involved regarding how to report incidents within the organisation. Staff we spoke with knew how to report incidents and said they were encouraged and were confident in doing so. Not all staff had received feedback after they had raised a concern but acknowledged that to receive feedback they were required to request this within the electronic form. Staff said they did not always request the feedback.
- Learning from incidents took place in the hospital. For example, following two falls staff were encouraged to offer patients 'fall socks' which were to reduce the risk of slipping.
- Learning from incidents which had occurred in other areas of the trust was provided to staff by the trusts daily email communication, cascading of information from divisional meetings and through the consultants and specialist nurses.
- Incidents were always reviewed initially by the ward sister and/or hospital manager. The incident was forwarded onto other departments in the trust, for example health and safety or auditing department, depending on the category of the incident. The trust overall was below the NHS England average for reporting incidents.
- The surgery division reviewed patient mortality and morbidity. The surgical teams reviewed all patient deaths and the care and treatment the patient had received. A trust wide committee then sampled 10% of all of the reviews each month to ensure there were no concerns or issues to address with the patients care and treatment.

### Duty of candour

- Duty of Candour had been introduced and staff demonstrated a good understanding of this. Regulation 20, of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014, was introduced in November 2014. This regulation requires an NHS trust to be open and transparent with a patient when things go wrong in relation to their care, and the patient suffers harm or could suffer harm that falls in to defined thresholds.
- There had been two never events recorded at the hospital regarding the wrong implants being used for two patients in 2014. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. NHS trusts are required to monitor the occurrence of Never Events within the services they commission and publicly report them on an annual basis. The trust fully investigated and had taken appropriate action to reduce the risk of the incident

reoccurring. The action had included the whole theatre multi disciplinary team and we evidenced there had been changes in practice as a result. Staff were clear on the changes that had been made following the Never Events.

**World health Organisation Surgical Safety Checklist**

- The hospital used the internationally recognised World Health Organisation (WHO) surgical safety checklist in all surgical procedures as detailed in the trust's theatre practice standards policy and procedures. The intention of the WHO checklist is to systematically and efficiently ensure that all conditions are optimum for patient safety, and that all staff are identifiable and accountable, and errors in patient identity, site and type of procedure are avoided completely. Audits were undertaken which identified the checklist was consistently completed.
- We observed a thorough team brief was held each morning in the theatre department. This meeting was attended by all staff on duty and outlined any potential issues for the day. For example a review of the theatre lists, equipment required and staffing levels and skill mix. Following on from this meeting a clinician led team meeting was held in each individual theatre. This was based on the World Health Organisation (WHO) guidance and reviewed the days operating list and relevant issues. We observed one of these meetings and found it was efficient and effective in terms of time and salient points discussed.
- Theatre staff collected patients from the wards and we saw that a thorough check was completed with the theatre staff, ward staff and the patient prior to them leaving the ward. Once on arrival in theatre the anaesthetic room staff checked the patient details against the operating list and then a further check was made when the patient was taken into theatre. These checks ensured that the correct patient was attending theatre for the planned operation.
- Staff told us that following the operating list, a debrief took place prior to staff leaving the department. We were not able to see evidence regarding the frequency and content of this debrief as there was no audit process in place.
- Information from the WHO checklist and the team briefs and debrief was imported into the electronic recording system used in theatres.

**Safety thermometer**

- The NHS Safety Thermometer is a national improvement tool for measuring, monitoring and analysing patient harm and 'harm free' care. St Michael's and St Joseph's ward collected and reported avoidable harm free data to the trust. This was similar overall to other hospitals when compared to other hospitals in England.
- Data provided showed that both wards at St Michael's Hospital had 100% harm free care from December 2014 to December 2015. This meant there had been no falls or hospital acquired pressure ulcers or venous thrombus embolisms. Data regarding the previous month's safety thermometer was displayed on noticeboards, on the wards, for visitors and patients to see.
- Data provided to us showed that the most common incident recorded in the safety thermometer information was regarding trips, slips and falls. Anti-slip socks were in use and staff said they were available when needed by patients.
- Staff had access to equipment to reduce the risk of patients experiencing pressure damage. For example, pressure relieving mattresses and cushions.
- Assessments were completed for patients on admission in relation to the risk of them experiencing a venous thrombus embolism (a blood clot) following surgery and anti-embolism stockings were available on the wards.

**Cleanliness, infection control and hygiene**

- Data provided by the trust identified that methicillin resistant Staphylococcus aureus (MRSA) screening at St Michael's Hospital for elective patients ranged from 93-100% between April and December 2015. Patients who were transferred from the Royal Cornwall Hospital Treliske (RCHT) were required to have a clear MRSA screen prior to being accepted at St Michael's Hospital.
- Between July and December 2015 there were no cases of MRSA bacteraemia and no cases of Clostridium difficile infection at St Michael's Hospital.
- Audits completed showed 100% compliance amongst staff regarding the trusts hand hygiene and bare below the elbow procedures during April, May, July and August 2015. The audit for June 2015 identified that one member of staff was not bare below the elbows in a clinical area and did not follow correct hand hygiene

procedures during the period of observation. Staff working in clinical areas were required to be bare below the elbow to reduce the risk of spread of infection and comply with the trusts policy and procedures. During our inspection we saw that not all staff working in the theatre department were bare below the elbows. We also observed that one member of staff entered a theatre during an operation without their hat and face mask in place.

- We observed a soiled swab being dropped on the floor in the operating theatre during one operation. Another member of staff picked this up without wearing gloves or using an instrument. This did not promote the control of infection within the theatre.
- Audits undertaken by the trust at the hospital identified that in June 2015 not all areas of the wards and day case unit had impermeable surfaces. For example, worktops, desks, flooring and walls. This meant that the control and prevention of infection was compromised as not all clinical areas could be effectively cleaned. During our inspection we saw areas of the hospital which required refurbishment and maintenance. For example, in one toilet the ceiling tiles had been removed exposing the pipework and ceiling space above, paintwork on walls and woodwork was damaged in numerous areas.
- The theatres were refurbished some years ago and all had a laminar air flow system in place. This is a method of exchanging air within the theatre suite which promotes infection control.
- The theatres and wards looked clean, tidy and free from clutter during our inspection.
- There were thorough cleaning schedules in the theatre department which included the theatres, anaesthetic room, preparation room, sluices and recovery. These were signed and dated by the staff on completion.
- Audits were completed regarding the cleaning on the wards. Where performance did not meet the trust target an action was recorded and the issue checked to ensure it had been addressed. We saw an audit from December 2015 where performance was 94% against the target of 95%. The action was not specific stating “please ensure ward kept tidy at all times”. The housekeeping staff were aware of this and did not know where the area which failed was but considered the ward had been kept tidy and clean since the audit.
- Monthly audit sessions took place in the theatre department which included monitoring of the cleaning schedules and rotas.
- A quality checklist was completed for each bed space prior to the admission of a patient. This included the cleanliness of the area. The checklist was filed in the patients’ medical records.
- Housekeeping staff were on duty around the hospital but we were told there had been no increase in staff despite the numbers of patients increasing over the past year. Staff said that at times it was difficult to complete all of the cleaning schedules when the wards were busy.
- Cleaning materials were seen stored in an empty bay behind a curtained area. The bay was not locked and the door propped open. We saw that the control of substances hazardous to health (COSHH) was compromised as there were cleaning substances including multipurpose, floor and washroom cleaners together with chlorine tablets accessible in this room.

**Environment and equipment**

- The hospital was in two separate buildings joined by a link corridor. Patients did not have access to one building which housed the kitchens, offices and a training room. Staff told us this area was in a poor state of repair and all working areas were planned to move to the main building later this year.
- The theatres were refurbished six years ago and observations found that areas of the department now needed painting. There were walls and doors that had damaged paintwork which meant they could not be effectively cleaned. We saw a broken window in one door that was taped up.
- Areas of the wards required painting. We saw ceiling tiles that were missing which opened into the roof space. We saw a notice on a window in a patient area which advised the window was not open as it was broken and dangerous. However, it was accessible from the room. The notice was dated several weeks prior to our inspection but staff were not aware of any action which had been taken to address this.
- Resuscitation equipment was located on each ward. Staff knew where this was kept and checked the trolley each day to ensure it was complete and ready for use in an emergency.
- A trolley was available in theatre to support anaesthetists for patients who were difficult to intubate. However, there was no evidence to show that this was checked regularly and therefore ready to use in an emergency.

# Surgery

- The anaesthetic machines in each theatre had a recognised national checklist attached to them which guided staff to undertake thorough daily checks of the machine to ensure they were ready for use. These were not signed as completed each day.
- Not all of the equipment and machines in the theatre had accessible manufacturer's guidelines readily available for staff to refer to if necessary. For example, the diathermy machine. Staff stated they would access the instructions on the internet if required.
- Machines and equipment were serviced by the trust estates department or through an external contract**.** Stickers on equipment identified who the servicing was carried out by and when it was last completed. We observed that one piece of equipment in theatre showed an out of date sticker but evidence was provided to demonstrate it had been serviced but the sticker not changed.
- Sterile instrument sets for operations were provided from the main sterilising service at RCHT. Theatre staff checked sets were available and complete prior to each patient being anaesthetised. There had been a previous incident where a patient had been anesthetised without the correct equipment being available in the theatre. This had meant the patient had been woken up and then given a second anaesthetic when the instruments were available to complete the operation.
- Theatre staff carried out a check of all implants that would be required for the following day's surgery lists. This ensured the correct equipment was available for the smooth running of the list.
- Monthly audit sessions took place in the theatre department. This included a stock take of all equipment and medicines, date checks of equipment and monitoring of the cleaning schedules and rotas.
- A quality checklist was completed for each bed space prior to the admission of a patient. This included a check on the effectiveness of the equipment for example the piped oxygen and the suction and also the cleanliness of the area. The checklist was filed in the patients' medical records.
- Hand surgery was performed at St Michael's Hospital although there was a limitation to the scope of surgery which could be performed. This was because there was no microscope for hand surgery available. A business case had been placed with the trust in 2015 for the purchasing of a microscope but had not been actioned at the time of our inspection.
- The day case unit could not accommodate mixed sexes due to the layout of the environment. A business case had been submitted and agreed for building work to redesign the unit to enable the provision of facilities for both male and females. At the time of our inspection staff managed this by accommodating one sex on the wards.
- The security of the hospital at night was managed by the night staff. We were told by several members of staff that one nurse checked the building and secured the exits. To secure the front door we were told staff had to step outside the building to secure the lock. This did not ensure the safety of the staff.

**Medicines**

- We observed that there was secure storage for medicines in all areas. On the wards medicine cupboards and trolleys were locked when unattended by trained nurses. In theatre we saw medication was left unsecured in the anaesthetic room during the running of the operating lists. There was not always a member of staff in the room but the area was secured against entry by members of the public or patients.
- The ordering, receipt, storage and administration of controlled drugs complied with the Misuse of Drugs Act 1971. We checked stock against the register and found these to be correct. The stocks of controlled drugs were checked by trained nurses each time they administered the medicine and routinely by the night staff.
- Refrigerators were in place to ensure medicines which required cool storage were stored at a safe temperature. The temperatures of the refrigerators were checked daily and instructions were in place for staff to follow should the temperature fluctuate outside of safe parameters.
- A pharmacist visited St Michael's Hospital each week from the main hospital RCHT and checked the medicines and associated records. The medicines were restocked each week.
- Staff made positive comments regarding the support received from pharmacy. We were given examples of when medicines had been required urgently. Staff had confidence that they would receive a prompt response from pharmacy and medicines would be received by courier.
- The electronic medicine administration system identified individual patient allergies and any contraindications for medicines.

- Medicines for patients to take home were prescribed by the hospital doctors and supplied by two nurses. The exception to this was for controlled drugs including tramadol (pain relief) which were dispensed by pharmacy. Medicines were prescribed on the electronic system and a form printed which was signed and dated by the nurses who supplied the tablets. This provided an audit trail of the medicines leaving the ward.
- Trained nurses worked within patient group directions (PGDs) to provide some medicines to patients without the need for a written prescription from the doctor.

**Records**

- Preoperative assessments were carried out for each patient attending for surgery at St Michael's Hospital. These varied from face to face assessments which included physical tests, such as blood tests and x-ray, and telephone assessments. The preoperative assessments were recorded within the patient notes.
- New assessment documentation had recently been introduced for staff to complete when admitting patients to the ward. Staff told us they had not been aware this paperwork was to be introduced and had had no training or guidance in completing it. Staff told us that they were required to complete an assessment about patients alcohol intake but had been given no instruction what constituted a unit of alcohol. The document informed when a referral should be made to the alcohol liaison team. However, staff stated they did not know how to do this but would look at the intranet for further guidance if necessary.
- Risk assessments were completed for each patient on the ward. For example regarding moving and handling, falls risk and pressure ulcers. Action was taken by staff to reduce an identified risk. For example, for patients at risk or experiencing pressure damage to their skin, a specific care plan would be completed and appropriate equipment used. Theatre staff did not complete a formal risk assessment regarding pressure damage for patients whilst in theatre. This potentially put patients at risk of harm particularly when some breast and orthopaedic operations were complex and therefore took longer to complete.
- Care plans were in place for all patients but were variable in detail. These were generic and not all had been personalised to reflect the individual care the patient required. Not all care plans were signed and dated by the member of staff who completed them. Other care plans identified a stamped printed name and written signature of the nurse who completed the plan. Some care plans were stored in holders in the corridors of the wards. Whilst the staff had placed signs next to the notes stating they were confidential and not to be looked at, this did not protect the confidential and personal information of patients on the ward.
- Medical records were available on the wards and were securely stored. The maintenance of the records varied and some were filed neatly and securely whilst other paperwork was tucked inside the files which caused a risk of losing important information. For example, we saw a large number of loose paperwork from a patient's previous admission just held in place in the notes by a paperclip.
- The content of medical records varied. Some patient records showed detailed recording of the patient's care and treatment plan. Others we noted had gaps of up to three days between entries by the medical staff and no ongoing treatment plan recorded. When cross referenced with the daily nursing records it was clear that consultation with the medical and therapy staff had taken place and a plan had been agreed.

**Safeguarding**

- Staff had access to the policy and procedures for safeguarding vulnerable adults and children through the trust intranet. The policy had been updated in 2015 to reflect the statutory requirements of the Care Act 2014 which had led to a change in national safeguarding guidance and requirement. There were named safeguarding leads in place in the hospital and wider trust.
- Staff demonstrated a good understanding and knowledge of the action they were required to take should they identify any potential safeguarding issues.
- Staff training record showed that all staff were up to date with safeguarding vulnerable adults and children. One person was due to update their training at the end of January 2016. The hospital manager was aware of which staff were due update training and received information from the training department when staff training was due.

**Mandatory training**

- Staff completed an induction training programme when they commenced work at St Michael's hospital. If they were new to the trust this included a corporate

induction programme run at Royal Cornwall Hospital Treliske (RCHT). The induction at St Michael's Hospital included an orientation to the geography and running of the hospital. Theatre staff said this did not take them through specific equipment which they were required to use in theatre.

- Staff told us that much of their face to face mandatory training was held at RCHT. Time for travelling and attending face to face training was factored into the off duty. Staff commented that it was harder to complete the on line electronic learning from the ward base due to the busy shifts. They also stated that the on line training did not get completed when the ward was busy. Staff were able to complete their on line training at home but the staff we spoke with had not had the time off in lieu agreed prior to doing their training at home. They also said they did not ask for it retrospectively. This meant staff were carrying out trust duties in their own time without remuneration.
- Data provided by the service showed that only 57% of staff at St Michael's Hospital were compliant with their mandatory training. 68% of administrative and clerical staff, 58% of nursing staff and 62% additional clinical services staff were compliant. This meant there were a number of staff who were required to complete their mandatory training.

**Assessing and responding to patient risk**

- The preoperative assessment clinic carried out a number of tests and examinations on patients due for surgery at St Michael's Hospital. This was to ensure that the medical and nursing support and environment following surgery was suitable and therefore complex and potentially longer cases were not referred to the hospital. This was because there was no Intensive Care Unit or High Dependency Unit to provide additional care and treatment to patients following their operation.
- The clinic was run by a registered nurse and an occupational therapist. Results from the tests were provided to the consultants and the resident medical officer (RMO). The RMO physically reviewed every ECG. An electrocardiogram (ECG) is a simple test that can be used to check the heart's rhythm and electrical activity. An anaesthetist reviewed the patient test outcomes twice a week to assess that the patients' needs could be safely met at St Michael's Hospital.
- The surgical service used the physical status classification developed by the American Society of Anaesthetists (ASA) to evaluate the degree of a patient's "sickness" or "physical state" before selecting the anaesthetic or before performing surgery. This system was used to determine whether patients attend St Michael's hospital for their surgery or RCHT with its greater infrastructure for post-operative care. Patients whose needs were categorised as ASA1 and ASA 2 were deemed suitable for surgery at St Michael's Hospital. However we observed two patients during our inspection being prepared for theatre at St Michael's Hospital whose physical needs were categorised as ASA3. Staff said this sometimes happened following the decision made by the consultant regarding the place of surgery. However, the provider stated the final decision should be made by the consultant anaesthetist and that patients whose needs were within the category ASA 3 had their surgery at the acute hospital RCH Treliske.
- The service effectively used a nationally recognised system for identifying and monitoring acutely ill patients known as the National Early Warning Score system (NEWS). We saw NEWs assessments were completed fully and appropriate action taken when patients demonstrated signs of deterioration.
- Nursing staff had 24 hour access to the RMO for patients who were unwell. Staff confirmed the RMO were responsive when requested to review patients although acknowledged the RMO was busy much of the time. The RMO was able to seek advice and consult with the medical registrar on call at Royal Cornwall Hospital Treliske (RCHT) for patients who presented with medical conditions or problems during their stay at St Michael's Hospital. In an emergency situation patients were transferred to RCHT by calling 999 and summonsing an ambulance. Staff commented that it was not often necessary for patients to be transferred as an emergency. We did not see records which identified how frequently this did occur.
- If necessary patients were transferred to RCHT for further care and treatment. For example, on patient had been transferred to RCHT for the insertion of a specialist catheter and then returned to St Michael's Hospital for their ongoing care and treatment once stable.

**Nursing staffing**

- The theatre manager followed national guidelines from the Association for Perioperative Practice to determine and set safe staffing levels within the theatre

department. The Association for Perioperative Practice is a registered charity working to enhance skills, knowledge and safety within operating departments. There were plans to adopt the Association for Perioperative Practice higher guidelines for efficient and safer staffing in orthopaedic theatres. This meant there would be additional staff working when orthopaedic operating lists were running and funding had been applied for to support the posts.

- There were two whole time equivalent vacancies for nurses within the theatre department. These were on hold awaiting the arrival of overseas nurses who had already been recruited.
- Theatre staff we spoke with said there were sufficient numbers of staff and appropriate skill mixes to ensure the service was safe. Staff commented that the additional staff would improve the quality and effectiveness of the service provided. During our inspection one theatre list was cancelled due to staff sickness and staff identified that if there had been additional members of staff in post this situation would not have arisen.
- There were vacancies among the nursing staff, nursing assistants and therapists at St Michael's Hospital. A staffing establishment was in place for each ward and vacancy rates measured against this establishment. The St Joseph's ward had an 8% deficit of nursing staff and the health care assistants and therapists had a deficit of 7% of whole time equivalent staff. However, St Michael's ward had an additional 4% of nurses whilst the therapists and health care assistants showed a deficit of 5.3% when compared to the establishment.
- Shifts were not filled as planned due to vacancies and to mitigate against this the skill mix had been reviewed at St Michael's Hospital and additional health care assistants were rostered to work at night. This showed that while 98% of the planned level of registered nurses worked at night, 200% of the planned health care assistants were on duty on St Michael's Ward. However this did not happen on St Joseph's ward and data provided by the trust (from October 2015) showed that 85% of the planned level of health care assistants worked at night together with 99% of the planned level of registered nurses.
- Staff we spoke with said that there were generally sufficient nursing staff on duty to safely meet the needs of the patients who were admitted to the hospital and that there had been an uplift in staff over the past year.
- All staff we spoke with were clear that there were insufficient therapy staff employed to provide patients with the full care they required. However, a period of recruitment had been underway and one physiotherapist had recently started work at the hospital with another due to commence shifts.

**Surgical staffing**

- The proportion of consultants in the trust was higher than the national average. The proportion of junior doctors across the whole was also higher than the national average.
- There were three resident medical officers (RMO) in post with one RMO position vacant at St Michael's Hospital. The RMOs were trust grade doctors which is a term applied to a doctor who is working in the National Health Service in a non-training post, at senior house officer level. The term 'trust' derives from the fact that the doctor is contracted by the NHS trust rather than by the deanery which supervises local medical education.
- The RMOs worked a four week rota which included one RMO working 12 hour shifts covering the 24 hour period. An on call room was provided for them to use whilst on duty. To cover the vacancy the RMOs were working additional shifts.
- The numbers of patients admitted to St Michael's Hospital had been increased to reduce waiting lists at RCHT over the past year. There had been no uplift in the number of RMOs working at the hospital to compensate for this. Junior doctors from RCHT were provided to assist the RMOs on busier days. This was welcomed by the RMOs and the junior doctors. The junior doctors commented the placement provided them with good experience and learning. However, one doctor commented that a similar sized list of patients at RCHT would be shared between a team of 3 or 4 medical staff.
- Advice and guidance could be sought from the on call registrar or consultant at RCHT out of hours. The consultants responsible for each patient did not routinely review the patient prior to leaving the hospital or the days following their surgery.
- The RMOs described feeling pressured due to the workload. There was no clear leadership or support for the RMOs in place as they had no link or responsibility to a named consultant. However, the RMOs told us that the consultants who operated at St Michael's Hospital were helpful and approachable.

- The medical handover was observed from the night to the day staff. This was thorough, informative and detailed any concerns regarding the patients and the days planned operating lists.

**Major incident awareness and training**

- The trust had a major incident plan which had been updated in 2015. Staff were aware of how to access and instigate the policy and procedures included in the major incident plan and which parts affected St Michael's Hospital.
- Emergency procedures were included in the business continuity plan, for example, a failure in electricity, failure in supply of medical gases or loss of staff. The business plan was contained in paper form in clearly identifiable files in each ward and department.
- Staff were aware of the evacuation plan for St Michael's Hospital which would be put into use in the event of an emergency situation. Concerns were raised to us regarding the evacuation equipment that was located on the stairwell on each floor. Not all staff had received training on how to the use the equipment. Furthermore, the evacuation stretcher on the second floor had not got the straps attached to it and therefore would not be ready to use in an emergency.
- Staff attended fire awareness and fire warden training. Positive comments were made regarding this training and the usefulness of it to prepare them for the event of a fire. Three members of staff we spoke with were not aware of any fire drills being held at St Michael's which was concerning.
- The hospital manager stated fire drills were held yearly. We requested but were told records had not been maintained of which staff had attended. The fire alarms were tested weekly and a log maintained to demonstrate this, any problems identified and the action taken to rectify.

## Are surgery services effective?

Good

We judged surgical services as good for effective because:

- Policies, procedures, systems and practices were in line with local and national guidance and recommendations.
- The length of stay for patients at St Michael's Hospital was lower (better) than the England average although an enhanced recovery programme was not fully operational at the time of our inspection. The programme focuses on making sure that patients are active participants in their own recovery process
- Nutritional assessments were undertaken and a good standard and choice of food provided to patients
- Effective multi disciplinary team working was evidenced between medical, nursing and therapy staff at the hospital and between staff at the main trust site at the Royal Cornwall Hospital Treliske (RCHT)
- Consent to care and treatment was obtained in line with legislation and guidance and patients were supported to make informed choices and decisions.
- Nursing staff were provided with a clear appraisal and training plan.

However:

- There did not appear to be a formal structure in place for the provision of support and supervision of the RMOs. The RMOs were employed as qualified doctors and were not provided with education assessment support or clear career development pathways.

**Evidence-based care and treatment**

- The trust had a policy and procedure for recognising and sharing new or updated national guidance and recommendations with staff. The divisional, governance leads and hospital managers informed and updated staff at St Michael's Hospital.
- Best practice and National Institute for Health and Clinical Excellence guidelines (NICE) were followed and informed the hospitals policies and procedures.
- There had been two previous Never Events which had involved the incorrect implants in orthopaedic surgery in 2014. Following the never events, NICE guidelines and data from the National Joint Registry was used to make a decision on reducing the number of and which types of implants to use. The National Joint Registry (NJR) was set up by the Department of Health and Welsh Government in 2002 to collect information on joint replacement operations and to monitor the performance of implants, hospitals and surgeons.
- St Michael's Hospital had implemented an enhanced recovery programme for patients following orthopaedic surgery. This aimed to reduce the length of stay for patients based on national guidelines which identified

the benefits of this to patients. However, the enhanced recovery programme was not fully operational as there were insufficient therapy and imaging staff who worked at the weekends.

- Audit and monitoring was carried out of patients who were transferred from St Michael's Hospital to Royal Cornwall Hospital Treliske (RCHT) for additional care and treatment following their operation. The monitoring showed an average of three patients per month. Whilst the analysis of this information was in the early stages, no themes or patterns had emerged regarding the reasons for the transfers.

**Pain relief**

- A pre-operative assessment was carried out for each patient who was due to attend St Michael's Hospital for surgery. The assessment did not routinely include a discussion about post-operative pain relief. The staff we spoke with said this was because the prescribing for this would be variable as it was dependent on the choice of the anaesthetist.
- Pain relief on the wards and in theatre was well managed. Patients were prescribed medicines for pain relief, either to be given regularly or as required. Patients told us they were able to ask for pain relief when needed and that this was administered promptly by the staff. We observed registered nurses asking patients about their pain levels and whether they required any pain relief.
- A brief pain assessment tool formed part of the National Early Warning Scores (NEWS). Records showed these were consistently completed.

**Nutrition and hydration**

- A Malnutrition Universal Screening Tool (MUST) was completed for each patient on admission. This is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese. It also includes management guidelines which were used to develop appropriate care plans for patients with additional nutritional needs.
- The hospital had systems in place to alert all staff to patients who had additional nutritional needs. For example, water jugs with green lids were used for patients who had fluid balance charts. Food served on red trays identified the patient required additional assistance. The housekeeping staff were informed daily of patients who had additional requirements or support needs. For example, during our inspection the housekeeper told us about one patient's gluten free diet and how they had ensured the appropriate bread had been obtained for the patient. Another patient had a sensory impairment and the housekeeper was aware of the care and support they required with their meal.
- Patients made positive comments about the food. We were told "it is like proper food not heated meals", "food is hot and there is a choice" and "the food is good".
- We observed the meals on one ward and saw patients meals were presented attractively.
- The main meals were delivered from the onsite kitchen. Staff were able to prepare light snacks and hot drinks for patients between meal times on the wards. Two patients told us they had requested additional snacks and had been provided with these.
- Patients were nil by mouth prior to surgery and this was managed appropriately by staff. We saw patients were provided with fluid promptly and when medically appropriate, following their operations.

**Patient outcomes**

- St Michael's Hospital had a lower than average risk of readmission when compared to the national England average. Orthopaedic patients were 33% less likely to be readmitted and breast surgery patients 53% less likely to be readmitted when compared to the England average. Vascular patients were 79% less likely to be readmitted although it must be acknowledged that only minor vascular surgery took place at St Michael's Hospital.
- The trust performed better than the England average for the knee replacement indicators. Knee replacements were carried out at St Michael's Hospital in addition to or instead of RCHT. The decision was made based on the complexity of patient's medical needs.
- The trust performed relatively well in the Patient Reported Outcome Measures (PROMS) for April 2014 to March 2015 which was the most up to date data available. These patients reported to the hospital on how they felt they had improved following surgery for hip replacements and knee replacements. This was an improvement as the trust had shown as an elevated risk for hip related PROMS in the CQC intelligent monitoring in May 2015 which was based on 2013/14 data. In comparison to similar external organisations who provided hip surgery outcomes for patients were slightly

worse. Work had been undertaken to investigate the cause for this and consideration was being given to a possible cause as being the lack of physiotherapy support at the weekends.
- There was insufficient physiotherapy and imaging support for patients at the weekends. This meant the enhanced recovery programme could not be fully implemented. Patients could not always be discharged promptly as at times they remained in hospital at the weekend waiting for a post-operative X-ray.

**Competent staff**

- A half day meeting/ training per month was available to staff who worked at St Michael's Hospital. The content included in-house and external companies training, feedback from other meetings and incident reporting, hospital governance and theatre issues.
- Nursing and medical staff were provided with annual appraisals. Data provided showed that 28 out of 93 members of staff working at the hospital were overdue for their annual appraisal. We were told that often the system which provided this data took time to catch up with up to date information and therefore the total of staff who required an appraisal was less than we were given.
- The Nursing and Midwifery Council (NMC) had implemented a programme of revalidation for trained nurses which was due to start in April 2016. The trust had provided nurses with information regarding this requirement and the support that would be available to them.
- Medical staff were up to date with their annual revalidation. Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice. Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by their employer and the General Medical Council (GMC).
- There appeared to be an informal structure in place for the provision of support and supervision of the RMOs. The RMOs were qualified doctors and their position was as a qualified doctor and not as a trainee. We received reports from consultants and the RMOs that there was no education assessment support or clear career pathway for the RMOS. There was no clear consultant lead for the RMOs to discuss issues with and therefore they were provided with little feedback or learning. The appraisals for the RMOs were completed by a radiologist.
- One week in four the RMOs attended theatre and assisted with operations, carried out joint injections and minor operation procedures. During the other three weeks the RMOs were ward based and due to the business of the role had little time to develop their skills, knowledge or competency.
- Not all registered nurses had completed appropriate training to enable them to be a mentor for student nurses. Whilst all the nursing staff supported student nurses there were only two mentors on St Michael's ward which added to their workloads.
- Theatre staff commented that they had few in house opportunities to undertake further post graduate education in recovery or theatre practice. We were told this was due to the location of the hospital and there not being links with universities in the area. They commented they were able to access a small amount of role specific training which was available online.
- All surgery performed at St Michael's Hospital was elective. Staff did not rotate to the acute surgical speciality wards at RCHT. Staff considered this compromised them regarding keeping their skills and competencies up to date for dealing with emergency situations. For example should a patient experience a respiratory or cardia arrest or major blood loss following surgery.
- Staff who worked in the theatre department were required to understand and be able to operate complex equipment. There was no training matrix available to demonstrate which staff had been trained to use which piece of equipment or when training was due to be updated.
- The trust had provided staff with Human Factors training. This training focused on improving safety and performance whilst working within a multi-disciplinary team and respecting all colleagues within the team. The theatre staff reported that this had had a positive effect on their team working and they felt able to challenge colleagues or receive challenge in a positive and effective way.

**Multidisciplinary working**

- The preoperative assessment clinic was jointly run by a registered nurse and an occupational therapist. The

purpose of the clinic was to ensure patients who were due to attend St Michael's Hospital for a surgical operation were prepared for their operation and care post operatively. The staff worked collaboratively with the RMO who was required to review tests carried out on patients. For example electro cardiographs (ECGs)
- Staff confirmed that RCHT staff were supportive and responsive to requests for transferring patients.
- Nursing, therapy and medical staff worked closely together. All staff confirmed colleagues were responsive and supportive at all times.
- There was no formal multi disciplinary ward or board round. Staff commented this would not be effective or practicable as the RMO was frequently interrupted in their work to complete tasks such as consent of patients, prescribing of medicines and discharge paperwork.

**Seven-day services**

- Medical cover at St Michael's Hospital was provided seven days a week over the 24 hour period by the RMOs. Consultants were on site when an operating list was in progress. The theatres were in use Mondays to Fridays and on some Saturday mornings.
- Therapy staff were employed by the hospital to work on the wards and promote an enhanced recovery programme. Whilst a programme of recruitment had been underway this was still ongoing and at the time of our inspection there were insufficient physiotherapists to provide a seven day service for patients.
- There was no routine X ray service provided at St Michael's Hospital at the weekends unless a Saturday operating list had been arranged which required imaging for patients during the operation. Staff said if there was a radiographer on the premises they would X-ray patients from the ward in addition to those having surgery.
- The preoperative assessment clinic was open on Monday to Friday each week.

**Access to information**

- Each ward and department had administrative staff known as ward clerks. The ward clerks told us they were responsible for locating and obtaining patients notes in preparation for their admission. We saw that the ward clerk on St Joseph's ward had printed a list of all the patients who were due to be admitted the week after our inspection. Their medical records had been requested from the trust medical records department at the Royal Cornwall Hospital. The ward clerk shared the processes they followed for tracing notes that did not arrive. This included flagging on the electronic patient note system that the notes were required and tracking previous appointments patients had attended.
- Staff commented that patients' medical notes arrived on the ward approximately one week prior to their planned admission and it was rare that patient's notes were not available. When this did happen, the ward clerk made a temporary folder for the patient which included a patient detail front sheet, patient identification labels, their latest clinic letter and the breast or orthopaedic consultation notes. All of this information could be found on the electronic patient administration system.
- Following discharge the ward clerk returned the notes to the medical records department or directly to the outpatient clinic depending on the timescale of the outpatient's appointment.

**Consent, Mental Capacity Act and Deprivation of Liberty Safeguards**

- We saw nursing, medical and therapy staff sought verbal consent from patients prior to care and treatment being carried out. For example, when taking blood (venepuncture) or personal care.
- Written consent was obtained from patients prior to surgery. This was generally obtained by the consultant but in some cases the RMO completed the discussions with the patient and appropriate paperwork. The RMO we spoke with told us patients were generally well informed about their operation / procedure from their visit to the preoperative assessment clinic.
- Training was available to staff on obtaining consent and the legal framework around this and accessible through the trust intranet.

## Are surgery services caring?

Good

We judged surgical services as good for caring because:

- Feedback from patients and/or their relatives and representatives was positive about the way staff treated them.

- We observed staff were kind, compassionate and showed empathy to those they cared for and provided a service to.
- Patients were provided with information to help them understand and make decisions regarding their care and treatment plans. Specialist breast nurses were available to support patients undergoing breast surgery.

**Compassionate care**

- The NHS Friends and Family Test results for St Michael's hospital showed good results for the last year, with patients stating they would recommend the hospital to their family and friends. The test was responded to by 37% of patients admitted to St Joseph's ward and 32% of those on St Michael's ward which equated to 748 patients.
- We observed all staff followed the trust policy of 'my name is' by introducing themselves to patients.
- Theatre staff came to the wards to collect patients and escort them to theatre. We saw the staff were warm and friendly to patients and consistently introduced themselves.
- We spoke with 14 patients all of whom made positive comments about the care provided to them. Patients used words such as 'wonderful', 'dedicated', 'thrilled with care' and 'motivated and professional' when talking about the staff and the care they had received.
- One patient compared their care at St Michael's Hospital very positively against a previous experience in another hospital. They said the staff were consistently kind and they had received 100% from each member of staff on duty.

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

- During the pre operative assessment patients were provided with verbal information regarding their proposed operation and written literature was provided and discussed. Two patients told us this had been very useful to them in understanding their recovery time.
- Patients we spoke with said they had been provided with information about their required arrival time on the ward and how long their relative could wait with them. Two patients also said they had been provided with information about where their relative/representative could wait whilst they were in theatre as they had travelled a distance to the hospital. We had received a concern that one patients relative had not been able to wait with the patient and not been given an alternative waiting area despite having a long journey. The matron had discussed this issue with the staff to reduce the risk of this happening again.
- Three patients we spoke with had not been provided with any written information but confirmed staff, had spent time providing them with detailed verbal information to ensure they understood their post-operative care and recovery.
- Theatre staff came to the wards to collect patients for their operation. We observed they provided the patient with information regarding going to theatre and what would happen on their arrival in theatre.
- Two patients we spoke with were not clear regarding the roles of staff as they did not know what the different uniforms meant. The staff wore name badges. All staff had been provided with new badges which said 'my name is'. The badges identified the staff by name but not by their job role. Staff and patients we spoke with thought this was not informative. We did not see any posters or information relating to the different job roles and the uniform they wore.
- The wards followed the named nurse model which meant each patient had an allocated nurse responsible for their care on each shift. Notices above each bed space gave provision for the named nurse to be filled in each day. We saw very few of these completed on either day of our inspection and patients were not always aware of who their named nurse was. Two patients were not aware of the model or that nurses were allocated to their care.

**Emotional support**

- The preoperative assessment service was run by a registered nurse and an occupational therapist. During the face to face or telephone assessment patients were asked if they had any anxieties regarding the proposed operation. Staff reassured patients where necessary.
- Patients attended St Michael's Hospital for gender reassignment surgery. Prior to this surgery, patients were able to receive counselling and support from the specialist breast nurses who visited St Michael's Hospital twice a week. Patients also attended the centre at the main hospital site prior to their surgery and additional assessment and support was provided there.
- Breast care nurses were on the ward two days each week.

# Surgery

## Are surgery services responsive?

Good

We judged surgical services as good for being responsive because:

- The service was delivered to meet the needs of patients who lived in Cornwall and required elective orthopaedic and breast surgery.
- Care and treatment was planned and coordinated with other services and within the wider trust.
- The service and the trust had a low numbers of cancelled operations over the past year. Patients were able to access their required care and treatment within seven weeks of referral for treatment.

However:

- Some patients experienced a slight delay in their discharge as the enhanced recovery programme was reduced at the weekends due to a lack of therapist.
- There was no routine X-ray facility at St Michael's at the weekends which impacted on some patients discharge.

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

- A preoperative assessment clinic had been developed at St Michael's Hospital to support local people who attended the hospital. However, as patients travelled from around Cornwall to St Michael's Hospital for their surgery this meant potentially long journeys for some patients. Alternative preoperative clinics had been set up in other areas to address this.
- Patients often chose to attend St Michael's Hospital for their surgery based on local reputation. The hospital also hosted a number of vascular surgery sessions which were managed by consultants from the Royal Cornwall Hospital Treliske (RCHT). This enabled additional patients to receive surgery and also those who lived in the West of Cornwall had reduced travelling times.
- Staff we spoke with including managers, consultants, nurses and therapists all agreed that the services at St Michael's Hospital could be further increased to reduce waiting times and travelling for patients. It was not clear how this was being actioned by the trust board and senior management.
- It had been identified that additional hand surgery provision at St Michael's Hospital would benefit patients who were on a waiting list. However, this was not always possible due to a lack of availability of specialist equipment at the hospital.

### Access and flow

- Clear criteria was in place regarding which patients were admitted to St Michael's Hospital. This was to ensure that the medical and nursing support and environment following surgery was suitable and therefore complex and potentially longer cases were not referred to the hospital.
- During 2015 the process in place for patients to receive a pre-operative assessment had been developed. Patients received a preoperative assessment within two weeks of being added to the elective surgery list at St Michael's Hospital. A pre-operative assessment team held clinics during the week and provided patients with the facility to attend St Michael's Hospital for their preoperative tests and then view the ward areas. We saw one patient being shown around. They told us this had been helpful to them and alleviated some of their anxieties.
- The preoperative assessment service were developing a new system to enable patients to be referred by their GP and being seen by the consultant, therapy staff, nurses and required tests to be carried out all on the same day. In some cases patients were provided with a date for their operation before they left the clinic although it was acknowledged this was not possible for all patients as they required a follow up appointment.
- The majority of patients admitted to St Michael's Hospital for surgery were elective patients who had been on an orthopaedic or breast surgery waiting list. The waiting lists were managed from the main trust site at RCHT. Operating lists were planned six weeks in advance to assist with allocating patients to the correct site for their operations and ensure lists were filled. There had been an issue with under-utilisation of theatres at St Michael's Hospital and the waiting list system had been reviewed to increase productivity. Data regarding the utilisation of theatres at the hospital showed that between July 2015 and September 2015 the four theatres were in use between 75-98% of the time. Staff were positive in their comments about the increase in patients going to St Michael's Hospital for their surgery.

# Surgery

- We spent time with the booking team who planned the operation lists and arranged for patients to be admitted to St Michael's Hospital. They provided data which showed there was a waiting time of seven weeks for patients to be admitted once agreed they were suitable for surgery at St Michael's Hospital.
- Between November 2014 and October 2015 a total of 73 orthopaedic operations were cancelled at St Michael's Hospital. St Michael's Hospital provided 71.25% of all elective orthopaedic operations carried out at the trust in 2015.
- A number of patients were transferred to St Michael's Hospital from RCHT to convalesce and rehabilitate after surgery.
- The theatres used an electronic system for recording their activity. It had been hoped to use intelligence from this system when planning operation lists. For example, surgeons average operating times for specific operations. Unfortunately this had not been possible as conflicting information had been produced. This issue was being reviewed by the information technology department.
- Data provided to us showed that a small proportion at 7% of operating lists had a delayed start time between January 2015 and December 2015. Comparatively for the same time period, 44.9% of lists finished later than expected with 22.4% finishing over 60 minutes later.
- One list was cancelled during our inspection at St Michael's Hospital due to staff sickness. We saw that patients were offered other dates for their treatment which were within 28 days of the original date. We also observed that one patient attended the hospital on the morning of their planned operation date. They no longer required their planned operation and great effort was taken by the booking team to offer this operating time to another patient. However, due to short notice they were not able to contact anybody on the waiting list who was willing to attend later that day. There were also no patients at RCHT who met the criteria to be operated on at St Michael's Hospital.
- The bed occupancy rate at St Michael's Hospital was low compared to national figures which reduced the number of patients who had experienced cancellation of their operations. During our inspection high numbers of beds were empty. Staff said this was due to the junior doctors strike which had reduced the number of operations carried out. All staff commented positively that the bed occupancy had increased over the past year. Data provided showed that the bed occupancy for St Joseph's ward had increased from 52% to 77% over the time period December 2014 to November 2015. For St Michael's ward the bed occupancy had increased from 12% in December 2014 to 39% in November 2015.
- Staff told us that the senior nurse and physiotherapist reviewed patients who were at RCHT with a view to transferring patients to St Michael's Hospital for rehabilitation and ongoing care. However, during our inspection we did not see any patients who had been transferred following their surgery at RCHT.
- The average length of stay for patients who were admitted to St Michael's Hospital was lower than the England average. For patients admitted for orthopaedic surgery their length of stay was 2.5 days compared to an England average of 3.4. Patients attending for breast surgery had an average length of stay of 1.3 days compared to an England average of 1.6. This increased the flow of patients through the hospital and enabled new patients to be admitted promptly.
- Radiography provided a service from Monday to Friday. Additional radiographer cover was arranged for a booked weekend operating list which tended to take place on a Saturday. Some patients experienced a delay in their discharge due to this lack of provision. For example, those patients waiting for a post-operative image whose operation took place on a Friday.
- An enhanced recovery programme to facilitate earlier discharge had commenced for patients who had undergone orthopaedic surgery. The programme was a nationally recognised model, but was unable to be followed effectively due to reduced numbers of therapy staff at the weekend. This meant patients experienced delays in their discharge.
- Staff of all grades and roles consistently told us that the RMOs were busy and at times under pressure to prescribe medicines for patients to take home and complete the appropriate discharge paperwork. This meant that patients were often waiting to leave the hospital once they had been declared medically fit for discharge.
- Weekend operating lists were planned according to the speciality with the longest waiting list. Surgeons and anaesthetists volunteered to run these lists as they were not part of their working contract. However, the booking team commented that staff were flexible and accommodating in working at weekends to reduce the waiting lists.

# Surgery

**Meeting people's individual needs**

- The Trust had an interpretation and translation policy which was available for all staff to access on the internet and intranet. This policy provided the staff with information on how to book an interpreter or to arrange translation of written information. We were told the three most requested translation services in 2014 and 2015 were Polish, Lithuanian, and Russian. The Trust used the specialist services of external organisations for face to face interpreting, telephone interpreting and translations, including Braille and the provision of sign language when required. Staff reported they had used some of these services and that they were helpful and responsive when requested.
- Information was displayed in the hospital regarding the accessibility for patients to interpretation and translation services. Information was also provided on the consent form to ensure patients understood the detail around their planned operation and what they were consenting to.
- A quiet room was available for patients to visit. This was furnished in the appearance of a place of worship for the Christian faith with limited multi faith elements to the room.
- Staff supported patients with additional care needs and their relatives whenever possible.
- Patients who lived with a learning disability were able to be accompanied to theatre by their relatives, parents or carers. Staff had access to the trusts learning disability specialist nurses when required.
- The environment was not designed to support patients living with dementia. For example, clear signage on toilet and bathroom doors and colour coordinated paintwork. However, staff we spoke with stated patients with dementia did not routinely attend the hospital for their surgery. This was because when attending for a preoperative assessment people living with dementia generally would not meet the admission criteria to St Michael's Hospital due to their additional and potentially complex care needs.
- There were some activities on the wards for patients to use such as magazines, books and a television.
- Cell salvage was carried out in theatre for patients undergoing major hip and knee surgery. This is also known as intraoperative blood salvage or autologous blood transfusion or cell salvage and is a medical procedure involving recovering blood lost during surgery and re-infusing it into the patient.
- Staff told us the hospital did not provide the provision of a blood gas machine which meant a delay in results while patients bloods were couriered to RCHT.
- Gender reassignment breast surgery took place at St Michael's Hospital. There were no side rooms on the ward and staff told us patients would be placed in bays according to their gender presentation. Staff reported there had never been an issue where an individual's needs could not be met. Where possible to afford patients full privacy they would occupy the bay solely. Staff were provided with guidance within the trust same sex accommodation policy and procedure and St Michael's Hospital did not have its own specific policy.
- Written information was placed on beds for patients who were to be admitted to the ward. This included guidance on reducing risk of venous thrombo embolism (blood clots) when in hospital, their discharge, information about their proposed operation and visiting times.

**Learning from complaints and concerns**

- The hospital welcomed feedback from patients regarding their experience at the hospital. There was a 'you said we did' notice board which provided feedback to patients on issues raised. For example comments had been raised regarding patients not liking having to transfer to another ward at the weekend. This had previously happened when the wards combined in order to close one ward. This had been addressed and now both wards remained open. One patient had commented the bathroom was not big enough to use in a wheelchair. One ward had changed the bathroom in to a an accessible wet room and following the success of this consideration was being given to the other ward
- There was a comment book on the wall in St Michael's ward in a plastic holder. This was difficult to get out as it was blocked by the holder above which was too close. On reviewing this, the last comment had been made in June 2014 and prior to that 2013. All were positive comments.
- Staff told us they dealt with any verbal complaints immediately. Written complaints were addressed by the ward manager and hospital manager. All staff stated there were very few complaints to the hospital.

# Surgery

- Patients we spoke with said they knew how to make a complaint but had had no need to do so as the care and services they had received had been good.
- The hospital maintained an electronic complaints log which showed that in 2015 there had been a total of six complaints received. These included complaints made around communication problems, attitude of staff, perceived lack of pain relief and concerns regarding a fall postoperatively. The log evidenced there was action taken and a response made to each complainant.

## Are surgery services well-led?

Good

We judged surgical services as good for being well led because:

- There was a clear vision and strategy for the service offered at the hospital.
- Clear leadership of the service was evidenced although the hospital manager had responsibilities on two other sites which reduced the amount of time spent at St Michael's Hospital.
- Governance processes were in place and reviews and actions around complaints, incidents, risks and monitoring of the quality of the service were evidenced.
- There was limited engagement with the public outside of the friends and family test.
- Staff engagement was good both at a local level and from within the wider trust. Not all staff felt included as part of the wider trust and felt isolated at St Michael's Hospital.

### Vision and strategy for this service

- There was a clear, detailed and written vision and strategy for the service provided at St Michael's Hospital. This included a plan to increase the volumes of surgery undertaken at the hospital, reducing waiting times and achieving improved outcomes for patients.
- To promote patient recovery and reduce length of patients stay in the hospital an enhanced recovery programme was being introduced. However, the enhanced recovery could not be fully followed as insufficient resources had been provided. For example, therapy staff working seven days a week.

### Governance, risk management and quality measurement

- St Michael's Hospital sat within the acute surgery division within the trust. The division was managed by two divisional clinical directors, the divisional general manager and two divisional nurses.
- We spoke with the divisional governance lead for the surgical division who was a clinician. They told us they worked at St Michael's Hospital one day every fortnight which enabled them to review the clinical care and services provided at St Michael's as part of their governance role. This enabled issues to be raised from St Michael's Hospital to the divisional team and through the wider trust governance systems.
- The hospital manager attended the senior nurse / band 7 meeting at RCHT. Information was gathered from these meetings to ensure St Michael's Hospital was working in line with the rest of the trust. For example learning from incidents was communicated at these meetings and issues which required escalation to the wider trust were discussed.
- The risk register had been developed to provide an overall register for the hospital. Previously each ward and department had held their own. The hospital manager reviewed the register and escalated concerns to the divisional meeting and governance boards. The risk register for St Michael's Hospital identified risks that remained and were addressed at a local level and raised at divisional and trust level. The surgical division risk register identified a number of concerns that were from St Michael's Hospital and identified action which had been taken to reduce the risk.

### Leadership of service

- St Michael's Hospital sat within the acute surgery division within the trust. The division was managed by two divisional clinical directors and the divisional general manager (who also had the role of hospital manager). In addition to St Michael's Hospital, the hospital manager also had responsibility for management at West Cornwall Hospital and had responsibilities at RCHT. This meant that their time at St Michael's Hospital was limited. We spoke with the hospital manager who told us they aimed to be at St Michael's Hospital two days a week although sometimes

due to other pressures this reduced to one. Staff told us they were able to contact the manager by email or telephone and face to face on the days they were in the hospital.

- The trust staff survey had evidenced low staff morale and poor outcomes within a number of areas. The surgical division planned to increase the presence of senior management visibility. However, this would be a challenge as the hospital manager was spread across three sites.
- A consultant had been nominated to be the clinical lead for St Michael's Hospital. This had been a recent development and had not been formalised into their job plan and there was no job description in place. Not all staff we spoke with who worked at the hospital were aware of this role.
- Staff reported that historically St Michael's hospital was not considered a priority for the trust and was 'left alone as not a problem'. However, communication and support between St Michael's and the trust had improved due to the development of the services and the increased usage of the hospital.
- The preoperative assessment clinic was staffed by band 5 registered nurses. This team was previously managed by a band 6 registered nurse. This position was not filled when the nurse left their post. Currently the team was managed by a band 7 manager who was based at RCHT. This did not provide staff with on site day to day management support during the operating of the clinic.
- The anaesthetic lead had been off sick for long period of time and was due to return on a phased return to work programme. We were unclear of the arrangements that had been in place during this period of sickness. There was inconsistent information from staff regarding the lines of responsibility and management with some staff thinking there had been support from the anaesthetic department at RCHT. However others, including the anaesthetic lead at RCHT, were not aware of this arrangement.
- Staff told us that they felt valued and respected at St Michael's Hospital. They commented that local leadership was good and that they saw the ward manager and matron regularly. They were positive about the effects of the hospital managers leadership had had on St Michael's Hospital but articulated there was limited time available in the manager's working week.
- Staff were not aware of the role of the trust board and the staff we spoke with had not seen any of the board attend the hospital.

**Culture within the service**

- Staff were consistently positive in their comments about working at the hospital and the atmosphere and team working spirit that was present.
- Staff believed the service provided at St Michael's Hospital was excellent and considered the hospital to be 'the jewel in the crown for orthopaedics' at the trust.
- Staff were proud to work at the hospital and considered that the breast service was patient centred and provided good outcomes for patients.
- The theatre staff team demonstrated a positive ethos of striving to improve the service.
- Student nurses were welcomed to the wards. They told us they felt nurtured and that the hospital provided a good learning environment.
- Compliments about the service were provided to staff. We saw cards and letters on the wards which identified patients had experienced kind, compassionate and good standards of care.

**Public engagement**

- Patients were able to feedback their views through the national Friends and Family test.
- Patients were able to raise complaints and information was provided within the hospital of how to do this.
- There was no other apparent engagement with the patients or members of the public regarding the hospital and care and treatment provided.
- There was a group of volunteers who worked at the hospital raising funds for patient equipment and running a shop for patients. We spoke with a number of volunteers and it was evident they provided a supporting role in the hospital.

**Staff engagement**

- There was good engagement and communication for staff from the trust. This included daily emails which raised issues and updates. Staff told us they all had access to a computer to view their emails but time pressures affected how frequently they could read them.
- The therapy staff met regularly at a local and trust level with their colleagues to be updated with trust and professional development.

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- Staff met with their colleagues to have team meetings which took place either at St Michael's Hospital or at RCHT. For example, the imaging staff met at RCHT but their meeting always covered any information relating to St Michael's Hospital as they all rotated there. Ward staff met at the hospital and those on duty attended together with staff who were on a day off and could attend.

**Innovation, improvement and sustainability**

- Innovation and improvement was encouraged at St Michael's Hospital. Staff we spoke with said they were able to make suggestions to improve services.
- The utilisation of the theatres and bed occupancy had increased over the past year.
- Human factors training had been introduced within theatre to increase safety performance.
- The World Health Organisation (WHO) surgical safety check list and debrief procedures had been improved and were consistently followed to a high standard.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital SHOULD take to improve

- Ensure that cleaning materials are stored securely and not accessible to members of the public and patients.
- Ensure that all staff comply with the trust policies and procedures to ensure the control of infection.
- Ensure that the environment is safe and functional. All areas should be decorated to a standard that can ensure effective cleaning and enable the control of infection.
- Ensure all staff are up to date with their mandatory training.
- Ensure that staff sign and date to show that equipment which is required to be checked each day has been checked.
- The trust should monitor the numbers of patients who require transfer from St Michael's hospital to the Royal Cornwall Hospital Treliske site for emergency care and treatment.
- The trust should monitor the numbers of patients who are medically fit for discharge but who experience a delay and the reasons for any delays.
- Review the safety of the procedures in place for locking the hospital at night to ensure the safety of the staff.
- Training and /or guidance should be provided for staff when introducing new paperwork.
- Care plans should be consistently completed in full and stored securely to protect patient's confidentiality.
- Medical records should be recorded in full and maintained to reduce the risk of loss of important information.
- The staffing levels of the doctors should be reviewed to ensure there are sufficient doctors on duty to provide care and treatment to the increased numbers of patients admitted to St Michael's hospital.
- The medical staff should have appropriate support and supervision from a named person.
- Evacuation equipment should be ready and staff trained to use it in an emergency.