

Burton Hospitals NHS Foundation Trust

Sir Robert Peel Community 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

Requires improvement



Surgery

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

Sir Robert Peel Community Hospital is one of the three locations from which Burton Hospitals NHS Foundation provides services. The other locations are Queen's Hospital and Samuel Johnson Community Hospital. We inspected all three sites between 24 and 25 April 2014.

The hospital has one inpatient ward providing rehabilitation, care of older people and general medical care. There is a minor injury service that around 30,000 people attended in the last 12 months. There are consultant and nurse-led clinics and a dedicated day case surgery offering a range of minor and intermediate surgical procedures. The day case surgical unit sees on average around 29 patients a week. The inspection team only inspected the surgical service.

The trust had a significantly higher than expected mortality rate from April 2012 to March 2013. As a result, the trust was included in Professor Sir Bruce Keogh's review of trusts in 2013. The overview report Review into the Quality of Care and Treatment provided by 14 Hospital Trusts in England is available on the NHS Choices website. A number of areas of good practice were identified as part of the review. However, the report identified a number of areas of concern, such as no systematic approach in place for ensuring the collection, reporting and action on information about the quality of services. It also found that there was a lack of support for junior doctors, medical staffing levels and skills mix were not appropriate and that equipment safety checks had not been carried out.

We inspected this hospital as part of our in-depth hospital inspection programme. Burton Hospitals NHS Foundation Trust was considered to be a high-risk service. When we inspected the trust in April 2014, 14 of the 61 recommended actions following the Keogh inspection had still to be completed.

Overall, we rated the Sir Robert Peel Community Hospital as requires improvement.

Our key findings were as follows:

- Ward staff were committed to delivering high quality care and saw patient experience as a priority.
- The trust's infection control policy and procedures were followed.
- All clinical areas and theatres were visibly clean and tidy.
- Staff we spoke with demonstrated an awareness and knowledge of the Mental Capacity Act.
- Specific pain tools were used for some patients, such as the Abbey Pain Scale, to support patients on the dementia care pathway.
- A proactive approach was taken to discharge planning, starting at the patient's admission.
- The majority of theatre equipment was overdue for replacement.
- Incident reporting systems and processes were being used. Staff received feedback from incidents reported, but investigations into incidents were not always carried out in a timely manner.
- The World Health Organisation (WHO) surgical safety checklist was used for all patients having surgery, minimising common and avoidable risks that could endanger the lives and wellbeing of these patients, but it was not always fully completed.

There were areas of poor practice where the trust needs to make improvements. Importantly, the hospital must:

- Review the theatre asset register and prioritise the replacement of the theatre equipment that is overdue.

Professor Sir Mike Richards
Chief Inspector of Hospitals

July 2014

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Requires improvement



Why have we given this rating?

Surgical staff worked as part of multidisciplinary teams to ensure patients received the best possible care. There were processes in place to ensure effective planning for discharge' post day case surgery.

Ward and theatre leadership was provided by the senior sisters who led a team of staff. Staff told us they had not seen or rarely saw the executive team. The staff told us that at times they felt excluded from hospital updates, as they were not on the main site, and had received no update on the future of the hospital for several months.

The majority of theatre equipment was overdue for replacement.

Requires improvement 

Sir Robert Peel Community Hospital

Detailed findings

Services we looked at

Surgery

Contents

Detailed findings from this inspection	Page
Background to Sir Robert Peel Community Hospital	5
Our inspection team	5
How we carried out this inspection	5
Facts and data about Sir Robert Peel Community Hospital	7
Areas for improvement	14

Detailed findings

Background to Sir Robert Peel Community Hospital

Sir Robert Peel Community Hospital provides a minor injury service, day surgery and outpatients. It has one inpatient ward for rehabilitation, care of older people and general medical care.

Our inspection team

Our inspection team was led by:

Chair: Brigid Stacey, Director of Nursing and Quality NHS England (Central)

Head of Hospital Inspections: Siobhan Jordan, Care Quality Commission

Inspection Lead: Fiona Wray, Inspection Manager, Care Quality Commission

The team included CQC inspectors, analysts, doctors, nurses, midwives, patients and public representatives, experts by experience and senior NHS managers.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

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

The inspection team inspected the following core service:

- Surgical care

In the planning of this inspection we identified information from local and national data sources. Some of these are widely in the public domain. We developed 117 pages of detailed data analysis which informed the inspection team. The trust had the opportunity to review this data for factual accuracy, and corrections were made to the data pack from their input.

We sought information in advance of the inspection from national and professional bodies for example the Royal Colleges and central NHS organisations. We also sought the views from local commissioners and Healthwatch.

CQC's inspection model focuses on putting the service user at the heart of our thinking. Before and during our

inspection, we heard from patients, relatives, senior managers and other staff about some key issues that were having an impact on the service provided at this trust.

We also held a publicised listening event on 23 April 2014 in Burton, where patients and members of the public were given an opportunity to share their views and experiences of all the trust's locations. This was held before the inspection began and helped inform the thinking of the inspection team. More than 32 local residents and service users attended the listening event, and each had the opportunity to tell their story, either in small groups or privately with a member of the inspection team.

We received information and supporting data from staff and stakeholders both before and during the inspection.

During our inspection we spoke with patients and staff from the wards. We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients.

What patients say

A total of 83 comments cards were received across the three trust locations. The majority of these were positive and related to the good or excellent care that patients or relatives received while having treatments at the trust.

Detailed findings

Many comments related to the fact that the trust was always found to be clean. However, the negative comments were about poor communication between staff and patients/relatives.

Detailed findings

Facts and data about Sir Robert Peel Community Hospital







The trust employs about 3,000 staff over three sites. The trust carries out more than 47,000 planned and emergency operations and carries out around 13,000 day

case procedures annually. There were 15 day case beds at Sir Robert Peel Community Hospital where a range of minor and intermediate surgical procedures were carried out, including an endoscopy service.

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Critical care	N/A	N/A	N/A	N/A	N/A	N/A
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Surgery

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

Information about the service

There were 15 day case beds at Sir Robert Peel Community Hospital where a range of minor and intermediate surgical procedures were carried out, including an endoscopy service.

We spoke with four patients, three qualified staff and a manager. We observed compassionate care being delivered by the staff on the ward. We visited the anaesthetic room, theatres and the small recovery area to observe care provided both pre- and post-operatively. We also spoke with staff and patients in the endoscopy unit.

Summary of findings

Surgical staff worked as part of multidisciplinary teams to ensure patients received the best care possible. Ward and theatre leadership was provided by the senior sisters who led a team of staff. Staff told us they had not seen or rarely saw the executive team. The staff told us that at times they felt excluded from hospital updates, as they were not on the main site, and had received no update on the future of the hospital for several months.

Surgery

Are surgery services safe?

Requires improvement



Surgical specialities accounted for 19% of the serious incidents reported. The rate of cancelled operations was similar to that expected.

Incidents

- Some staff stated that they received incident feedback from their ward sister, and incident themes were discussed at the weekly managers' meetings.
- Staff told us that the trust senior management were slow to finish and close incident investigations.

Managing risks associated with surgical procedures

- Pre-operative assessments were completed for all patients in the clinic prior to scheduled surgery.
- To address the backlog of endoscopy patients at Queen's Hospital patients were offered an appointment at Sir Robert Peel; however due to the travelling some patients refused this.

Safety Thermometer

- Safety Thermometer (the NHS local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care) information for falls, new venous thromboembolism (VTE or blood clots), catheter use with urinary tract infections and new pressure ulcers was displayed at the entrance to each ward.
- The trust Safety Thermometer monitoring results showed that performance was in line with or better than the national average for all areas monitored.
- All patients admitted to surgery wards were risk-assessed and those identified as being at high risk of falls, had action plans implemented to mitigate the risk.

Cleanliness, infection control and hygiene

- Staff were noted to be 'bare below the elbow' and regularly washed their hands and used hand gel in between seeing patients in line with the trust's infection control policy.
- Surgical site infection rates were not audited. We were told that infection rates were low, and for that reason staff stated that they were not monitored.

Environment and equipment

- The four bedded recovery area was small and space restricted for staff to move around and use equipment.
- We were shown the theatre asset register. It showed 75% of theatre equipment was overdue on the replacement programme
- The theatre suite was exceptionally clean and tidy.
- All ward and department areas we visited were visibly clean.
- Ward resuscitation trolleys were checked on a daily basis and staff signed to confirm that all equipment was present.

Medicines

- Pharmacy technicians visited the wards daily to support the management of patient medicines and stock control.

Nursing staffing

- Ward sisters were responsible for ensuring staffing levels were safe.
- Inappropriate staffing levels and sickness were reported to the matron and bank, overtime or agency staff was employed to cover.
- Agency staff were inducted to the ward and given a ward tour to ensure they were familiar with the environment.

Medical staff

- Medical staff were visible in the hospital.

Records

- Care plans and care pathways were in place with individual risk assessments for each patient.
- Nursing care records were kept at the end of the patient's bed and were completed appropriately.
- Care plans were stored on the computerised system.
- The patient records we looked at included a record of discussions that had taken place with patient and relative.

Consent and Deprivation of Liberty Safeguards

- Patients told us they were fully informed about their operation before signing the consent form. They had been told how long they should be in hospital and any risks to having the operation.
- Staff had attended training in deprivation of liberty and safeguarding. Information provided during our inspection showed that overall above 90% of staff had attended safeguarding training.

Surgery

- Nursing staff we spoke with were competent in mental capacity issues through training and information booklets.

Safeguarding

- Staff told us they were encouraged to report safeguarding concerns. Staff we spoke with told us that they reported their concerns during multidisciplinary team meetings and raised a safeguarding alert when necessary.

Mandatory training

- Mandatory training was overseen by the ward sisters and they had a responsibility to report their data to the matron at matrons ward rounds.

Are surgery services effective?

Good

Staff were suitably trained and supported by the senior staff and ward sisters.

Pain relief

- Pain management was part of the surgical care pathway. It included the use of specific pain tools for some patients. The Abbey Pain Scale was a tool to support patients on the dementia care pathway.

Competent staff

- Staff told us they had sufficient time to complete e-learning or attend their mandatory training.
- Staff were encouraged to develop professionally, for example, link nurses attended study days, and staff had been funded to complete degree courses.
- Annual appraisals at which staff's performance was assessed were completed for the majority of staff. The NHS Staff Survey 2013 showed results to be within expectations.

Are surgery services caring?

Good

Patients told us they felt well cared for and staff were attentive to them. Comfort rounds were completed to ensure that they were being well cared for and their needs met. Clinical nurse specialists were available in some specialities.

The NHS Friends and Family Test for surgery generally scored above 85%. Results were displayed on the quality boards at the ward entrance. People told us they were happy with the care and would recommend the hospital to their friends and family.

Compassionate care

- All four patients we spoke with were positive about the caring, friendly staff. We saw staff speaking with patients to alleviate their fears. .
- Throughout our inspection we observed patients being treated with compassion, dignity and respect. We observed call bells to be answered within reasonable timescales.
- Patients we spoke with told us: "The staff have been very kind. They look after me well" and "they come to me reasonably quickly when I call them; they are very busy but I am happy with the care I have received".

Patient understanding and involvement

- Patients told us that the nurses were visible and available to speak with. Patients said they felt involved in their care.
- Patients told us that communication with hospital staff was good and their questions had been clearly answered.
- The endoscopy user group meetings attended by patients were held by specialist nurses to enhance the patient experience.

Emotional support

- We saw patients being reassured by the nursing staff and heard explanations of their care being given. We saw information/advice leaflets and posters around the wards.

Are surgery services responsive?

Surgery

Good



Patients were cared for in single sex wards and bays to provide privacy and dignity. Minutes from ward meetings showed us that patient histories were discussed, as well as learning from complaints.

Service planning and delivery to meet the needs of local people

- Site meetings were held daily to monitor the bed availability in the hospital; they reviewed planned discharge data to assess future bed availability.

Access and flow

- Wards were organised, including single-sex accommodation, to promote privacy and dignity.
- There were processes in place to ensure effective planning for discharge post day case surgery.

Discharge planning

- The service took a proactive approach to discharge planning, starting this process at the patient's admission. The service also worked closely with local GPs to support their patient flow and ensure support on discharge.
- Patient information leaflets were available for patients being discharged to alleviate any fears they may have and they were encouraged to contact the ward if they had any concerns once home.

Meeting people's individual needs

- A translation telephone service was available so that patients who did not speak English as a first language were able to communicate with staff.
- Patient information boards were sited around the hospital. These displayed a range of information including the latest NHS Friends and Family Test results, Patient Advice and Liaison Service details, visiting hours and latest trust news.
- Care pathways were instigated for all new admissions to support their needs and keep them safe. The pathways alerted staff to complete risk assessments and request certain equipment or support to aid their comfort and recovery.
- Patient's individual needs and preferences were noted in their care plan and at all times confidentiality issues were considered.

- Patients had access to a call bell and they told us that the staff responded in a timely way. Patients told us they would recommend the hospital and they felt safe.
- Patients told us that they thought the meals were good and they had a choice.

Learning from complaints and concerns

- Complaint posters were visible around the wards along with Patient Advice and Liaison Service leaflets.

Are surgery services well-led?

Requires improvement



There was ward level leadership provided by the senior sisters who led enthusiastic staff. Staff told us they had not seen or rarely saw the executive team and not all wards had seen board members.

Incidents and risks were followed up with an action plan to address the issue. Staff felt that the executive were slow to respond to the action plans and close them off. The staff told us that areas of the trust worked in silos so staff didn't always know what was happening in another part of the hospital.

Vision and strategy for this service

- Patients and staff felt that the trust board needed to improve communication with them.

Governance, risk management and quality measurement

- We saw information boards containing governance data to inform patients, staff and visitors of the clinical audit results month on month.

Leadership of service

- The senior sisters were visible in the ward area, supporting staff, ensuring training was completed and undertaking audits.
- Ward staff reported a 'disconnect' between middle management and themselves which required addressing to be an effective team.

Culture within the service

- Staff we spoke with told us that quality and patient experience was a priority and strong team work resulted in a better patient experience.
- Resolution of complaints was not always fed back to staff on the wards.

Surgery

Public and staff engagement

- Patient feedback was positive. Patients we spoke with told us they felt safe and well looked after.
- Staff at the Sir Robert Peel Community Hospital felt unsettled by the recent suggestion of the closure of the surgical unit due to low patient referrals and lack of theatre usage. Only 29 patients were seen on average per week.

Critical care

Information about the service

<Overview here>

<heading 1 if needed>

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Summary of findings

<Summary here>

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Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- Review the theatre asset register and prioritise the replacement of the theatre equipment that is overdue.