

# James Paget University Hospitals NHS Foundation Trust

## Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

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

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

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Requires improvement 

### Combined quality and resource rating

Good 

# Summary of findings

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

## Background to the trust

The James Paget University Hospitals NHS Foundation is a university hospital providing care to a population of 230,000 residents across Great Yarmouth, Lowestoft and Waveney, as well as to the many visitors who come to this part of East Anglia. The main trust site is in Gorleston. The James Paget Hospital officially opened on 21 July 1982, was established as a third wave NHS Trust in 1 April 1993 and became a Foundation Trust on 1st August 2006.

The trust operates inpatient services at James Paget Hospital which has 505 beds. It also operates day services at two other sites. A list of all sites used by the trust is below.

The Trust employs over 3,000 staff, making it the largest local employer in the area. As a University Hospital, the Trust trains over one third of the medical students from the University of East Anglia.

Activity 2017/ 18:

- Elective inpatients 4 022
- Day cases 31 342
- Non- elective admissions 27 525
- Outpatient appointments 204 515
- A and E attendances 77 678

We inspected the James Paget Hospital in 2015 under our comprehensive inspection programme and rated as good overall. We carried out a focused inspection in August 2016 to review the areas which were rated as requires improvement at our inspection in November 2015.

We inspected the trust in July and August 2018. We inspected the core services of medicine, maternity and end of life care. A well led inspection took place in August.

## Overall summary

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

## What this trust does

James Paget University Hospitals NHS Foundation Trust provides a comprehensive range of specialist, acute, obstetrics and community-based services. Services are provided at the James Paget Hospital in Gorleston and some specialist services and clinics are provided in community facilities.

Services provided at the James Paget Hospital include urgent and emergency care, medical and surgical care, critical care, maternity and gynaecology, neonatal and paediatric care, end of life care, outpatient services and diagnostic services.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

# Summary of findings

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

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

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

## What we inspected and why

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

We considered all the information we held about the provider and spoke with stakeholders. We used this to make an informed decision about which services we would inspect. We inspected the core services of medicine, maternity and end of life care in July 2018 with a well led inspection in August 2018.

## What we found

### Overall trust

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

Safe was rated as requires improvement with effective, caring, responsive and well led being rated as good.

Our inspection of the core services covered the James Paget Hospital only. Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

### James Paget Hospital

- Medical care safety remained as requires improvement with effective, caring, responsive and well led rated good. All staff were aware of the different types of abuse and how to make a safeguarding referral. Support systems were in place from a designated safeguarding lead who was responsive and accessible. Patients had comprehensive assessments of their needs including clinical condition, pain relief, nutrition and hydration and rehabilitation. Staff understood their responsibilities to raise concerns and were open and transparent. Patients care and treatment was planned and delivered in line with current evidence based guidance and standards. There was a high degree of multi-disciplinary and collaborative working with holistic approaches to planning peoples' discharge. Staff cared for people with dignity, respect and kindness. Patient feedback was consistently positive around the care they received. Leaders were visible, approachable and knowledgeable about quality issues and the challenges within their areas. They took measures at all levels to address risk and improve service provision. There was a strong focus on innovation and improving services across the division with many areas trialling new ways of working and developing initiatives responsive to patient need. However, mandatory and safeguarding training modules were below the trust target of 95%. Medicine supplementary paper prescription charts did not always contain the appropriate information such as allergies, height and weight to ensure the administration of medicines was safe and in line with best practice. Appraisal for nursing staff was significantly below target at 54.6% however a plan was in place to bring this up to target by August 2018.
- Maternity services were rated good overall. Safe was rated requires improvement and the rating for responsive was outstanding. Effective, caring and well led ratings were good. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and

# Summary of findings

they knew how to apply it. Staff of different kinds worked effectively together as a team to benefit all women. Doctors, midwives and other healthcare professionals including those from other healthcare providers supported each other to provide good care. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They demonstrated knowledge as to how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Staff cared for patients with compassion. Feedback from patients confirmed that staff cared for them well and treated them with kindness. The trust planned and provided services in a way that met the needs of local people. The service delivered care to areas with high levels of deprivation and planned the service to help hard to reach groups access the service. The service took account of patients' individual needs. The service offered hypno- birthing classes, birth rewind sessions, supported women with learning difficulties, mental health issues and where there were safeguarding concerns. The trust had managers at all levels with the right skills and abilities to run a service providing high-quality care. Incidents were not always fully investigated. There were 108 open incidents where medical notes had not been reviewed and the incident not fully investigated. This number was reduced to 30 at the time of our unannounced inspection. The service did not always control infection risk well. Not all areas we visited were visibly clean. We observed three members of staff that were not compliant with the uniforms policy. Curtains around beds on the ward and were not disposable and did not have dates displayed so it was not possible to tell if they had been changed in line with infection control requirements. The escalation process for the Maternity Early Obstetric Warning Score (MEOWS) was not always followed. Of 14 records reviewed there were two (14%) records where there was not appropriate escalation to the medical team when the score was triggered. The service provided care and treatment based on national guidance had a planned clinical audit programme in place for local and national audit.

- End of life care went down from good to requires improvement overall. Safe remained requires improvement, effective remained good and caring improved from good to outstanding. Responsive and well led went down from good to requires improvement. The service had not addressed a number of areas, identified at our previous inspection, where improvements could have been made. The service did not meet the trust mandatory training compliance target, the target for safeguarding training or guidance from the Association for Palliative Medicine of Great Britain and Ireland, and the National Council for Palliative Care standard because the service did not employ a substantive palliative care consultant. The Trust did not have a pathway for community patients to access the inpatient specialist palliative care team (SPCT) without attendance at the ED. Staff did not consistently complete plan of care for the last days of life booklets. However, the service managed patient safety incidents, patient care records and medicines well and nursing staff provided care in line with national guidance. The service met the individual needs of local people including, dietary, religious and cultural needs. Patient feedback was consistently positive and there were many examples of staff going over and above patient expectations.

## Are services safe?

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

- Medical rating stayed the same as requires improvement. Medication prescriptions compromised patient safety as allergies, height and weight were not recorded on supplementary paper prescription charts with the risk that medication could be administered without staff checking patient details. Mandatory training compliance was below target for both medical and nursing staff. Adult and children safeguarding training compliance, for both nursing and medical staff, was below trust target of 95%. Safeguarding level 2 training compliance for nursing staff had dropped from 89% in March 2018 to 83% in July 2018 and was 66% for medical staff. Recording of patient observations and accurate use of the early warning score (EWS) record to escalate deteriorating patients was not consistent. Drug charts were in electronic and paper format and we found missing details on the paper prescription record, such as weight and allergies, which could pose a safety risk to patients as there was the potential for paper records to be used

# Summary of findings

independently. However, staffing levels and skill mix were planned and reviewed, with daily processes in place to identify areas where staffing was a concern. Systems were in place to safely manage the storage and administration of controlled drugs. This was an improvement since our last inspection. Arrangements to safeguard adults and children were in place and all staff were aware of the trusts safeguarding policy and how to raise a safeguarding concern.

- Maternity services were rated requires improvement. Incidents were not always fully investigated in a timely way. At the time of inspection there were 108 open incidents where medical notes had not been reviewed and the incident fully investigated. The service did not always control infection risk well. The correct escalation process for the Maternity Early Obstetric Warning Score (MEOWS) was not always followed. Of 14 records reviewed there were two (14%) records where appropriate escalation to the medical team had not taken place when the score was triggered. The service did not have a process in place to care for women who required level 2 high dependency care on the maternity unit. We raised this at inspection and appropriate steps were taken. Although the service provided mandatory training in key skills to all staff and had processes in place to monitor that staff completed it, compliance rates did not meet the trust target. However, the service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Staff understood how to protect patients from abuse.
- End of life care remained requires improvement for safe. Staff did not complete plan of care for the last days of life booklets consistently. The service did not meet the trust mandatory training compliance target or safeguarding training target. The service did not meet guidance from the Association for Palliative Medicine of Great Britain and Ireland, and the National Council for Palliative Care standard because the service was unable to recruit a substantive palliative care consultant. However, the service managed patient safety incidents and infection risk well. The service managed medicines well and staff kept appropriate records of patients' care and treatment. Medical staff completed DNACPR and CAP forms appropriately, signed and dated them and evidenced discussions with patients and their families.

## Are services effective?

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

- Medical care remained as good. The trust had policies and procedures in place which were in line with local and national guidelines, standards and legislation. The medical directorate participated in quality improvement through a number of national audits. Staff prescribed and administered pain relief in a timely way and assessed patients' pain requirements during medication rounds. Staff had a good understanding of consent, decision making, deprivation of liberty safeguards (DoLS) and the Mental Capacity Act. Ward based training and support from specialist teams was in place and staff said it was easy to access and helped staff to improve skills, confidence and competence. The endoscopy unit had received JAG accreditation in June 2018 demonstrating it met national safety requirements. Medical staff had regular supervision and teaching sessions with 100% appraisal rate. However, appraisal rates were variable across the division with only 54.6 % completed for nursing staff. At the time of inspection occupational therapy and physiotherapy services were not provided as a seven-day service. They were available Monday to Friday with a reduced service for urgent referral over the weekend.
- Maternity care were rated good. Staff of different kinds worked together as a team to benefit patients. Doctors, midwives and other healthcare professionals supported each other to provide good care. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. The service monitored the outcomes of care and treatment and used the findings to improve them. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. However, the service was not carrying out universal carbon monoxide (CO) monitoring. Monitoring in the community was inconsistent and there was no screening for women who did not smoke. The service provided care and treatment

# Summary of findings

based on national guidance had a planned clinical audit programme in place for local and national audit.” Agency staff booked to work in the service had completed the trust induction and competency assessment for agency staff. However staff told us at the time of our inspection that they checked competencies from the curriculum vitae they received from the agency recruitment team but there was no competency assessment in place. Staff do not always have an annual appraisal, appraisal completion rate for midwives had increased to 76% but did not meet the trust target.

- End of life care remained good for effective. The service provided care and treatment based on national guidance. Staff gave patients food and drink to meet their needs and made adjustments for patients’ religious, cultural and other preferences. The service monitored the effectiveness of care and treatment. The service made sure staff were competent for their roles. Managers appraised staff’s work performance and staff of different specialities worked together as a team to benefit patients. Staff always had access to up-to-date, accurate and comprehensive information on in-patients’ care and treatment and understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

## Are services caring?

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

- Medical care stayed the same and was rated as good. We observed staff taking time to interact with patients in a caring, compassionate and respectful way that ensured patients and their families understood their care and treatment. A chaplaincy service supported patients and staff of all faiths and beliefs. Staff said this was very responsive and provided both individual visits as well as multi-faith services. We observed patients and their families being included in care decisions as well as their wishes being discussed and acted upon during clinical meetings. We spoke to 16 patients and two sets of relatives and everyone spoke positively of the care they or their loved one had received and said they would recommend the hospital. Friends and Family test results, between April 2018 and March 2018, indicated that 12 out of the 13 medical wards had an annual recommend rate of 90% or more with one ward scoring 89%.
- Maternity care was rated as good. Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff involved patients and those close to them in decisions about their care and treatment. Staff provided emotional support to patients to minimise their distress.
- End of life care stayed the same and was rated outstanding for caring. We observed staff treating patients with compassion, dignity, and respect. On all the wards we visited staff displayed a culture of compassion and positivity and had a genuine desire to want to provide the best possible care to patients at the end of life. Staff provided us with outstanding examples of compassionate end of life care. The service had processes in place to provide emotional support to patients and their relatives. Staff supported patients and their families to express their views and be actively involved in making decisions about their care.

## Are services responsive?

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

- Medical care stayed the same and was rated as good. There was a structured system for review of bed capacity across the trust and escalation at times of peak pressure. The trust had developed a new integrated discharge team which supported people during their transfer between services and on discharge. New initiatives had recently been introduced to support patient discharges. The facilities and premises on ward 12 and ward 18 had been upgraded and were more appropriate for people living with dementia or a disability or sensory loss. A passport system for vulnerable patients was in use and specialist dementia and learning disability nurses were available for advice and support. Processes were in place to ensure that medical patients who were ‘lodged on surgical wards, (known as outliers) were regularly reviewed by medical staff. There was evidence of learning from complaints with written



# Summary of findings

communication to staff via emails and seven-day handover tools. Staff could describe changes in practice following complaints. However, the trust's referral to treatment (RTT) time for admitted medical specialties had deteriorated from an above average position in October 2017 to worse than the England average (88.9%) from January 2018 to March 2018. There was improvement to 87% in June 2018 with a plan to reach trust target of 92% by March 2019. The trust confirmed 17 same sex breaches between 1 April 2017 and 31 March 2018. Two of these fell outside the agreed capacity issue policy with the local commissioners.

- Maternity services was rated as outstanding for responsive. The trust planned and provided services in a way that met the needs of local people. The service delivered care to areas with high levels of deprivation and planned the service to help hard to reach groups access the service. The service delivered individualised care to women regardless of their demographic and expectation of the care they should receive. People could access the service in a way and a time that suited them. Access to care was managed to take account of people's needs including those with urgent needs. There were a range of clinics and high and low risk services at the unit. There was a proactive approach to understanding the needs and preferences of different groups of people. The service focused on delivering care in a way that met people's individual needs. The service offered hypnobirthing classes to all women regardless of their ability to pay. Birth rewind sessions were available to women who had previously experienced a traumatic birth. The service ensured that they supported women with learning difficulties, mental health issues and where there were safeguarding concerns. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. People who use the service are involved in reviews of how the service manages and responds to complaints. Staff supported vulnerable women through the complaints process to ensure that their complaint was heard.
- End of life care went down from good to requires improvement for responsive. The SPC service was not available as an onsite 24/7 service, patients were unable to access the SPCT without being admitted via the ED and we were concerned that medical staff in the emergency department (ED) would not be able to access community patient care records which were stored electronically. The trust did not provide us with data regarding fast track discharge. We were concerned the trust was not monitoring fast track discharges or delayed discharges. However, the trust planned and provided services in a way that met the individual needs of local people for example, nursing staff could access translation services for patients who did not speak English as a first language. The trust had facilities for family members to stay with their relatives overnight and the mortuary had facilities for bariatric patients. The service treated concerns and complaints seriously, investigated them and learned lessons from the outcomes.

## Are services well-led?

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

- Medical care stayed the same and was rated as good. Staff across the medical directorate were clear around their roles and accountability as well as their direct line management and the management of clinical areas. Governance structures and a risk register were in place with regular meetings and two-way feedback between staff and managers. Items on the risk register corresponded with what staff told us were their concerns at ward level. Staff told us that leaders were open, honest, supportive and visible and that they felt respected and valued. We observed a friendly, cooperative culture across the hospital. We saw a wide range of innovation within medicine responding to patient needs, such as trust initiatives around kissing goodbye to sepsis, blue zimmer project and VIP pathway for patients with learning disabilities. There was wide variety of methods undertaken to engage with staff. Staff were passionate about giving patients high quality care. However, we were not assured all areas for improvement, highlighted as part of national audit had effective actions plans to improve performance.
- Maternity was rated as good. Managers at all levels had the right skills and abilities to run the service providing high-quality sustainable care. Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services. A full and diverse range of people's view and

# Summary of findings

concerns were encouraged, heard and acted upon to shape the services culture. The service collaborated with partner organisations effectively. The trust was committed to improving services by sharing learning from incidents, promoting training, research and innovation. However, the maternity service did not have a formal vision although senior staff verbally confirmed what the service wanted to achieve. Leaders did not have clear oversight of governance. Some of the risks we identified during inspection were not on the service risk register. Incidents were not always fully investigated in a timely manner. However, leaders took on board our comments and were responsive to our concerns.

- End of life care went down from good to requires improvement for well led. We were not assured that there was adequate identification and oversight of all risks within the organisation. Internal audit processes across the service were inconsistent and audit outcomes were not always used to improve quality and performance of the service. The service had not addressed a number of areas, identified at our previous inspection, where improvements could have been made. However, the trust had compassionate, inclusive and effective leadership within end of life care. Staff spoke positively of leaders within the service and told us that leaders were visible on the wards. The service had a strategy which reflected the whole spectrum of end of life care. However some improvements identified from our previous inspections had not been made. Service users, relatives and staff views and experiences were gathered and acted upon to shape and improve the service.

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in maternity and end of life care.

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

## Areas for improvement

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

## Action we have taken

We have issued two requirement notices in relation to findings in the core service inspection.

## What happens next

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

## Outstanding practice

### Maternity

The service offered birth rewind sessions to women who had previously experienced a traumatic birth experience to support them post- delivery and through subsequent pregnancies.



# Summary of findings

The service offered hypno- birthing sessions to all women regardless of their ability to pay.

The maternity service was the first maternity unit in the area to introduce the collaborative learning in practice (CLiP) programme for training midwives. This programme follows a coaching model and allows students to undertake tasks under direct supervision of a registered midwife who acted in a coaching capacity.

A midwifery support worker had received a remarkable person award from the local newspaper for their volunteer work supporting women with breast feeding in the community.

## End of life care

Staff within end of life services going above and beyond to show compassion to the patients they were caring for in the last days and weeks of life. We heard of occasions where staff had facilitated and contributed to helping people fulfil their last wishes such as seeing their pets or being supported to take trips.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements. This action related to all seven of the core services inspected and the trust overall. The core services were urgent and emergency care, medical service, surgery, maternity, end of life care, outpatients and diagnostic imaging.

#### Medical care

- The trust must ensure that staffing compliance with mandatory and safeguarding training improves.
- The trust must ensure staffing appraisal improves in line with trust targets.
- The trust must ensure that actions are taken to improve the completion and accuracy of early warning scores to ensure timely escalation of deteriorating patients.
- The trust must review the use of electronic and paper based medication charts and ensure all relevant patient details and allergies are recorded on both.

#### Maternity

- The trust must ensure that all incidents are graded according to harm and are reviewed in full in a timely manner.
- The trust must ensure that there is the appropriate escalation to medical staff when MEOWS are triggered.
- The trust must ensure that staff are trained to care for high dependency level 2 women.

Action the trust **SHOULD** take to improve

#### Medical care

- The trust should ensure that patient information is secure, within locked trolleys, in the ward areas.

#### Maternity

- The trust should ensure that risks identified are on the maternity service risk register.

# Summary of findings

- The trust should ensure that all areas are clean and comply with infection control guidance.
- The trust should ensure that all midwives receive their annual appraisal.
- The trust should implement a specific vision and strategy for maternity services.

## End of life care

- The service should ensure staff complete last days of life care plans for those patients who are in the last days of life.
- The trust should ensure the service meets the trust target for mandatory training compliance.
- The trust should ensure the service meets the trust target for safeguarding adults and children training compliance.
- The trust should look to implement a direct patient pathway for access to the specialist palliative care team.
- The trust should continue to look to employ a substantive palliative care consultant.
- The trust should review the risk register to ensure it reflects all current risks within the service.
- The trust should look to implement a 24/7 specialist palliative care service.

## Is this organisation well-led?

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

We rated well led as good because:

- At the time of inspection all leaders had the appropriate range of skills, experience and knowledge of functioning at executive director level. There were development plans in place for senior managers and executives and support for new executives.
- The trust had developed leadership and talent identification and mapping across the organisation and support for new clinical directors taking leadership positions.
- There were arrangements in place to ensure that directors were fit to carry out their responsibility in accordance with Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There was a clear vision and strategy for the trust. The strategy was supported by detailed, objectives and with milestones for measuring progress against delivery. The strategy was outward facing with increased working across traditional boundaries.
- The NHS staff survey showed the trust performed better than the England average for 11 findings and worse than the England average for 14 findings though a number of these were only slightly worse than the England average. Most staff we spoke with spoke highly of the organisation and their managers.
- There was a positive culture within the trust with good professional working relationships between staff.
- There were well established structures, systems and processes for governance. There was a clear focus on board to ward with clear escalation of concerns to senior managers and executives.

# Summary of findings

- Risk identification and mitigation was embedded and effective. All the executives we spoke with identified the same corporate risks and could discuss mitigation in detail. Meeting minutes demonstrated effective challenge at board and subcommittee.
- There was a range of clinical and non-clinical national and local audits. There was evidence that the trust and teams acted on results with clear action plans and plans for re audit.
- There was a process in place to fully implement the learning from deaths guidance. The trust had successfully appointed a medical examiner who would lead this work with the medical director though it was clear all staff were engaged with the process.
- The trust was actively engaged with system partners and local STP to improve care and care pathways and increase integrated working.
- The relationship with the clinical commissioning group had improved significantly since our last inspection. Both the CCG and the trust spoke positively about partnership working and a supportive relationship aimed at improving care for local people.
- The trust had implemented the freedom to speak up guardians to enable staff to voice concerns. The guardians met quarterly with the chief executive to discuss any concerns and consider plans for moving freedom to speak up forward. They told us that there was an open-door policy and the FTSUG were confident in approaching senior management at any time if there were concerns.

However:

- The Trust recognised some issues with data completeness in relation to nationally reported mortality indicators and had taken steps to address this. This included clinical case reviews and review of processes involving SHMI data and the creation of an information hub. Work was ongoing to further improve the mortality data.”
- Whilst there were freedom to speak up guardians in place they had received almost no contact from staff. The trust had a number of mechanisms to raise concerns but a review was underway to potentially reform the guardians following consultation with staff.

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018

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

## Ratings for James Paget Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015	Outstanding Nov 2015	Good Nov 2015
Medical care (including older people's care)	Requires improvement ↔↔ Sept 2018	Good ↔↔ Sept 2018	Good ↔↔ Sept 2018	Good ↔↔ Sept 2018	Good ↔↔ Sept 2018	Good ↔↔ Sept 2018
Surgery	Good Dec 2016	Good Nov 2015	Good Nov 2015	Good Dec 2016	Good Nov 2015	Good Dec 2016
Critical care	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015
Maternity	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Outstanding Sept 2018	Good Sept 2018	Good Sept 2018
Services for children and young people	Good Dec 2016	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015
End of life care	Requires improvement ↔↔ Sept 2018	Good ↔↔ Sept 2018	Outstanding ↔↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
Outpatients	Good Nov 2015	N/A	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015
<b>Overall*</b>	Requires improvement ↔↔ Sept 2018	Good ↔↔ Sept 2018	Good ↔↔ Sept 2018	Good ↔↔ Sept 2018	Good ↔↔ Sept 2018	Good ↔↔ Sept 2018

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

# James Paget Hospital

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## Key facts and figures

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- Outpatient appointments 204 515
- A and E attendances 77 678

We inspected the James Paget Hospital in 2015 under our comprehensive inspection programme and rated as good overall. We carried out a focused inspection in August 2016 to review the areas which were rated as requires improvement at our inspection in November 2015.

## Summary of services at James Paget Hospital

**Good**   

What we found is summarised above under the sub-heading Overall trust.

### Medical care

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



# Summary of findings

- All staff were aware of the different types of abuse and how to make a safeguarding referral. Support systems were in place from a designated safeguarding lead who was responsive and accessible.
- Patients had comprehensive assessments of their needs including clinical condition, pain relief, nutrition and hydration and rehabilitation. These were reflected in care and management plans which were regularly reviewed and updated.
- Staff understood their responsibilities to raise concerns and were open and transparent. When things went wrong there were thorough investigations, actions identified and learning from incidents. Duty of candour was carried out where appropriate.
- Patients care and treatment was planned and delivered in line with current evidence based guidance and standards. Staff could access policies and procedures easily.
- Clinical activity was monitored and regularly reviewed via local and national audit and results were used to address gaps in care. Most areas showed improvements and those that did not had action plans in place.
- There was a high degree of multi-disciplinary and collaborative working with holistic approaches to planning peoples' discharge. This included involving other agencies via specialist discharge staff and considering patients and their families wishes and beliefs.
- Deprivation of Liberty standards were used effectively and staff made appropriate decisions in the best interests of patients.
- Staff cared for people with dignity, respect and kindness. Patient feedback was consistently positive around the care they received. This included emotional support and involvement of patients and their families in decision making.
- Leaders were visible, approachable and knowledgeable about quality issues and the challenges within their areas. They took measures at all levels to address risk and improve service provision.
- Staff felt respected and valued by senior staff, who were compassionate, inclusive and supportive. Staff were proud of teamworking across the division.
- Governance structures were in place across the division with processes and systems of accountability clearly understood by all staff. Risk and performance issues were escalated appropriately from ward to board with evidence of action in response to concerns.
- There was a strong focus on innovation and improving services across the division with many areas trialling new ways of working and developing initiatives responsive to patient need.

## However

- Mandatory and safeguarding training modules were below the trust target of 95%. Additional training sessions were scheduled to improve access however compliance rate had been impacted by staff shortages and clinical pressures over winter that meant staff could not be released to attend training.
- Medicine supplementary paper prescription charts did not always contain the appropriate information such as allergies, height and weight to ensure the administration of medicines was safe and in line with best practice.
- Records were not stored in a way that supported patient confidentiality.
- Appraisal for nursing staff was significantly below target at 54.6% however a plan was in place to bring this up to target by August 2018.

## Maternity

# Summary of findings

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff of different kinds worked effectively together as a team to benefit all women. Doctors, midwives and other healthcare professionals including those from other healthcare providers supported each other to provide good care.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and worked with partner organisations to deliver effective care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They demonstrated knowledge as to how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff cared for them well and treated them with kindness.
- Patients and those close to them were involved in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- The trust planned and provided services in a way that met the needs of local people. The service delivered care to areas with high levels of deprivation and planned the service to help hard to reach groups access the service.
- The service took account of patients' individual needs. The service offered hypno- birthing classes, birth rewind sessions, supported women with learning difficulties, mental health issues and where there were safeguarding concerns.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. They engaged with service users to improve the complaints process and to support vulnerable women to make a complaint.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality care.
- Managers promoted a good culture that supported and valued staff, creating a positive environment and a sense of common purpose and shared values.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- The trust engaged well with women, staff, the public and local organisations to plan and manage appropriate services. A diverse range of people's views and concerns were encouraged, heard and acted upon to shape the services culture. The service collaborated with partner organisations effectively.
- The service provided care and treatment based on national guidance had a planned clinical audit programme in place for local and national audit.

However:

- Incidents were not always fully investigated. There were 108 open incidents for maternity services dating back to March 2018. The risk governance matron had oversight of them. However, the medical records had not been reviewed which meant that all information relating to the incident had not been fully investigated. This number was reduced to 30 at the time of our unannounced inspection.

# Summary of findings

- The service did not always control infection risk well. Not all areas we visited were visibly clean. We observed three members of staff that were not compliant with the uniforms policy. Curtains around beds on the ward and delivery suite were not disposable and did not have dates displayed so it was not possible to tell if they had been changed in line with infection control requirements.
- The escalation process for the Maternity Early Obstetric Warning Score (MEOWS) was not always followed. Of 14 records reviewed there were two (14%) records where there was not appropriate escalation to the medical team when the score was triggered.
- The service did not have a process in place to care for women who required level 2 high dependency care (enhanced level of care) on the maternity unit.
- The maternity service did not have a formal vision although senior staff verbally confirmed what the service wanted to achieve.
- The trust did not identify all risks within the service. Risks identified during inspection were not on the service risk register.

## End of life care

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

- The service did not meet the trust mandatory training compliance target (95%). One out of three medical staff (55%) had not attended five out of nine modules. Nurse staffing was 75% compliant. We raised this as a concern at the time of our last inspection.
- The service did not meet the trust mandatory training compliance target for safeguarding training; four out of 16 nursing staff (25%) and one out of three medical staff (33%) had not received safeguarding adults training. This was worse than at our last inspection.
- 
- The trust employed one long term locum palliative care consultant. This meant the trust did not meet guidance from the Association for Palliative Medicine of Great Britain and Ireland, and the National Council for Palliative Care standard because the service had not been able to recruit a second substantive palliative care consultant. We raised this as a concern at the time of our last inspection.
- Staff had not completed plan of care for the last days of life booklets in eight out of ten patient care records for patients who had recently died.
- Patients could not access the specialist palliative care team (SPCT) directly without attending ED. Patients needed to be admitted via the emergency department (ED) for a referral to the SPCT to be triggered and the SPC service was not available 24/7, operating a telephone on call service out of hours and during the weekends.
- We were concerned that medical staff in the emergency department (ED) were not able to access community patient care records which were stored electronically when palliative care patients presented in ED.
- We were not assured that there was adequate identification and oversight of all risks within the organisation. We found that several risks that we identified on our inspection did not appear on the service's risk register.
- The service had a strategy which reflected the whole spectrum of end of life care. There were effective systems in place to support and monitor the implementation of the strategy. However some improvements identified from our previous inspections had not been made.

However,

# Summary of findings

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The service had reported no never events or serious incidents during the period May 2017 to April 2018.
- The service had suitable premises and equipment and controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time and staff kept clear, up to date and appropriate records of patients' care and treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 and knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- The service provided care and treatment based on national guidance and planned for emergencies; staff understood their roles if one should happen
- The service monitored the effectiveness of care and treatment. They compared local results with those of other services to learn from them. In the 2016 end of life care audit: *dying in hospital* the trust performed better than the England average for all three metrics considered.
- Staff of different specialities worked together as a team to benefit patients. The trust planned and provided services in a way that met the needs of local people. The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- The service took account of patients' individual needs including, dietary, religious and cultural needs. The trust was the primary provider in palliative care for the geographical area and the specialist palliative care team (SPCT) consisted of both hospital and community nurses.
- Nursing staff could access translation services for patients who did not speak English as a first language. The trust had facilities for family members to stay with their relative overnight and the mortuary had facilities for bariatric patients.

# Medical care (including older people's care)

Good   

## Key facts and figures

The medical care service at James Paget University Hospital provides care and treatment in a wide range of specialties including acute medicine, respiratory medicine, cardiology, gastroenterology and haematology, dialysis treatment and stroke care. There are 276 medical inpatient beds located across 13 wards.

We previously undertook a focused inspection of the medical care service in 2016 where we rated safe as requires improvement. Prior to that all domains within medicine were inspected in 2015 and we rated the service as good overall, but with a rating of requires improvement for safe.

During this inspection, we visited nine wards as well as the acute assessment unit, the renal unit and the endoscopy suite. We spoke with 62 members of staff including service leads, doctors, nurses, healthcare assistants, housekeeping staff, porter's and administrative staff. We also spoke with 16 patients and two sets of relatives.

We checked 51 pieces of equipment, looked at 32 sets of medical records and reviewed a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, risk assessments and audit results. Before our inspection, we reviewed performance information from, and about, the trust.

## Summary of this service

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

A summary of our findings about this service appears in the Overall summary.

## Is the service safe?

Requires improvement   

Our rating of safe stayed the same, we rated it as requires improvement because:

- Mandatory training compliance was below target for both medical and nursing staff. This included basic life support, infection prevention and control, medicines management and fire training which ranged between 71% and 76% against a target of 95% for both staff groups.
- Adult and children safeguarding training compliance, for both nursing and medical staff, was below trust target of 95%. Safeguarding level 2 training compliance for nursing staff had dropped from 89% in March 2018 to 83% in July 2018 and was 66% for medical staff.
- Recording of patient observations and accurate use of the early warning score (EWS) record to escalate deteriorating patients was not consistent. In January 2018 13% of patients where EWS was applicable did not have EWS score, 41% had incorrect totals recorded, 15.6% failed to have a medical review within 30 minutes and in 6% of cases medical review did not occur.
- Patients care records were not stored securely as trolleys were unlocked on the ward which could be a risk to patient's confidentiality during busy times on the ward.
- The records audit in April 2018 showed that the use of multidisciplinary completion of documentation and the use of the essentials care assessment booklet were low at 56.7% and 47.6% respectively.

# Medical care (including older people's care)

- Drug charts were in electronic and paper format and we found missing details on the paper prescription record, such as weight and allergies, which could pose a safety risk to patients as there was the potential for paper records to be used independently.

However

- Staffing levels and skill mix were planned and reviewed, with daily processes in place to identify areas where staffing was a concern. Recruitment was ongoing and the role of assistant practitioner had been introduced to help address registered nursing shortfall.
- Systems were in place to safely manage the storage and administration of controlled drugs. This was an improvement since our last inspection.
- Arrangements to safeguard adults and children were in place and all staff were aware of the trusts safeguarding policy and how to raise a safeguarding concern.
- Staff had a good understanding of how to report incidents, raise concerns and the requirements for duty of candour which was undertaken when appropriate.

## Is the service effective?

Good   

Our rating of good stayed the same, we rated is as good because:

- The trust had policies and procedures in place which were in line with local and national guidelines, standards and legislation. Staff were aware of how to access them to ensure that appropriate care was delivered.
- The medical directorate participated in quality improvement through a number of national audits. Results showed that the service performed either in line with or above the England average in the majority of cases.
- Patients' nutrition and hydration needs were met with a choice of meals, assessment documentation for fluid and food intake and malnutrition screening. Dietetics services were available for all wards and regular nutrition audits were completed.
- Staff prescribed and administered pain relief in a timely way and assessed patients' pain requirements during medication rounds. Audit results looking at appropriate pain assessment scored 97% in April 2018.
- We saw multi-disciplinary working, communication and supportive teamwork with a good use of white boards to support holistic care to understand patients' needs and priorities for treatment and discharge.
- Staff had a good understanding of consent, decision making, deprivation of liberty safeguards (DoLS) and the Mental Capacity Act. Records we reviewed showed appropriate assessment and that decisions were taken in patient's best interests.
- Ward based training and support from specialist teams was in place and staff said it was easy to access and helped staff to improve skills, confidence and competence.
- An induction policy was in place with staffing competencies available for specialist areas and for the new assistant practitioner role. Induction process and checklists were also in place for bank and agency staff.
- The endoscopy unit had received JAG accreditation in June 2018 demonstrating it met national safety requirements.
- Medical staff had regular supervision and teaching sessions with 100% appraisal rate.



# Medical care (including older people's care)

However

- Appraisal rates were variable across the division with only 54.6 % completed for nursing staff. A plan was in place for all appraisals to be back on target by the end of August 2018.
- At the time of inspection occupational therapy and physiotherapy services were not provided as a seven-day service. They were available Monday to Friday with a reduced service for urgent referral over the weekend. Further recruitment was required to enable this additional provision.

## Is the service caring?

Good   

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

- We observed staff taking time to interact with patients in a caring, compassionate and respectful way that ensured patients and their families understood their care and treatment.
- A chaplaincy service supported patients and staff of all faiths and beliefs. Staff said this was very responsive and provided both individual visits as well as multi-faith services.
- We observed patients and their families being included in care decisions as well as their wishes being discussed and acted upon during clinical meetings.
- We spoke to 16 patients and two sets of relatives and everyone spoke positively of the care they or their loved one had received and said they would recommend the hospital.
- Friends and Family test results, between April 2018 and March 2018, indicated that 12 out of the 13 medical wards had an annual recommend rate of 90% or more with one ward scoring 89%. The highest annual scores were reported on the acute cardiac unit (ACU) 99% and ward 2 (general medicine) 98%.

## Is the service responsive?

Good   

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

- There was a structured system for review of bed capacity across the trust and escalation at times of peak pressure.
- The trust had developed a new integrated discharge team which supported people during their transfer between services and on discharge. We saw evidence of collaboration and joint working from key staff within the hospital and across other sectors with strategies in place to improve patient flow and timely discharge.
- New initiatives had recently been introduced to support patient discharges. A reduced length of stay was seen on ward 12 following the introduction of a ward based social worker, and the trial of a group of clinical activities to support discharge known as the safer patient bundle.
- The facilities and premises on ward 12 and ward 18 had been upgraded and were more appropriate for people living with dementia or a disability or sensory loss. A passport system for vulnerable patients was in use and specialist dementia and learning disability nurses were available for advice and support.
- Information was readily available and accessible to patients and relatives by means of posters, leaflets and information folders.

# Medical care (including older people's care)

- Processes were in place to ensure that medical patients who were 'lodged on surgical wards, (known as outliers) were regularly reviewed by medical staff.
- There was evidence of learning from complaints with written communication to staff via emails and seven-day handover tools. Staff could describe changes in practice following complaints.

However:

- The trust's referral to treatment (RTT) time for admitted medical specialties had deteriorated from an above average position in October 2017 to worse than the England average (88.9%) from January 2018 to March 2018. There was improvement to 87% in June 2018 with a plan to reach trust target of 92% by March 2019.
- The trust confirmed 17 same sex breaches between 1 April 2017 and 31 March 2018. Two of these fell outside the agreed capacity issue policy with the local commissioners.

## Is the service well-led?

**Good**   

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

- Staff across the medical directorate were clear around their roles and accountability as well as their direct line management and the management of clinical areas.
- Governance structures and a risk register were in place with regular meetings and two-way feedback between staff and managers. Items on the risk register corresponded with what staff told us were their concerns at ward level.
- The trust had a clear vision and strategy within its five-year plan which was publicly available on its website.
- Staff told us that leaders were open, honest, supportive and visible and that they felt respected and valued. We observed a friendly, cooperative culture across the hospital.
- We saw a wide range of innovation within medicine responding to patient needs, such as a as well as trust initiatives around kissing goodbye to sepsis, blue zimmer project and VIP pathway for patients with learning disabilities.
- There was wide variety of methods undertaken to engage with staff. Staff were passionate about giving patients high quality care. There was a yearly quality improvement plan and staff had implemented a number of local initiatives to improve services, such as a new sepsis tray, continence pathway, mouthcare tool.

However:

- We were not assured that all areas for improvement, highlighted as part of local audit, had effective action plans in place to improve performance and patient safety. For example, the accuracy of early warning score (EWS) recording and escalation, mandatory training and safeguarding compliance and implementation of multidisciplinary documentation.

## Areas for improvement

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

# Maternity

Good 

## Key facts and figures

The trust provides maternity services available to women which include, a homebirth service, midwifery led birthing unit (dolphin suite) a consultant led care central delivery suite, a postnatal ward (ward 11), a range of antenatal clinics including ultrasound scanning and midwifery assessment unit.

In addition, the trust employs community midwives, who provide care for women and their babies both during the antenatal and postnatal period and provide a home birth service

The community midwives are aligned to the local GP practices and children's centres.

Specialist midwifery and obstetric care is available for certain groups of women such as women with diabetes, women wishing to have a vaginal birth after caesarean section and vulnerable women (with social deprivation and concerns). The trust also offered bereavement services, safeguarding children services and mental health support (which includes the psychiatrist-led perinatal mental health clinic).

The trust has 38 maternity beds at James Paget Hospital. Of these beds, 30 are located on ward 11 (pre- and post-natal care) and eight are on the central delivery suite.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During this inspection we visited the antenatal clinics, the central delivery suite, dolphin suite and the pre- and post-natal ward.

We also:

- Spoke with 33 staff members; including service leads, midwife managers, midwives, doctors, midwife support workers, student midwives and administrative staff.
- Spoke with nine women and two relatives who were using the service.
- Checked 12 pieces of equipment.
- Reviewed 14 medical records.
- Reviewed four prescription charts.

## Summary of this service

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

A summary of our findings about this service appears in the Overall summary.

## Is the service safe?

Requires improvement 

We rated safe as requires improvement because:

# Maternity

- Incidents were not always fully investigated in a timely way. At the time of inspection there were 108 open incidents where medical notes had not been reviewed and the incident fully investigated. This number was reduced to 30 at the time of our unannounced inspection.
- The service did not always control infection risk well. Not all areas we visited were visibly clean. We observed three members of staff that were not compliant with the uniforms policy. Curtains around beds on the ward were not disposable and did not have dates displayed so it was not possible to tell if they had been changed in line with infection control requirements. Environmental audit outcomes were not effective and did not reflect our findings during the inspection.
- The correct escalation process for the Maternity Early Obstetric Warning Score (MEOWS) was not always followed. Of 14 records reviewed there were two (14%) records where appropriate escalation to the medical team had not taken place when the score was triggered.
- The service did not have a process in place to care for women who required level 2 high dependency care on the maternity unit. We raised this at inspection and appropriate steps were taken.
- Although the service provided mandatory training in key skills to all staff and had processes in place to monitor that staff completed it, compliance rates did not meet the trust target

However:

- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to protect patients from abuse. Staff had training and demonstrated good knowledge on how to recognise and report abuse and they knew how to apply it.

## Is the service effective?

**Good** 

We rated effective as good because:

- Staff of different kinds worked together as a team to benefit patients. Doctors, midwives and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to records that they could all update.
- The service monitored the outcomes of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- The service provided care and treatment based on national guidance had a planned clinical audit programme in place for local and national audit."

However:

# Maternity

- The service was not carrying out universal carbon monoxide (CO) monitoring. Monitoring in the community was inconsistent and there was no screening for women who did not smoke.
- Agency staff booked to work in the service had completed the trust induction and competency assessment for agency staff. However staff told us at the time of our inspection that they checked competencies from the curriculum vitae they received from the agency recruitment team but there was no competency assessment in place.
- Staff do not always have an annual appraisal, appraisal completion rate for midwives had increased to 76% but did not meet the trust target.

## Is the service caring?

**Good** 

We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

However:

- Two women we spoke with told us that they had not received compassionate care from all members of staff

## Is the service responsive?

**Outstanding** 

We rated responsive as outstanding because:

- The trust planned and provided services in a way that met the needs of local people. The service delivered care to areas with high levels of deprivation and planned the service to help hard to reach groups access the service. The service delivered individualised care to women regardless of their demographic and expectation of the care they should receive.
- People could access the service in a way and a time that suited them. Access to care was managed to take account of people's needs including those with urgent needs. There were a range of clinics and high and low risk services at the unit.
- There was a proactive approach to understanding the needs and preferences of different groups of people. The service focused on delivering care in a way that met people's individual needs. The service offered hypnobirthing classes to all women regardless of their ability to pay. Birth rewind sessions were available to women who had previously experienced a traumatic birth. The service ensured that they supported women with learning difficulties, mental health issues and where there were safeguarding concerns.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. People who use the service are involved in reviews of how the service manages and responds to complaints. Staff supported vulnerable women through the complaints process to ensure that their complaint was heard.

# Maternity

## Is the service well-led?

**Good** 

We rated well led as good because:

- Managers at all levels had the right skills and abilities to run the service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services. A full and diverse range of peoples view and concerns were encouraged, heard and acted upon to shape the services culture. The service collaborated with partner organisations effectively.
- The trust was committed to improving services by sharing learning from incidents, promoting training, research and innovation.

However:

- The maternity service did not have a formal vision although senior staff verbally confirmed what the service wanted to achieve.
- Leaders did not have clear oversight of governance. Some of the risks we identified during inspection were not on the service risk register. Incidents were not always fully investigated in a timely manner. However, leaders took on board our comments and were responsive to our concerns.

## Outstanding practice

We found some outstanding practice. See the Outstanding Practice section above.

## Areas for improvement

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



# End of life care

Requires improvement  

## Key facts and figures

The trust provides end of life care at the James Paget Hospital. End of life care encompasses all palliative care given to patients 18 years and over who are approaching the end of their life and following death. It may be given on any ward or within any service in the trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services. The trust does not have any beds specifically for end of life care.

The Specialist Palliative Care Team (SPCT) provides care and support to adult inpatients and community patients. End of life care is provided as necessary in all ward settings with the expectation that generalist medical, nursing and allied health teams will be provided with support to deliver the best possible end of life care. A referral process will trigger SPCT input when the clinical team decide that this is the requirement.

The trust is an active member of a local Palliative and End of Life Care Collaborative. The local clinical commissioning group (CCG) does not currently commission any in-patient hospice facility in the Great Yarmouth and Waveney area. The trust works in partnership with a local community provider, and other acute providers as appropriate for patient pathways.

The service was previously inspected in 2016 and received a rating of good overall for end of life care with a requires improvement rating for safe.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. During our inspection we visited seven wards, the bereavement centre, the multi faith room, the Louise Hamilton centre, the emergency department and the mortuary. We spoke with 27 members of staff including the director of nursing (DON), specialist palliative care nurses (SPC), ward registered nurses (RN), mortuary anatomical pathology technologists (APT) and porters. We spoke with one patient and three relatives and careers. We reviewed 12 medical care records, and three medicine charts along with numerous policies and meeting minutes.

## Summary of this service

Our rating of this service went down. We rated it as requires improvement.

A summary of our findings about this service appears in the Overall summary.

## Is the service safe?

Requires improvement   

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

- The service did not meet the trust mandatory training compliance target (95%). One out of three medical staff (55%) had not attended five out of nine modules. Nurse staffing was 75% compliant. We raised this as a concern at the time of our last inspection.
- The service did not meet the trust mandatory training compliance target for safeguarding training; four out of 16 nursing staff (25%) and one out of three medical staff (33%) had not received safeguarding adults training. This was worse than at our last inspection.

# End of life care

- The trust employed one long term locum palliative care consultant. This meant the trust did not meet guidance from the Association for Palliative Medicine of Great Britain and Ireland, and the National Council for Palliative Care standard because the service had not been able to recruit a substantive second palliative care consultant. We raised this as a concern at the time of our last inspection.
- Staff had not completed plan of care for the last days of life booklets in eight out of ten patient care records for patients who had recently died.

However

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The service had reported no never events or serious incidents during the period May 2017 to April 2018.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Mortuary hand hygiene compliance was 100% for April and June 2018.
- The service had suitable premises and equipment and looked after them well. The service had an appropriate number of syringe drivers and staff reported there were no issues in obtaining them.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Nursing staff had completed multi-disciplinary care records, essential assessments and care records correctly in all 12 medical care records we reviewed. This was an improvement since our last inspection.
- The service planned for emergencies and staff understood their roles if one should happen.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Nursing staff adhered to policies and procedures based on the Gold Standard Framework (GSF). The GSF provides a framework for a planned system of care in consultation with the patient and family and promotes better coordination and collaboration between healthcare professionals.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- The service monitored the effectiveness of care and treatment. They compared local results with those of other services to learn from them. In the 2016 end of life care audit: *dying in hospital* the trust performed better than the England average for all three metrics considered.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance. All of the specialist palliative care team (SPCT) had received their appraisal (100%) this exceeded the trust appraisal target of 95%.
- Staff of different specialities worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. The service held multidisciplinary (MDT) palliative care meetings weekly to discuss ongoing patient care and learn from recent deaths.

# End of life care

- Staff always had access to up-to-date, accurate and comprehensive information on in-patients' care and treatment. All staff had access to patient paper records which they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Medical staff had completed MCA assessments in two records we reviewed.

## Is the service caring?

**Outstanding** ☆ ➡ ➡

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

- At all times during the inspection, we observed staff treating patients with compassion, dignity, and respect. On all the wards we visited staff displayed a culture of compassion and positivity and had a genuine desire to want to provide the best possible care to patients at the end of life.
- All patients we spoke to were positive about the care given by staff and staff went over and above their normal roles to provide additional care and support. We viewed thank you cards within the service that spoke positively of the care provided to patients.
- Staff consideration of people's privacy and dignity was consistently embedded in everything that staff did. Nursing staff ensured privacy in all interactions with patients by drawing curtains and asking patients if they could enter. Porters within the service went the extra mile to ensure transfers of deceased patients were dignified.
- Staff provided many examples of when they had gone the extra mile to provide compassionate care including bringing patient's pets into the wards, arranging weddings for end of life care patients and arranging a skype call to ensure a patient could watch their relative get married.
- Staff provided emotional support to patients and their relatives to minimise their distress. The trust had a range of support services in place for bereaved relatives including bereavement support groups, counselling, mindfulness training, and chaplaincy support.
- Staff involved patients and those close to them in decisions about their care and treatment. All relative's that we spoke to were positive about the support and input they had received from staff within the service. We observed staff asking relatives for their opinion on a patient's treatment plan and answering questions from relatives appropriately and compassionately.

## Is the service responsive?

**Requires improvement** ● ↓

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

- People could not access the specialist palliative care team (SPCT) directly without attending ED. Patients needed to be admitted via the emergency department (ED) for a referral to the SPCT to be triggered, this posed a potential risk to patients receiving appropriate care in a timely way.
- The SPC service was not available as an onsite 24/7 service but operated a telephone advice line out of hours. This posed a potential risk to patients receiving appropriate care in a timely way.

# End of life care

- We were concerned that medical staff in the emergency department (ED) would not be able to access community patient care records which were stored electronically when palliative care patients presented in ED. We raised this as a concern at the time of our last inspection.
- The trust did not provide us with data regarding fast track discharge. The fast track discharge process allows patients whose preferred place of death was not in the hospital setting to achieve a timely discharge. We were concerned the trust was not monitoring fast track discharges or delayed discharges.

However

- The specialist palliative care team gave consideration to patient's preferences when delivering care. For example, providing beds for family to stay over and offering patients side rooms if desired. Wards had open visiting hours and the trust provided free parking for the family of those patients who were end of life. The Louise Hamilton centre provided a range of holistic therapies to patients and their family.
- The SPCT responded to in-patient referrals within 24 hours in 93% of cases (July 2017).
- The service took account of patients' individual needs. Nursing staff could access translation services for patients who did not speak English as a first language. The trust had facilities for family members to stay with their relative overnight and the mortuary had facilities for bariatric patients.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- Portering staff transported deceased patients to the mortuary in a timely manner.

## Is the service well-led?

**Requires improvement**  

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

- We were not assured that there was adequate identification and oversight of all risks within the organisation. We found that several risks that we had identified on our inspection did not appear on the service's risk register.
- The trust did not consistently collect, analyse, and use information to support all its activities. Internal audit processes across the service were inconsistent and audit outcomes were not always used to improve quality and performance of the service.
- The service had not addressed a number of areas, identified at our previous inspection, where improvements could have been made. For example, mandatory training compliance and medical staff in the emergency department (ED) not having access community patient care records which were stored electronically.

However,

- Leaders at all levels demonstrated high levels of experience, capacity, and capability needed to deliver excellent and sustainable care. The named executive for the end of life care service was the director of nursing.
- The service had a strategy which reflected the whole spectrum of end of life care. There were effective systems in place to support and monitor the implementation of the strategy. However some improvements identified from our previous inspections had not been made.

# End of life care

- The end of life service had a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. We found strong caring, respectful and supportive relationships between people who used the service, those close to them and staff. Staff highly valued these relationships and felt promoted by leaders.
- The SPCT were proud of the organisation as a place to work and spoke highly of the culture. Staff were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process

## Outstanding practice

We found some outstanding practice. See the Outstanding Practice section above.

## Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

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

#### Regulated activity

Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance



# Our inspection team

This inspection was led by Tracey Wickington and Mark Heath, Inspections Managers. The inspection was overseen by Fiona Allinson, Head of Hospital Inspection. An executive reviewer supported our inspection of well-led for the trust overall.

The team included six inspectors, one executive reviewer and seven specialist advisers.

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