

Taunton and Somerset NHS Foundation Trust

Inspection report

Musgrove Park Hospital
Taunton
Somerset
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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?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

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.

Summary of findings

Background to the trust

Taunton and Somerset NHS Foundation Trust was established in 2008 when the former Taunton and Somerset NHS Trust was awarded Foundation Trust status. The trust provides acute care services as a district general hospital to the people of Taunton Deane, Sedgemoor, Mendip, South Somerset and West Somerset.

The main hospital site is Musgrove Park Hospital in Taunton, which is the largest hospital in Somerset. The trust is also registered to provide services at a number of local community hospitals and a GP practice. Musgrove Park Hospital provides care to a population of over 340,000 with a catchment population of 544,000 for specialist and tertiary services.

Musgrove Park Hospital site has been developed over several phases and includes the Old Building (the original 1940s hospital), the Queens Building (dating from the 1980s), the Duchess Building (1990s), the Beacon Centre (opened in 2009), and the Jubilee Building (opened in 2014).

Overall summary

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

What this trust does

The trust provides a full range of acute clinical services. Musgrove Park Hospital has around 550 inpatient beds and 57 daycase beds. There are around 850 outpatient clinics and 147 community clinics held each week. The trust operates a high dependency and intensive care unit, runs 15 operating theatres, and has 30 medical and surgical inpatient wards. It has a fully equipped diagnostic imaging department operating seven days a week, and a purpose-built cancer treatment centre, the Beacon Centre, which includes chemotherapy and radiotherapy facilities for both inpatients and outpatients.

The trust employs around 4,300 whole-time-equivalent staff (5,187 headcount). There are around 850 staff on the trust's temporary staff register (the 'bank').

(Source: Provider Information Request 2017)

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

Summary of findings

On 30 and 31 August 2017, we inspected four of the core services provided by this trust at its main hospital. At our last inspection, two of these core services (end of life care and urgent and emergency services) were rated as requires improvement. We had some concerns about surgery and outpatients, rated as good last time, and we decided to review these services on this inspection.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed Is this organisation well-led? We inspected the well-led key question on 27 and 28 September 2017.

What we found

Overall trust

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

Safe was requires improvement, effective, responsive and well-led were good, and caring was outstanding.

Our inspection of the core services covered only Musgrove Park Hospital.

- Urgent and emergency care improved from requires improvement to good overall. The question of safety improved from inadequate to requires improvement. Well-led improved from requires improvement to good. We recognised there had been significant improvements in the emergency department, particularly around paediatric nursing. The integrated front door model was being used to improve both the efficiency of the service and respond to patients. However, some areas of sepsis treatment needed to improve, along with triage times for patients.
- Surgery services remained rated as good overall. Safety improved from requires improvement to good. There had been action taken to address and resolve issues with theatre safety and surgical site infections. However, there were some patients not being treated within the national target for their referral to treatment. An improvement trajectory around RTT times had been presented to commissioners, and was being monitored for progress.
- End of life care improved from requires improvement to good overall. Responsiveness improved from requires improvement to good, but effective stayed the same as requires improvement. Delivery of the service and outcomes for patients had been improved. Patients' needs were met and treatment delivered by well-trained competent caring staff. Services were flexible. However, not all patient records were completed well enough. There were shortfalls in the recording of consent and patients who were subject to the Mental Capacity Act. Staff were not always involving patients who had the capacity to make their own choices in decisions about their care. There was a variable approach from the wards to making referrals to the palliative care team.
- Outpatients was rated as good overall. We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. Responsive dropped from good to requires improvement. Staff felt the culture in the various departments had improved over the last year. There were good improvement projects planned for the future. However, the referral to treatment times for a large proportion of the specialties were not meeting NHS England's targets.
- On this inspection we did not inspect medicine (including older people's care), critical care, maternity, and services for children and young people. The ratings we gave to these services on the previous inspection in May 2016 are part of the overall rating awarded to the trust this time.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

Summary of findings

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

Are services safe?

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

- Urgent and emergency care improved for safety from an inadequate rating at our last inspection to requires improvement. There had been some significant improvements, particularly around additional staff trained to care for children, and checking of emergency equipment. However, some improvements were needed around triage times and sepsis management.
- Surgery services improved for safety from requires improvement to good. There were sufficient staff, well-maintained patient records, and incidents were reported and used for learning. However, there were some improvements needed in infection control, the environment, and being able to demonstrate there was learning from patients' deaths. There were medical records not held securely at all times.
- End of life care remained good for safety. There had been new patient records introduced to promote individualised and safe care. Incidents were reported and investigated, and staff were aware of their responsibilities to keep people safe. However, the mortuary area was in poor condition (although the trust were fully aware of this) and there were some inconsistencies in the recording of decisions taken around end of life care.
- Outpatient services was rated as good for safety. There was good reporting of incidents. Equipment and the environment was well looked after. Staffing levels were good and the staff well trained. However, there were some issues with cleaning, particularly in visitors' toilets. Not all medicines were stored securely at all times. There were medical records not held securely in some places.
- At our last inspection in May 2016, medical care (including older people's care), maternity services, critical care and services for children and young people were rated as requires improvement for safe. The action plan from the trust gave us a good degree of confidence that the trust had taken the right action to improve the safety of these services. They will be inspected at a later date.

Are services effective?

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

- Urgent and emergency care remained good for effectiveness. Evidence-based guidance was used to provide care and treatment and staff were competent in their skills and knowledge. There was good multidisciplinary working. People who were in pain were helped, and consent was obtained in line with legal principles. However, the department had yet to review the 50 standards for best practice in emergency care as issued in July 2017 by the Royal College of Emergency Medicine.
- Surgery remained good for effectiveness. Care and treatment followed evidence-based national guidance. Results from audits were used to improve practice. Staff were competent to deliver effective care and able to develop their skills. However, some staff needed to have further training in life support and staff competencies were not being consistently recorded in most wards. Annual performance reviews were below the target for some staff. Records did not always show patients had enough food and fluids.
- End of life care services remained the same and rated as requires improvement for effectiveness. Not all patients were treated in accordance with the legislation within the Mental Capacity Act 2005, including accurate documentation. Not all staff were trained in the use of syringe drivers and the policy was not clear to some staff. The specialist palliative care team did not work on weekends, although advice was provided to staff at this time through a helpline.

Summary of findings

The referral rate from the wards to these experienced palliative care staff appeared to be low. However, there was an improvement in the documentation around the escalation of treatment to patients at the end of their life. Actions were taken around audit work. All staff working for the service we met were well trained, experienced and supported to deliver effective care.

- Outpatient services were not rated for effectiveness. This is because we are not confident we are gathering enough information to rate this question. However, we found treatment was based on national guidance. Audits were undertaken to measure effectiveness. Staff were competent and participated in good multidisciplinary care for patients. However, performance reviews (annual appraisals) did not meet the trust's targets.
- At our last inspection in May 2016, medical care (including older people's care), maternity services, critical care and services for children and young people were rated as good for effectiveness.

Are services caring?

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

- Urgent and emergency care remained good for caring. Patients were treated kindly and with respect for their privacy and dignity. Staff took the time to support patients and families, particularly when the patient had been seriously injured or was acutely unwell.
- Surgery services remained good for caring. Staff could understand anxiety and the emotional distress that some patients felt, and were kind to them. Patients spoke about the helpfulness of staff and how they took time to make sure everyone close to the patient was kept informed. However, some patients told us they had not been informed about test results or diagnosis when they were waiting for this information.
- End of life care remained good for caring. The evidence was universally positive about the way patients and relatives were treated by staff. Staff cared for patients with compassion and treated them well and with kindness. Patients were respected and valued as individuals.
- Outpatients was rated as good for caring. Patients were treated with kindness and compassion. People with extra needs were given additional support. Patients and those close to them were involved in the decisions about their care.
- At our last inspection in May 2016, medical care (including older people's care) and critical care were outstanding for caring. Maternity services and services for children and young people were rated as good.

Are services responsive?

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

- Urgent and emergency care remained good for responsiveness. The services were designed so that they served the needs of local people. Staff were able to help people who had additional needs to give them equitable care. Although the department was not meeting the target to treat people within four hours of their arrival, it was above the England average. The target had been achieved in April 2017 and the trend was upwards. Far fewer patients waited for more than 12 hours compared with the England average.
- Surgery services remained good for responsiveness. Few operations were cancelled due to a lack of beds, which was an improved position for the trust. Length of stay for patients was lower than the England average, which improved the responsiveness to all patients. Patients with additional needs were supported. Complaints and concerns were listened to, investigated and learned from. However, not all targets for treating patients on time were achieved. This included cancer waiting times. Some patients were also moved at night, which can be distressing and recognised as potentially detrimental to their recovery.

Summary of findings

- End of life care services improved in responsive from requires improvement to good. Staff were positive in their approach to meeting the needs of vulnerable people. People were able to receive a rapid discharge when packages of care were arranged in the community or at home. There was a flexible and compassionate approach from the bereavement team. However, the trust was not auditing whether the wishes of people at the end of their lives were achieved or whether the fast-track discharge system was meeting patients' needs.
- Outpatients was rated as requires improvement for responsive. The service was not treating some patients within the targets set by NHS England. A large proportion of the referral to treatment times (incomplete pathway) were consistently below (worse than) the England average. However, patients had their individual needs assessed and met. Virtual clinics, where a doctor reviewed a patient and a nurse or the doctor talked with the patient by telephone, were working well. Some services provided next-day appointments for urgent cases. Complaints were investigated and learned from.
- At our last inspection in May 2016, medical care (including older people's care), maternity services, critical care and services for children and young people were rated as good for responsiveness.

Are services well-led?

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

- Urgent and emergency care improved in well-led from a rating of requires improvement at our last inspection to good. There was effective and respected leadership among the medical and nursing teams. Engagement with patients and the public was important to the staff, who acted on complaints or incidents to improve care. However, the evidence within the governance framework needed to demonstrate clearly how this was being embedded.
- Surgical services remained good for well-led. There was good support to staff and the culture was open, honest and patient-centred. The leadership of the directorate understood the challenges to quality and sustainable care. Governance was understood and staff recognised its importance for improving care. However, the risk registers were not being used at some of the directorates, despite this being required by policy. Despite the good work with governance at directorate level, this fundamental building-block being missed had not been picked up. Furthermore, not all staff were able to attend enough staff meetings to demonstrate they were well informed.
- End of life care services remained good for well-led. There was good leadership and involvement in the implementation of the end of life care strategy. This extended from ward to board. The vision was well understood. A new governance structure was working well. Staff felt proud of their work and the quality of service given to their patients.
- Outpatients was rated as good for well-led. Staff felt valued and supported. There was a good culture and staff enjoyed their work. The leadership was experienced and delivered patient-centred care. The governance of the service was good and meant staff recognised when changes were needed to improve care. Staff were rewarded for their hard work.
- At our last inspection in May 2016, medical care (including older people's care), maternity services, critical care and services for children and young people were rated as good for well-led.

Musgrove Park Hospital

Our inspection of the trust covered only this hospital. What we found is summarised in the Overall summary under the sub-heading Overall trust.

Urgent and emergency services

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

Summary of findings

- The department had worked to improve areas where we had concerns at the last inspection. For example, staff regularly checked emergency life-saving equipment to make sure it was safe to use. They did this in line with trust policy.
- The department had employed more paediatric-trained nurses to bring this to safe levels.
- Incidents were recorded, investigated and learning from them shared with all staff in the department.
- Risk assessments were carried out and appropriate action taken to escalate deteriorating patients to the relevant clinicians. Staff were trained to recognise patients who may be subject to harm or abuse.
- In 2016/17, 98% of patients who had been assessed as at risk of sepsis received antibiotics within four hours of arrival in the department against a fundamental standard from the Royal College of Emergency Medicine of 100%. This was better than the national average of 83%. Also, 88% of this patient group received fluids within four hours of arrival in the department against a fundamental standard from the Royal College of Emergency Medicine of 100%. This was better than the national average of 78%.
- The service took into account the needs of individual patients. The service had introduced an 'integrated front door' model to improve flow through the department and arrange for the most appropriate clinician to assess the patient.
- There was access to services for patients with mental health needs. The department made reasonable adjustments for patients living with dementia, a learning disability, mobility difficulties, hearing or sight loss or whose first language was not English.
- Staff were trained and supported to develop their skills. There was access to other health care professionals within the trust and local community. They could advise staff, and help them safely and supportively discharge patients.
- There was a positive culture within the department. Staff showed a willingness to change and make improvements to support a better patient experience.

However:

- In July 2017, only 53% of patients were triaged within 15 minutes of arrival in the department.
- On Jowett ward, medications for patients waiting to be discharged were not always stored securely.
- In 2016/17, only 55% of patients who had been assessed as at risk of sepsis received intravenous fluids against a developmental standard from the Royal College of Emergency Medicine of 75%. This was, however, better than the national average of 43%.
- In 2016/17, only 38% of patients who had been assessed as at risk of sepsis received antibiotics within one hour of arrival in the department against a developmental standard from the Royal College of Emergency Medicine (RCEM) of 50% and the NHS Commissioning for Quality and Innovation (CQUIN) target of 95%. The RCEM measure was worse than the national average of 44%.
- In 2016/17, only 68% of patients who had been assessed as at risk of sepsis had their vital signs measured and recorded on arrival in the department against a fundamental standard from the Royal College of Emergency Medicine of 100%. This was marginally below the national average of 69%.

Surgery

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

- The service had addressed the concerns we raised at our last inspection and taken action on monitoring fridge temperatures, resuscitation trolley checks and sepsis scores recorded and acted on.

Summary of findings

- Incidents were seen as an opportunity to learn and to change practice to prevent recurrence. The directorate had responded well to the recent never events, with clear action plans and changes to practice carried out. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There were processes to prevent patients experiencing avoidable harm. Risk assessments were carried out regularly and in line with guidance. Staff understood their responsibilities and actions required in identifying patients at risk from deterioration, harm and abuse.
- The service both took into account patients' individual needs and planned its services around the demands of the local people. Surgical patients were given the right bed at the right time, with very few operations cancelled due to bed capacity.
- Arrangements were in place to ensure patients with additional needs were supported and could access care; this included visually or hearing impaired, patients who did not speak English and patients living with dementia. There was also timely access and support for patients with mental health needs.
- There were effective processes to ensure all relevant staff had the information they needed to provide care and treatment.
- Staff understood and adhered to relevant legislation when obtaining consent for surgical interventions.

However:

- Compliance with basic life support, immediate life support and advanced life support training for medical and dental staff, was below the trust's target.
- There were delays in some patients receiving treatment in a timely manner. The surgical directorate did not meet its national targets for some patients to be seen within 18 weeks and was just below the target for patients with suspected cancer being treated within two weeks and 62 days. An improvement trajectory around RTT times had been agreed with commissioners, and was being monitored for progress.
- Not all cross infection processes were embedded. We observed some poor cross infection processes such as safer sharps not in use, poor waste management and lack of clarity on what equipment was clean and ready for use.
- The environment and premises were not always suitable. Although resuscitation trolley checks had improved on most wards, we saw checks not carried out on Montacute ward. We heard of operations being cancelled due to the theatre environment and air conditioning failing.

End of life care

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

- We found that the service supported and provided safe and good quality care for patients. A number of initiatives had been put into place to improve the delivery of service and improve the audited outcomes for palliative and end of life patients and their relatives.
- Patient needs were met and treatment was delivered by well trained, competent and motivated staff. Patients were treated with respect and compassion and their dignity respected.
- The various services involved in end of life care were flexible and made every effort to meet individual needs and to respond to requests.
- The trust's vision and strategy for end of life care was widely understood and staff were engaged with the developments and changes.

Summary of findings

- There was a new governance structure in place that was understood by staff. There was an end of life care steering group that had trust wide representation and received regular audits and updates from various ongoing work streams.

However:

- While new patient records had been introduced, this was not been completed consistently across all the wards. There were shortfalls in the recording of consent and mental capacity decisions. Staff did not fully understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. We saw evidence that a patient with mental capacity was not fully involved in decision making about their care and treatment.
- There was a new individualised care plan available for use. Whilst the initial form and assessment was completed, treatment and care given in relation to this was not consistently recorded in the patients' notes, as required in the guidance.
- There was inconsistent completion of syringe driver training amongst nursing staff. There was also confusion about the trust policy on training and how this was to be delivered.
- There was a variable approach on the wards to the criteria for making referrals to the specialist palliative care and end of life team. Not all end of life patients were referred to the team, and some were referred later than they could have been. There was potentially a lower referral rate than could have been expected for the size of the hospital and the number of annually reported deaths.
- The mortuary and some of the equipment were listed on the trust risk register. There were potential risks to infection control and to staff health and safety. This related to the age of some of the equipment and ongoing maintenance issues.

Outpatients

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

On this inspection, we rated it as good because:

- The service managed patient safety incidents well and learned from them. Incidents were recorded, investigated and acted on. There was clear evidence of action taken in response to a serious incident in ophthalmology.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse, and to provide the right care and treatment.
- The trust contributed to national clinical audits for outpatients.
- There was good multidisciplinary working within different speciality outpatient services.
- Patients and relatives told us they felt involved in decisions about their or their loved-ones' care and treatment.
- The trust planned and provided services in a way that met the needs of local people. This included the use of virtual clinics in orthopaedics and ophthalmology.
- Staff we spoke with felt the culture in outpatients had improved in the last year with positive reinforcement from management.
- The outpatients' improvement board had a number of improvement projects underway and planned for the future.

However:

- Compliance with basic life support and manual handling for staff in outpatients was below the trust's target.

Summary of findings

- People could not always access services when they needed to. Outpatients were not achieving targets for people waiting less than 62 days from urgent GP referral to first definitive treatment.
- There were capacity issues for computerised tomography (CT) scans and availability of appointments to improve cancer waiting times for people seen by a specialist within two weeks of an urgent GP referral.
- Some medical records in outpatient departments were not secure at all times.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, for Musgrove Park 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.

Our ratings table for this inspection includes the four community hospitals where services are provided by this trust. These hospitals were not inspected on this inspection, and have not yet been inspected under our new inspection methodology. We have also included the ratings for the GP practice provided by this trust which was inspected in 2017.

Outstanding practice

We found examples of outstanding practice in urgent and emergency care, end of life care, outpatients, and surgery services. We also found outstanding practice in the trust-wide inspection of the well-led question. We found examples of outstanding practice at our last inspection in medical care and critical care – although we did not inspect these services this time.

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

Areas for improvement

We found areas for improvement including breaches of five regulations that the trust must put right. We also found 46 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve the quality of services.

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

Action we have taken

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

Our action related to breaches of legal requirements in urgent and emergency services, end of life care, and outpatients.

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

What happens next

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

Outstanding practice

- There were a number of outstanding projects and innovations to develop technology to support patients, staff and other professionals in the wider community.

Summary of findings

- There was outstanding support and progress in the improvement team. The leadership for work was provided by a central team to ensure work undertaken by clinical teams was well supported, and progress made was consistent and measureable.
- There had been outstanding work to address the amount of food being wasted and significant savings had been realised.
- The emergency department had a volunteer who was included on interview panels to ensure there was a patient perspective.
- A comprehensive safety checklist had been developed and introduced in the emergency department. This prompted staff to regularly check patients for a number of things. For example, if a patient had been in the department for a number of hours, staff were prompted to check if their skin was intact and if the patient had had something to eat and/or drink.
- The surgery directorate had received recognition as an international centre of excellence for its bariatric surgery for the third successive year.
- The surgery directorate had introduced the role of a 'floating' anaesthetist to manage demand and capacity.
- An initiative had been implemented to support patients as they left hospital to return home. This was particularly where patients were recognised as leaving for often difficult and lonely circumstances. Linking with the Red Cross, patients that met the agreed criteria received a starter pack of items designed to support their return home.
- The bereavement office and staff provided a responsive, compassionate and highly efficient service for patients and their relatives.
- In end of life care, the consultant radiotherapist provided a responsive and flexible service that helped with early diagnosis, treatment and provided reassurance for patients.
- A patient visiting the outpatient service told us they were very nervous coming for treatment and tests. They said staff supported them and arranged multiple appointments for them on the same day preventing multiple attendances, which helped to reduce their anxiety.

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 the quality of 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 three services and the trust overall. The services were urgent and emergency care, end of life care, and outpatients.

For the overall trust:

- Provide security for all patient confidential information and records and ensure records are not left unattended at any time.

In urgent and emergency services:

- Provide suitable storage facilities on Jowett ward for controlled drugs, drugs that require refrigeration and medicines for patients being discharged.

Summary of findings

- Improve triage times in the emergency department, as in July 2017, for example, only 53% of patients were seen within 15 minutes of arrival.
- Ensure all patients suspected of having sepsis have their vital signs measured on arrival, and all are given intravenous fluids and antibiotics at the optimal time.

In end of life care:

- Ensure staff are fully aware of the requirements of the Mental Capacity Act and that patients with the capacity to make their own choices are involved in decisions about their care and treatment.

In outpatient services:

- Ensure referral to treatment time for 12 speciality non-admitted pathways and 11 speciality incomplete pathways are improved, and have realistic plans with commissioners to lead to improvements. Improve the cancer waiting times for the percentage of people waiting less than 62 days from urgent GP referral to first definitive treatment.

Action the trust SHOULD take to improve

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

For the overall trust:

- Provide sufficient evidence to demonstrate the trust strategy was measureable and the board were assured it was being implemented as required and fit for the purpose intended.
- Demonstrate in the board papers the open and professional challenge we were told happened.
- Bring staff performance reviews (appraisals) in line with trust targets.
- Be clear as to how equality and diversity is promoted at the trust. Ensure progress is made on reducing the disproportionate level of violence and aggression from patients and the public to staff identifying as from a Black and minority ethnic background.
- Consider whether a people or workforce committee should report to the trust board

In urgent and emergency services:

- Revisit the way that Jowett ward is run to ensure patients have the right service at all times.
- Provide appropriate facilities on Jowett ward to store named patient medication and loose medication.
- Review the system for returning medications left on the ward to pharmacy for disposal once a patient had been discharged.
- Ensure patients in the emergency department waiting area have access to drinks at all times.
- Obtain the best practice guidance from the Royal College of Emergency Medicine and review the department against the 50 standards for delivering better care.
- Produce a written document capturing and encompassing the strategic vision and plans for the emergency department to ensure plans are measureable and achievable.
- Ensure governance meetings in the emergency department discuss, report and record the full range of governance activity that provides assurance for safe and quality care.
- Capture actions from local or national audits relating to the emergency department so evidence shows they have been taken.

Summary of findings

- Ensure mortality and morbidity meetings in the emergency department show what actions need to be taken when any learning is recognised, and who would be accountable for ensuring staff had received the message.
- Where appropriate, use the risk register for recognised risks or failures to comply with elements of national or local audits in the emergency department.

In surgery services:

- Record mortality and morbidity meetings with minutes taken consistently by all specialities in surgery.
- Provide systems to ensure it is clear which equipment is clean or dirty.
- Consistently use 'safer sharps' in surgery wards.
- Ensure the theatre environment is suitable for use and the systems to manage the airflow are fit for purpose at all times.
- Store medicine waiting to be returned to the pharmacy in a locked pharmacy box or bag.
- Clearly document and track prescription forms (FP10s).
- Ensure there is a consistent approach to the use of the assessment booklet called 'inpatient care and risk assessment' used on the wards.
- Provide staff in recovery with immediate life support training in line with UK national core competencies for post-anaesthesia care (2013) competency 13.2.
- Complete and act upon care plans for nutrition and hydration for all patients who are at risk.
- Have a clear record of staff competencies.
- Continue to monitor and meet the improvement trajectory for referral to treatment times.
- As per policy, ensure all current risks and emerging risks are identified, assessed and that there are actions to reduce or limit risks. This must include entering high risks on the corporate risk register to ensure the trust governance committee and the board has an overview of all significant risks.
- If staff are unable to attend staff meetings, make sure they are given sufficient information about issues discussed.

In end of life care services:

- Documentation in relation to TEP forms (treatment escalation plans) needs to be completed more consistently and with all the required detail completed in relation to the recording of DNACPR (do not attempt cardiopulmonary resuscitation) decisions.
- Have a consistent recording against a patient's needs, and ensure preferences are recorded in their individualised end of life care plan.
- Ensure that the training requirements for syringe drivers, as detailed in the trust's medical devices policy, are consistently understood and implemented on the wards.
- Ensure mental capacity assessments are recorded and documented correctly for patients at the end of their life.
- Have a consistent understanding of the referral criteria on the wards for the specialist palliative care team.
- Consider how to implement a seven-day service for end of life care in line with national guidance.
- Audit the recording of a patient's preferred choice of care in end of life care services and whether the fast-track discharge service is meeting people's needs.

Summary of findings

In outpatient services:

- Have cleaning schedules to demonstrate regular deep cleaning for phototherapy UVA and B equipment.
- Ensure the visitor toilets in corridors outside the outpatients' north reception are improved and are clean.
- Achieve the targets for mandatory training for outpatient nursing staff in basic life support, manual handling and the Mental Capacity Act.
- Store single use eye drops securely within unoccupied consulting rooms in ophthalmology outpatients.
- Lock unoccupied clinical rooms in outpatients, which contain medication cupboards.
- Produce a staff training competency log for equipment in the outpatients department.
- Review and improve capacity issues for computerised tomography (CT) scans and availability of appointments to improve cancer-waiting times for people seen by a specialist within two weeks of an urgent GP referral.
- In order to understand the volume, consider monitoring the numbers of patients seen in outpatients without the full medical record being available.
- Achieve performance review (appraisal) targets for nursing staff in outpatients.
- In outpatients, ensure waiting time displays in ophthalmology clinics take account of the visual impairment of patients.
- Explore ways of managing any patients or patient groups known to have not received their follow-up appointment.

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 at the trust as good because:

- There was a dedicated and experienced leadership team who had the abilities and commitment to deliver high quality care. They understood the challenges the organisation faced and were committed to sustainable care that extended beyond the borders of the hospital. They were visible and approachable for their staff and people who used or supported the service.
- The trust had a clear vision and strategy for the future. This included the local priorities for the Somerset Sustainability and Transformation Partnership (STP). The STP is part of NHS England's drive to design health and social care systems to meet the needs of an area, not just the individual organisations operating within it. There were a patient-focused set of values for the trust that had been in existence for the last 10 years. Staff told us that although that was the case, they remained valid today.
- There was a strong culture for delivering high-quality care. Most staff felt valued and supported to deliver care to the best of their ability. There were good independent reviews about the support to trainee doctors, and this had been the case for a number of years. Action was taken to address any poor performance inconsistent with the trust's values.

Summary of findings

This was regardless of seniority. Openness and honesty was encouraged at all levels and staff said they felt able to raise concerns without fear of retribution. There were good systems for performance reviews for staff. There were cooperative relationships among staff, including those developing through the trust's new alliance with Somerset Partnership NHS Foundation Trust.

- There were clear responsibilities, roles and systems to support good governance. The structures for governance meant each area was considered in accordance with its risks to patients and the organisation. Risks were therefore given the right priority. The information we were provided with, and assurances sought from the trust, gave us confidence that the financial position was now back in order, and was on track to deliver its commitments. There was learning from things that went wrong, including incidents, complaints and avoidable harm. The governance committees had clear roles and responsibilities, although we had some concerns about whether the workload for the quality assurance committee was manageable to allow quality to be delivered. The trust shared these concerns and was preparing to review the work of that group.
- Risks were addressed and aligned to the right people or teams to manage and resolve them. The board were made aware of the significant risks, along with those that might affect the delivery of the trust's strategic plans. Risks were taken into account when planning new services through a managed process to provide fairness and consistency. Serious incidents were investigated and followed through to completion, and learning required was followed to check it had been understood and acted upon.
- Information was provided so that the organisation could understand and respond to its performance. The performance measures were clear and well understood. Most information was provided to external bodies as required, and actions had been taken recently to provide some that had been delayed. Technology was being used by the trust to improve both the quality and timeliness of information and improve patient outcomes.
- The trust had engagement with the public, its staff, people who used services, and stakeholders, in order to take their views into account when planning services. There were positive and collaborative relationships with partner organisations and specifically with the local mental health and community trust for a new alliance.
- There was a strong focus on improvement. The organisation looked for continuous improvement in order to be more efficient and improve outcomes for patients. There were systems to consistently support improvement and innovation. This was celebrated at the trust and a number of improvements had been nationally recognised and given awards. The trust was a learning organisation.
- There was learning from significant events, such as the death of a person using the service. The trust was openly publishing its policy and data on patient deaths following a new requirement to do so.

However:

- There was insufficient evidence to be able to demonstrate the trust strategy was measurable and the board were assured it was being implemented as required and fit for the purpose intended.
- The board papers did not always demonstrate the open and professional challenge we were told happened.
- Not all performance reviews for staff (appraisals) were happening in line with trust targets.
- It was not clear how equality and diversity was promoted at the trust. Coupled with that, the trust had not made progress to reduce the disproportionate level of violence and aggression from patients and the public to staff identifying as from a Black and minority ethnic background.
- There was no people or workforce committee reporting to the board, despite concerns well known to the trust around staffing levels. The committee sat below another board committee and therefore did not have direct reporting. Our concerns around staff included performance reviews not meeting targets, promotion of equality and diversity, and some staff not feeling the trust had a high-enough priority for their wellbeing.

Summary of findings

- There was a lack of effective or sufficient security in some areas for patient records. We brought this to the attention of the senior executive team in August 2017, although it was still apparent the message had not been understood by all staff as we found further breaches in September 2017.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Dec 2017	Good →← Dec 2017	Outstanding →← Dec 2017	Good →← Dec 2017	Good →← Dec 2017	Good →← Dec 2017

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

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Musgrove Park	Requires improvement ↔ Dec 2017	Good ↔ Dec 2017	Outstanding ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017
Bridgwater Community Hospital	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Chard Hospital	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Minehead Hospital	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
West Mendip Community Hospital	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Overall trust	Requires improvement ↔ Dec 2017	Good ↔ Dec 2017	Outstanding ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017

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

Ratings for Musgrove Park Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↑ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↑ Dec 2017	Good ↑ Dec 2017
Medical care (including older people's care)	Requires improvement May 2016	Good May 2016	Outstanding May 2016	Good May 2016	Good May 2016	Good May 2016
Surgery	Good ↑ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017
Critical care	Requires improvement May 2016	Good May 2016	Outstanding May 2016	Good May 2016	Good May 2016	Good May 2016
Maternity	Requires improvement May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016
Services for children and young people	Requires improvement May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016
End of life care	Good ↔ Dec 2017	Requires improvement ↔ Dec 2017	Good ↔ Dec 2017	Good ↑ Dec 2017	Good ↑ Dec 2017	Good ↑ Dec 2017
Outpatients	Good Dec 2017	Not rated	Good Dec 2017	Requires improvement Dec 2017	Good Dec 2016	Good Dec 2017
Overall*	Requires improvement ↔ Dec 2017	Good ↔ Dec 2017	Outstanding ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017

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

Ratings for primary medical services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Warwick House Medical Centre	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017

Musgrove Park Hospital

Musgrove Park Hospital
Taunton
Somerset
TA1 5DA
Tel: 01823 333444
www.tsft.nhs.uk

Key facts and figures

Musgrove Park Hospital has around 550 inpatient beds and 57 daycase beds. There are around 850 outpatient clinics and 147 community clinics held each week. The trust operates a high dependency and intensive care unit, runs 15 operating theatres, and has 30 medical and surgical inpatient wards. It has a fully equipped diagnostic imaging department operating seven days a week, and a purpose-built cancer treatment centre, the Beacon Centre, which includes chemotherapy and radiotherapy facilities for both inpatients and outpatients.

The trust employs around 4,300 whole-time-equivalent staff (5,187 headcount). There are around 850 staff on the trust's temporary staff register (the 'bank').

Summary of services at Musgrove Park Hospital

Good ● → ←

Our inspection of the trust covered only this hospital. What we found is summarised in the Overall summary under the sub-heading Overall trust.

Urgent and emergency services

Good  

Key facts and figures

Urgent and emergency services are based at Musgrove Park Hospital and form part of the Acute Medicine Directorate.

In the year 2016/17, there were 64,256 attendances at the emergency department (ED). This equates to a daily average attendance of 176 people.

The ED, based in the Queen's Building, was expanded at the end of 2013, and now has 12 major cubicles, a four-bed resuscitation room and six minor cubicles, including a designated paediatric area. Following a successful bid for money relating to new models of care in emergency care, work had commenced on upgrading the minors area to provide seven consulting rooms and three treatment areas. There was also a new mental health assessment room being developed. This is part of the work to implement an integrated front door approach to managing attendances.

The department has introduced an integrated front door within the ED to manage all patients arriving at the department, whether delivered by ambulance, walk-in, self-referred or referred by NHS 111. It is staffed by practitioners with primary care skills and enables improved streaming and turnaround times for ambulances.

Jowett ward is a short-stay facility with seven beds and four chairs for patients who, for example, were waiting for results of blood tests, a bed in the hospital or for transport to take them home.

The Care Quality Commission last inspected the hospital in January 2016. We rated the emergency department as requires improvement overall. Safety was rated as inadequate and well led as requires improvement. The other areas were rated as good. The emergency department was issued with five requirement notices and ten recommendations for service improvement in the safe domain. We looked at changes the emergency department had made to address these concerns. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During the inspection visit, the inspection team:

- Talked with four patients and one relative.
- Observed staff giving care (generally and to five patients specifically).
- Reviewed six patient records.
- Looked at trust policies and performance information from, and about the trust.
- Talked with 32 members of staff at a variety of grades including doctors, department managers, lead nurses, nurses, assistant practitioners, health care assistants and administrative staff.
- Met with consultants, directorate managers and service improvement team members.

Summary of this service

A summary of this service appears in the Overall summary.

Is the service safe?

Requires improvement  

Urgent and emergency services

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

- Medicines on Jowett ward were not always managed safely.
- In July 2017, only 53% of patients were triaged within 15 minutes of arrival in the emergency department.
- Not all patients who were assessed as being at risk of sepsis were given fluids and antibiotics in a timely manner. Not all patients had their vital signs measured and recorded on arrival in the department.

However:

- There was a clear incident reporting process. Staff received feedback from incidents they reported. There was department-wide learning from incidents and any changes were implemented, embedded and reviewed.
- The majority of patients who were assessed at being at risk of sepsis were given fluids and antibiotics within four hours of their arrival in the department.
- Resuscitation trolleys and resuscitation equipment was available and checked according to trust policies and procedures.
- Staff had completed mandatory training and safeguarding training and there was a reliable system to monitor this. A comprehensive training programme ensured staff were competent to carry out their role.
- There were safe staffing levels to ensure safe and effective patient care.
- Working relationships between services within the hospital and the local community were good. There was effective sharing of information between organisations.
- Staff showed good compliance with infection control policies and procedures.
- The trust had business continuity plans in the case of an emergency or major incident.

Is the service effective?

Good  ➡ ⬅

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

- Most policies and procedures reflected current evidence-based guidance.
- A comprehensive training programme ensured staff were competent to carry out their role in the emergency department.
- Pain was assessed and managed well.
- Patients' food and drink needs were monitored and generally managed well.
- Staff worked well as a team to deliver effective care to patients.
- Staff had access to information about patients, which enabled effective care and treatment.
- Informed consent was generally sought and documented prior to commencement of treatment/procedures.

However:

- The department had yet to review the 50 standards for best practice in emergency care as issued in July 2017 by the Royal College of Emergency Medicine.

Urgent and emergency services

- There was not always access to drinks in the emergency department waiting area.

Is the service caring?

Good  → ←

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

- Patients were treated with compassion and respect.
- Privacy and dignity was respected in all aspects of care.
- Staff took the time to interact with patients and their relatives/carers. Patients said staff were kind and helpful.
- Staff communicated with patients so they understood the treatment they received and what was going to happen next.
- Staff understood the impact of the treatment/diagnosis on patients' emotional wellbeing and actively supported patients. Staff were able to signpost patients to relevant services that may be able to offer support and advice once they left the emergency department.

Is the service responsive?

Good  → ←

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

- Although the department was not meeting the target to treat people within four hours of their arrival, it was above the England average. The target was achieved in April 2017 and the trend was upwards. Far fewer patients waited for more than 12 hours compared with the England average.
- Services were planned and delivered to meet the needs of the local population.
- The service took into account individual needs. Staff were able to support people with additional needs.
- The department was accessible to people with mobility difficulties.
- There were facilities for people who were waiting, including enough chairs and space. There was a designated paediatric waiting area.
- Complaints were investigated and any lessons learned were shared with staff in the department and across the trust if relevant.

Is the service well-led?

Good  ↑

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

- Senior managers had the skills and experience to lead. Staff spoke highly of the senior management team telling us they were visible and approachable.

Urgent and emergency services

- The unit valued feedback from patients. Volunteers helped with internal audit processes and were invited to be part of the interview process in order to put the patient view.
- The department was undergoing changes in the layout to increase capacity and new ways of working. This was to ensure the patients saw the right person in a timely way and improved the flow through the unit.

However:

- The governance processes needed to ensure they contained evidence of learning from incidents, complaints and audits.

Outstanding practice

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

Areas for improvement

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

Surgery

Good   

Key facts and figures

We inspected Musgrove Park Hospital on an unannounced visit as part of the new phase of our inspection methodology. During the inspection, we did not visit any community locations such as community hospitals.

The hospital provides emergency inpatient surgical treatment, elective (planned) inpatient surgical treatment and day case surgery across a range of specialities including ophthalmology, vascular, colorectal, gastrointestinal, urology, gynaecology, head and neck surgery orthopaedics, bariatric and general surgery. There are 15 operating theatres including a surgical day unit, a children's day surgery unit, a surgical assessment unit and six surgical wards.

We inspected both wards and theatres at Musgrove Park Hospital:

- Barrington (vascular, bariatric and gastrointestinal)
- Blake (head and neck specialist surgery)
- Day Surgery Unit (dentistry, general surgery, ophthalmology, orthopaedic, urology and maxillo facial)
- Gould (trauma and orthopaedics)
- Hestercombe (women's health and elective orthopaedics)
- Montacute (colorectal and urology)
- Parkside (private suite)
- Surgical assessment unit and surgical admissions lounge
- Main theatres
- Recovery unit

Between April 2016 and May 2017, there were 29,663 surgical episodes of care carried out at Musgrove Park Hospital. Emergency admissions accounted for 8,260 (28%), 15,855 (53%) were day cases, and the remaining 5,548 (19%) were elective.

At our last inspection in January 2016, we rated surgery as good overall with safe rated as requires improvement. The surgical directorate was issued with one requirement notice and three recommendations for service improvement in safety. We looked at changes the surgical directorate had made to address these concerns.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

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

During the inspection visit, the inspection team:

- Spoke with 15 patients who were using the service and four relatives.
- Spoke with the managers or acting managers for the surgical directorate.
- Spoke with 67 other staff members; including matrons, doctors and nurses.
- Observed four handover meetings and three multidisciplinary meetings.

Surgery

- Reviewed 19 patient records relating to physical health, risk assessments and care plans.

Summary of this service

A summary of this service appears in the Overall summary.

Is the service safe?

Good  

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

- The service managed patient safety incidents well and learned from them. Incidents were recorded, investigated and acted on. There was clear evidence of action taken in response to never events and staff reported a supportive environment for incident reporting and learning.
- The service used safety-monitoring results well. Staff collected safety information and shared it with staff, patients and visitors with results clearly displayed on all wards we visited. The service used this information to highlight areas in the service that needed improvement.
- Staff prescribed, gave, recorded and stored medicines well. Action had been taken since our last inspection with fridge temperatures being routinely monitored and acted on. Patients received the right medication at the right time.
- Staff kept appropriate records of patients' care and treatment. Records we viewed were legible, accurate and informative. Staff had access to the information they required and the trust were in the process of moving from paper-based to electronic records.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm. Although there were vacancies, staff worked hard to ensure services were run safely and patients were cared for. Handovers were informative and ensured all staff were aware of potential risks or issues. There was good coverage from experienced and senior medical staff and junior staff reported feeling well supported.
- The service planned for emergencies and staff understood their roles if one should happen. There was a clear major incident plan with clear instructions for wards, theatres and staff.
- Staff understood how to protect patients from abuse and worked well with other agencies to do so. All safeguarding levels were above the trust target for compliance and staff had a good knowledge of what constituted abuse, and their roles and responsibilities in recognising and reporting concerns.
- Appropriate risk assessments and actions were taken to highlight and act on patient's risk. Since our last inspection, steps had been taken to ensure sepsis monitoring was recorded and acted on appropriately. The World Health Organisation (WHO) surgical safety checklist was now an embedded part of practice with safety at the forefront. We saw evidence of comprehensive safety huddles and WHO checklists being undertaken.

However:

- Some parts of the service did not comply with infection control protocols. It was unclear if equipment was clean. We reported finding soiled commodes on a ward during the first day of our inspection and they were still dirty the next day. Areas were not fully compliant with Health Building Note (HBN) 00-09 and fridge temperatures in kitchens were not always checked.

Surgery

- Not all premises and equipment were suitable. Although there had been an improvement on the checking of resuscitation trolleys, they were not always completed on Montacute Ward. Waste was not always stored and removed in line with guidelines. There were concerns raised by staff about the environment in theatres with small, cramped anaesthetic rooms and malfunctioning air handling units causing issues with the ventilation. In addition, 'safer sharps' were not always in use.
- Storage and tracking of documents used for the prescription of medication was inconsistent. Some FP10 prescription pads were not clearly documented and tracked.
- Mortality and morbidity meetings were not always recorded. Meeting minutes were not consistently taken by all specialities.

Is the service effective?

Good  ➡ ⬅

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

There were processes to ensure care and treatment followed current evidence-based national guidance. The directorate undertook local audits and participated in national audits. When concerns about performance were highlighted, the directorate took action to evaluate practice in order to identify opportunities for service improvement.

- Staff assessed and managed patients' pain effectively.
- Medical and nursing staff had the training, skills, knowledge and experience to deliver safe and effective care and treatment to patients.
- There was good evidence of multidisciplinary working between medical staff, nursing staff and allied healthcare professionals.
- The service generally complied with national standards to provide clinical services seven days a week. The service was aware of service improvement needs and had an action plan to achieve this.

However:

- Staff in recovery did not have immediate life support training. This was not in line with UK national core competencies for post-anaesthesia care (2013) competency 13.2.
- Processes to ensure all nursing staff had completed competency training was lacking on most inpatient wards. Managers did not have oversight of completed competencies for staff undertaking additional tasks and where these were not covered by mandatory training updates.
- Compliance with performance reviews (appraisals) was below the trust target for staff working in the surgical directorate.
- Not all care plans for nutrition and hydration were completed and acted upon for patients deemed to be at risk.

Is the service caring?

Good  ➡ ⬅

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

Surgery

Staff cared for patients with compassion. Patients spoke overwhelmingly of the kindness of staff and how staff took the time to ensure things were explained in a compassionate way. Staff paid good attention to ensure patients' privacy and dignity were maintained and there were positive Friends and Family test results.

- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives informed us they felt their needs and decisions were respected and were kept informed and involved with decisions when appropriate.
- There was good emotional support provided which extended to recognising patients' mood and levels of anxiety and involved relatives / next of kin as appropriate. There was recognition that emotional support was needed beyond those emotions relating to a patient's physical health.

However:

- Staff sometimes did not communicate with patients and their relatives in a manner that ensured patients understood their care, treatment and condition. We spoke with two patients who had not been informed of test results or potential diagnosis.

Is the service responsive?

Good   

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

The trust planned and provided services in a way that met the needs of local people. Surgical patients were given a bed on a surgical ward. There were very few operations cancelled in the last six months due to bed capacity. Actions had been put in place to reduce theatre cancellations and make better use of them, with few unused theatres slots per week. Patients' length of stay was better than the England average.

- The service took account of patients' individual needs. Staff had a good understanding of managing and helping patients living with dementia and those with additional needs such as visual and hearing impairments, learning disabilities and people who required translation services. Reasonable adjustments were made to ensure disabled people could access and use services on an equal basis to others and arrangements were in place to manage complex discharges.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Actions taken from complaints were shared with the complainant where appropriate. Learning from complaints was shared amongst directorates via complaint reports reviewed at directorate and speciality team meetings. Complaints were mostly acted on in an appropriate timeframe.

However:

- In some specialities, the directorate was not achieving targets for patients receiving treatment within the national targeted timeframe.
- There were some issues with patients' discharges being delayed.

Is the service well-led?

Good   

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

Surgery

- Staff felt supported and valued by their managers.
- There was a good culture amongst staff and staff enjoyed their work.
- Directorate leads understood challenges to quality and sustainability in the delivery of safe and effective care. There were good examples of effective changes when the quality of care and treatment provided, was not meeting standards.
- There was an effective governance structure and senior staff had a clear understanding of this. There were regular meetings to review performance and clear communication routes to trust and board level.

However:

- There was a directorate risk register, which contained the highest risks in the directorate. However, risk registers at speciality, department or ward level were not always updated.
- Staff were not always able to regularly attend staff meetings. There was not always a clear process to ensure staff unable to attend were given sufficient information about issues discussed.
- The service sought feedback from patients. However, the response rate was poor and there was not a consistent approach to address this to enable service improvement.
- Records were not stored securely in all wards we visited.

Outstanding practice

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

Areas for improvement

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

End of life care

Good  

Key facts and figures

The trust provides end of life care at Musgrove Park Hospital. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services. The trust had 1,147 deaths between 1 April 2016 and 31 March 2017.

Summary of this service

A summary of this service appears in the Overall summary.

Is the service safe?

Good   

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

- The service managed patient safety incidents well. Staff understood how to report incidents and shared lessons learned with the whole team and the wider service.
- The areas we visited were visibly clean and well maintained by the staff.
- Records were generally clear, up-to-date, and available to all staff providing care. Two new forms had been introduced, to promote individualised care and to clearly record agreed ceilings of treatment. There had been work done to ensure their use was widespread and that staff on the wards were aware of the new documentation.
- Staff within the service had all completed safeguarding training and all were up to date with their required mandatory training.

However:

- The mortuary service had premises and equipment that were in need of replacement or updating. The mortuary and some of its equipment were listed on the trust risk register and some equipment, but not all, was due to be replaced.
- We found some inconsistencies in the recording of the treatment escalation plan (TEP), and the end of life care plan. The do not attempt cardiopulmonary resuscitation forms (DNACPR) were part of the TEP form. The inconsistent completion could mean there was a risk that patients' choices and preferences for care may not be met.

Is the service effective?

Requires improvement   

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

- Staff did not fully understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. We saw evidence that a patient with mental capacity was not fully involved in decision making about their care and treatment.

End of life care

- There were inconsistencies in the provision and delivery of syringe driver training and a lack of clarity amongst staff on the policy for this training.
- The specialist palliative care and end of life team did not provide a seven-day service and there were currently no plans for this to be delivered.
- Documentation on mental capacity assessments for patients was not recorded consistently.
- There was potentially a low referral to the specialist palliative care.

However:

- The trust had implemented a number of changes over the previous 18 months to support the improvement of effective care for patients with end of life care needs. This had included introducing new documentation, such as the TEP (Treatment Escalation Plan) form, and an individualised end of life care plan.
- A project was in place to introduce and promote advance care planning.
- Regular auditing of a range of measures around end of life care was being undertaken. There was an action plan in place following the results from the most recent National Care of the Dying audit.
- All staff working within services we inspected were well trained, supervised, had completed staff performance reviews (appraisals) and, when appropriate, were receiving clinical supervision.

Is the service caring?

Good   

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

- The evidence was universally positive about the way patients and relatives were treated by staff. Staff cared for patients with compassion and treated them well and with kindness.
- Patients were respected and valued as individuals.
- Staff provided emotional support to patients to minimise their distress. Staff demonstrated they understood the impact a patient's condition had on their wellbeing and that of their relatives.
- We saw feedback from relatives in the form of cards and letters sent to the wards, thanking staff for their support and kindness. All the relatives and patients we spoke with were positive about their involvement and understanding in the care they were given.

Is the service responsive?

Good  

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

- Staff were proactive in their approach to understanding individual patients' needs and wishes. They were positive in their approach to meeting the needs of vulnerable people.
- Rapid discharge was provided for patients when the appropriate packages of care or placements were available in the community.

End of life care

- The service was improving and developing the role of spiritual care with the rebranding of the chaplaincy service to a spiritual care service.
- The bereavement and mortuary services provided a flexible and compassionate approach to meeting the individual needs of patients and their families.
- Patients were provided with good written information and appointments were arranged flexibly to meet individual needs.

However:

- The trust did not audit the recording of end of life patients preferred choice of care and whether the fast-track discharge system was meeting patients' needs.

Is the service well-led?

Good   

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

- There was good leadership and involvement in the implementation of the end of life care strategy across the trust from ward level to the board. The vision for the service was well understood and staff were well engaged with the trust.
- A new governance structure had been put into place, which was working well and understood by the different services involved within the relevant directorate. Action plans were in place that were monitored and reported on.
- Staff felt listened to and involved with developments and were able to contribute to the improvement and development of end of life care services.
- Staff were proud of their work and the quality of service that was delivered to patients and relatives.

Outstanding practice

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

Areas for improvement

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

Outpatients

Good 

Key facts and figures

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We inspected Musgrove Park Hospital on an unannounced visit as part of the new phase of our inspection methodology.

Taunton and Somerset NHS Foundation Trust outpatient services for adults are provided at Musgrove Park hospital and other locations in the community. There are four main outpatient areas at Musgrove Park Hospital with other specialist clinic services delivered elsewhere in the hospital. Other locations where services are delivered include Bridgwater, Burnham on Sea and Minehead Community hospitals.

During our inspection, we visited the main outpatients' department, ophthalmology, dermatology, trauma and orthopaedics, audiology, rheumatology, urology, the Beacon Centre (oncology and haematology) and cardiology. We also visited the therapies department including physiotherapy and dietetics.

We spoke with 18 patients and five relatives, 34 members of staff including administration staff, managers, matrons, nurses, healthcare assistants, therapy staff, doctors and a pharmacist. We looked at 10 sets of medical records, some of which were computerised.

Between 1 April 2016 and 31 March 2017, the trust had 389,081 first and follow-up outpatient appointments.

Summary of this service

A summary of this service appears in the Overall summary.

Is the service safe?

Good 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated safe in outpatients as good because:

- The service managed patient safety incidents well and learned from them. Incidents were recorded investigated and acted on. There was clear evidence of action taken in response to the serious incident in ophthalmology. Staff told us they had a good understanding of incidents and felt confident to report them. The large number of no and low harm incidents indicated a good incident reporting culture.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. Outpatient areas were visibly clean and uncluttered. Emergency medicines and resuscitation equipment were readily available and in date. Daily and weekly checks were recorded and the trolleys were tamper evident.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

Outpatients

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Staffing numbers were stable and there was a relatively low use of bank and agency staff.

However:

- The two visitor toilets in corridors outside the north reception were in an unacceptable condition and there was no cleaning schedule in either toilet.
- Clinical rooms containing the locked drug cupboards were not themselves locked when unoccupied. Single use eye drops were not stored securely within the ophthalmology consulting rooms and the rooms were not locked when empty.
- The mandatory training for outpatient nursing staff was below trust target for basic life support and manual handling. There was no staff training competency log for equipment in the outpatients department.

Is the service effective?

Not sufficient evidence to rate ●

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

Effective was not rated, as we are not confident we are collecting enough information to rate this area.

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. The trust contributed to national clinical audits within outpatients.
- New patients attending outpatients were nutritionally risk assessed in line with national guidelines.
- The service made sure staff were competent for their roles. There was good multidisciplinary working within different speciality outpatients.
- Staff understood their roles and responsibilities in relation to consent.

However:

- Performance reviews (appraisals) for nursing staff in outpatients did not meet the trust target.
- The trust did not record the actual percentage of patients seen in outpatients without the full medical record being available.

Is the service caring?

Good ●

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated caring in outpatients as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

Outpatients

- Staff told us of a range of methods they used to manage patients with extra needs such as mental health issues, learning disability, autism or dementia.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The Beacon Centre had two nurse counsellors who saw staff, patients, relatives, carers and bereaved people as required.

Is the service responsive?

Requires improvement 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated responsive in outpatients as requires improvement because:

- People could not always access the service when they needed it. The outpatients' service was not achieving targets for people waiting less than 62 days from urgent GP referral to first definitive treatment. The service was not meeting referral to treatment times (incomplete pathway) set by NHS England for a large proportion of the specialties in outpatients.
- There were capacity issues for computerised tomography (CT) scans. Availability of appointments to improve cancer waiting times for people seen by a specialist within two weeks of an urgent GP referral was also an issue.
- The trust was unable to quantify the percentage of patients who waited over 30 minutes to be seen after arrival at their outpatient appointment.

However:

- The service took account of patients' individual needs. Staff had a good understanding of managing and helping patients living with dementia and additional needs. This included visual and hearing impairments, learning disabilities and people who required translation services when visiting outpatients. There was good access for people with disabilities.
- The trust planned and provided services in a way that met the needs of local people. This included the use of virtual clinics in orthopaedics and ophthalmology.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Is the service well-led?

Good 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated well-led in outpatients as good because:

- Staff felt supported and valued by their managers. There was a good culture among staff and they enjoyed their work.

Outpatients

- The trust had managers at all levels in outpatients with the right skills and abilities to run a service providing high-quality sustainable care. Leaders had the experience, knowledge and skills to manage the various outpatients' services and had attended the in-house and external leadership courses.
- There was an effective governance structure and senior staff had a clear understanding of this. There were regular meetings to review performance and clear communication routes to trust and board level.
- The trust vision and corporate strategy was part of the improvement programme and the developments in outpatients.
- Staff we spoke with felt the culture in outpatients had improved in the last year with positive reinforcement from management.
- The trust was planning more patient engagement for outpatients with 'Musgrove Partners' and a newly appointed patient experience lead.

However:

- There were a number of lapses in the security of patient records.

Outstanding practice

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

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

This inspection was led by Mary Cridge, Head of Hospital Inspection, and Alison Giles, Inspection Manager. Three NHS specialist advisors supported the well-led inspection.

The team for the core services inspection included seven inspectors and eight specialist advisers. Specialist advisers are experts in their field who we do not directly employ.