

# Royal Devon and Exeter NHS Foundation Trust

## Inspection report

Royal Devon and Exeter Hospital (Wonford)  
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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 

Are resources used productively?

Good 

# Summary of findings

## Combined quality and resource rating

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.

## Background to the trust

The Royal Devon and Exeter NHS Foundation Trust (RD&E) provides integrated health and care services across Exeter and East and Mid Devon. With 8,000 staff, it manages a large acute teaching hospital, twelve community sites and provides acute and community services to a core population of over 450,000.

As a teaching hospital, the RD&E delivers undergraduate education for a full range of clinical professions; is established as a centre for high quality research and development in the South West peninsula and is the lead centre for the University of Exeter Medical School. The RD&E became one of the first foundation Trusts in 2004.

The main hospital sites are Wonford and Heavitree in Exeter, but increasingly the trust is providing care closer to home. Since 2016 the trust has provided community services for adults in East and Mid Devon which includes managing the day case surgery activity in East Devon community hospital theatres, community midwifery services, renal dialysis units, and the early supported discharge stroke scheme. The trust manages a minor injury unit at Honiton Hospital and a GP service at Castle Place Practice at Tiverton and District Hospital.

The trust manages over 100,000 emergency department attendances, over 600,000 outpatient attendances and over 125,000 day-case or inpatient admissions each year.

The trust had a stable executive team. Through a joint working agreement some of the executive team, including the chief executive officer and the medical director shared their time with Northern Devon NHS Trust.

## Overall summary

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

## What this trust does

The main hospital sites are Wonford and Heavitree in Exeter, but increasingly the trust is providing care closer to home. Since 2016 the trust has provided community services for adults in East and Mid Devon which includes managing the day case surgery activity in East Devon community hospital theatres, community midwifery services, renal dialysis units, and the early supported discharge stroke scheme. The trust manages a minor injury unit at Honiton Hospital, manages Mardon Neuro-rehabilitation unit, a 12 bedded inpatient facility for rehabilitation following a significant brain injury, and a GP service, Castle Place Practice, at Tiverton and District Hospital.

Community services provided to the population of East Devon include community adults, three inpatient facilities, and community end of life care (provided by the same team as the community adults service). Specialist services provided by the trust include the Princess Elizabeth Orthopaedic Centre (PEOC), the Centre for Women's Health (maternity, neonatology and gynaecology), cancer and renal services, and Exeter Mobility Centre.

The trust provides the following acute services at the Royal Devon and Exeter Hospital (Wonford):

- Urgent and emergency care

# Summary of findings

- Medical care (including older people's care)
- Surgery
- Critical Care
- Maternity
- Services for children and young people
- End of life care
- Outpatients
- Diagnostic imaging
- Renal services (provided in the acute trust and in the community)

The trust provides the following acute services Honiton Hospital:

- Urgent and emergency care (minor injuries unit at Honiton Hospital)

The trust provides the following acute services at Mardon Neuro-rehabilitation Unit:

- Rehabilitation services

The trust provides the following community services:

- Community health services for adults
- Community health inpatient services
- Community end of life care

The trust provides the following primary care service at Tiverton District Hospital:

- Castle Place Practice

## 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.

On 15-17 January 2019, we inspected three core services provided by the trust on the Royal Devon and Exeter Hospital (Wonford) acute location. We also inspected three community services provided by the trust. On 16 January 2019 we

# Summary of findings

inspected Castle Place Practice. On 15 and 16 January 2019 we inspected Mardon-neurological rehabilitation unit and on 17 January 2019 we inspected urgent and emergency care at Honiton Hospital. We returned, unannounced on Monday 21 January to continue our inspection with community end of life care. We also returned, announced, to renal services on 6 February 2019.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of the 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 5-7 February 2019.

The last fully comprehensive inspection was published in February 2016, prior to the trust acquiring community services, and the trust was rated as good. We chose to inspect medical care (including older people's care) at Royal Devon and Exeter Hospital (Wonford) and outpatients based on previous ratings and current risks known to CQC. We inspected renal services for the first time due to its significance to the population of Devon. We inspected all community services, urgent and emergency care at Honiton Hospital and Castle Place Practice as this is the first time they have been inspected. We also inspected Rehabilitation services at Mardon Neuro-rehabilitation Centre.

Neither Rehabilitation services at Mardon Neuro-rehabilitation Centre or Renal Services at Royal Devon and Exeter Hospital (Wonford) are aggregated with the overall rating as they are tertiary services.

## What we found

### Overall trust

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

We rated trust wide well led as good. This was the same rating as the previous inspection.

Medical care was rated good overall. For medicine we rated all five domains of safe, effective, caring, responsive and well led as good. This was an improvement for safety from requires improvement to good and all other domains remained the same.

Renal services was rated outstanding overall. For renal services we rated safe as good and the remaining domains of effective, caring, responsive and well led as outstanding. This service has not been inspected before.

Outpatients was rated good overall. For outpatients we rated safe, effective, caring and well led as good and responsive as requires improvement. This was an improvement for safety from requires improvement and all other domains remained the same.

Community health services for adults was rated good overall. For community health services for adults we rated effective, caring, responsive and well led as good and safety as requires improvement. This service has not been inspected before.

Community health inpatient services was rated good overall. For community health inpatient services or adults, we rated effective, caring, responsive and well led as good and safety as requires improvement. This service has not been inspected before.

Community end of life care was rated requires improvement overall. For community end of life care we rated safe, effective, responsive and well led as requires improvement. We rated care as good. This service has not been inspected before.

Urgent care was rated good overall. We rated all five domains of safe, effective, caring, responsive and well led as good. This service has not been inspected before.

# Summary of findings

Mardon Neurological Rehabilitation Centre was rated good overall. We rated safe, effective, responsive and well led as good and caring as outstanding. Safe, caring and well led went up one rating from the last inspection.

## Are services safe?

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

In medical care we found Improvements had been made to the storing of potentially hazardous substances and Improvements had been made to the management of patients with mental illness within the acute medical unit. There were systems and processes in place to prevent and protect people from healthcare-associated infection. We saw evidence that staff identified and responded appropriately to changing risks to people who used services. Staff wore protective personal equipment and washed their hands before and after patient contact. Staff we spoke with in each area had demonstrable knowledge of learning from incident investigations. However, Nursing vacancies and recruitment on some wards, particularly the elderly care wards, presented challenges to the existing teams. Not all fridges storing medication were having their temperatures regularly checked and recorded and some liquid medications and topical remedies did not have the date of opening recorded.

In renal services, we found the service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service controlled infection risk well. Standards of cleanliness and hygiene were maintained. The arrangements for managing waste and linen kept patients safe. The maintenance and use of equipment kept patients safe. Staff identified and responded to changing risks to patients who used services, including deteriorating health and wellbeing, medical emergencies or challenging behaviour. The service had enough medical and nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm. Staff kept clear and detailed records of patients' care and treatment. service followed best practice when prescribing, giving and recording medicines. However, Staff did not always complete and update risk assessments for each patient. Care planning documentation was not always up-to-date and individual care records, including clinical data, were not managed in a way that kept patients safe.

In outpatients, staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Risk assessments were carried out for patients and were developed in line with national guidance. Staff could describe the processes involved when managing a deteriorating patient. Records were clear, up-to-date and available to all staff providing care. There were arrangements which ensured the safety of controlled drugs and chemotherapy given in outpatients. Staff understood their responsibilities to report patient safety incidents and staff had a good understanding of the duty of candour and could describe when it would be used. However, there were some gaps in checking of resuscitation equipment in medical outpatient clinic. In the respiratory clinic, patient group directions had not been signed by staff and medical staffing continued to be a risk for the trust due to vacancies and sickness.

In community health services for adults we found Staff did not always complete and update risk assessments for each patient. There was no clear process to monitor patient deterioration and sepsis across the community adult service and Individual care records were not always fully integrated or consistently managed. However, the service provided mandatory training in key skills. The service controlled infection risk well. There were enough staff with the right qualifications, skills, training and experience to keep people safe. Staff followed best practice when prescribing, giving and recording medicines and Staff understood their responsibilities to raise concerns.

In community health inpatient services we found Staff were provided with training in safety systems, processes and practices, however not all staff had met the trust target for training compliance. At Tiverton hospital, the control of infection was not consistently practiced. There was maintenance and refurbishment work waiting to be carried out at Exmouth hospital. At Tiverton hospital, staff did not consistently follow a system to track and record the FP10 prescription pads and The independence of patients was not always supported as they were unable to fully self-

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administer their own medicines. However, Systems, processes and practices kept people safe and safeguarded from abuse. Standards of cleanliness and hygiene were maintained. The maintenance and use of facilities, equipment and premises kept people safe. Risks to people were assessed and Staff reported incidents and lessons were learned and improvement made when things went wrong.

In community end of life services, we found the service did not ensure that staff maintained essential skills and up to date knowledge of safety systems specifically relevant to end of life care. Records in community settings were not always available to staff providing care and did not contain all information relevant to the care of end of life patients. The trust did not use safety performance data to specifically monitor the safety of the community end of life care service and There were insufficient assurance mechanisms to mitigate the risk of cross contamination in the community mortuary. However, The service managed patient safety incidents well. Staff understood how to protect patients from abuse. Staff could access appropriate safety equipment for patients. When patients deteriorated, there were clear systems to communicate the agreed pathway of emergency treatment escalation for individual patients. Staff completed essential risk assessments for each patient and there was appropriate staffing to meet the needs of the patient.

In urgent care we found staff were knowledgeable about the risks to vulnerable adults. Systems were used to report, investigate and learn from incidents. Cleanliness, infection control and hygiene were well managed. The premises were suitable for their purpose and maintained to ensure patient safety. Staff responded appropriately to changing risks including deteriorating health and wellbeing. Staffing levels were consistently maintained. All records were fully completed, legible, signed and dated and Medicines were managed in a way that kept patients safe. However, Although a programme of mandatory training was provided for all staff to keep patients safe, mandatory training compliance did not meet the trust's target of 75% completion. Security alarm systems were under consideration to ensure safety of staff and patients. Out of hours and at weekends, when reception staff were not employed. Delays to emergency patients being transferred by ambulance to the acute hospital were not raised as incidents or monitored.

In Mardon Neuro-rehabilitation Centre, we found mandatory training was completed by nursing, medical and non-clinical staff. Safeguarding systems, processes and practices were used to keep patients safe. There have been improvements in how medicines are managed at the Mardon centre. The service controlled infection risk well. The maintenance and use of facilities, premises, and equipment generally kept people safe. Each patient was assessed to ensure their needs were identified and managed. Staffing levels and skill mix were planned, implemented and reviewed to keep patients safe. However, Access to new wheelchairs was not always timely with delays in process. Registrar cover was not consistent. Occupational therapy and psychology staff numbers were lower than the BRSM guidelines. The results of the safety thermometer were not publicly displayed to enable patients and staff to see the results.

## Are services effective?

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

In medical care we found, Policies and procedures provided for staff referenced national guidelines and legislation. Patients admitted onto the acute medical unit were seen and reviewed promptly by a consultant to maximise continuity of care. Patients' nutrition and hydration needs were assessed and met in line with national guidance. The trust took part in the Sentinel Stroke National Audit. Patients had their assessed needs, preferences and choices met by staff with the appropriate skills and knowledge. All necessary staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. All staff had completed training. However, Not all paperwork relating to capacity assessments was completed consistently and some best interest assessments were not fully documented.

In renal services, the service provided care and treatment based on national guidance and evidence of its effectiveness. Water testing and disinfection of the water plant and haemodialysis machines were all carried out in line with best



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practice guidelines. Staff gave patients enough food and drink to meet their needs and provided dietary support to improve their health. Staff assessed and monitored patients regularly to see if they were in pain. Managers monitored the effectiveness of care and treatment and used the findings to improve them. Information about the outcomes of patients' care and treatment was routinely collected and monitored. Staff supported patients to be involved in monitoring their health. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

In outpatients, patients' care, treatment and support achieved good outcomes, promoted a good quality of life and was based on the best available evidence. Consent to care and treatment was sought in line with legislation and guidance. Staff had access to information required to deliver effective care. Patients' physical, mental health and social needs were holistically assessed. Patients' pain was assessed and managed including those with difficulties in communicating. In surgical outpatients, staff monitored the effectiveness of care and treatment and used the findings to improve them. Training had been introduced for staff to encourage them to ask patients if they smoked and offer them referral to the smoking cessation advisor. The service made sure staff were competent for their roles. Patients were empowered and supported to manage their own health, care and wellbeing to maximise their independence. However, clinical supervision was not embedded in clinical practice for nursing staff and appraisal rates in medical outpatients did not meet the trust target.

In community health services for adults we found the service provided care and treatment based on national guidance and evidence of its effectiveness. Staff assessed and monitored patients regularly to see if they were in pain. Managers monitored the effectiveness of care and treatment and used the findings to improve them. Managers made sure they had staff with a range of skills needed to provide high quality care. Staff from different disciplines worked together as a team to benefit patients and staff supported patients to make decisions on their care for themselves.

In community health inpatient services we found care, treatment and support provided to patients achieved good outcomes, promoted a good quality of life and was based on the best available evidence as included within policies and procedures. Patients' nutrition and hydration needs were met and outcomes were monitored. Staff teams and services within and across organisations worked together to deliver effective care and treatment. Consent to care and treatment was always sought in line with legislation and guidance. However, Not all staff were familiar with which national guidelines were in use and not all policies were up to date. Also, not all staff had an up to date appraisal.

In community end of life services, we found There were no systems to ensure that the service provided care and treatment based on national guidance and evidence of its effectiveness. Managers did not have any objective information regarding the quality of the community end of life care service for patients living in their own homes. Community nursing staff were not consistently assessing and reviewing patients pain in a comprehensive way. Nursing team managers did not have systems to provide assurance that staff maintained ongoing competencies in critical end of life care tasks and The trust did not routinely monitor and record clinical supervision. However, New staff participated in an induction programme and in therapy services. Staff followed processes to provide continuity of care. Staff of different kinds worked together as a team to benefit patients in the last few days of life and Staff understood their roles and responsibilities under the Mental Capacity Act 2005.

In urgent care we found the trust's policies and services were developed to reflect best practice and evidence-based guidelines. Pain management was well organised and established as part of triage and treatment. The trust reviewed the service they provided for effectiveness. Staff had the right qualifications, skills and knowledge to do their jobs effectively. The MIU staff worked with organisations to deliver effective care and treatment. Patients had access to information to help them understand their care and treatment and promote good health and patients' consent to care and treatment was sought in line with legislation and guidance.

In Mardon Neuro-rehabilitation Centre, we found policies and guidelines had been developed in line with national policy including the National Institute for Health and Care Excellence (NICE) guidelines. Patients had their nutrition needs and hydration needs met. Staff assessed and managed patients' pain effectively. Standard and non-standard assessments

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were undertaken and monitored to show that sufficient therapy support was provided and that the rehabilitation service met patient's needs. Staff worked collaboratively with other health professionals. Training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) is included in the trust's safeguarding adults training module. However, data collected monthly to monitor the service was not reliably recorded. Mardon House staff received an appraisal, less than the trust target of 80% and Mental capacity assessment for one patient had not been fully completed.

## Are services caring?

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

In medical care, we found Patients were treated with kindness, dignity, respect and compassion when in receipt of care and treatment and Patients were given appropriate and timely support and information to cope emotionally with their care, treatment or condition.

In renal services, staff cared for patients with compassion. There was a strong, visible patient-centred culture. Staff gave time to patients and their relatives and they were not hurried for responses. Staff were motivated to offer care which promoted people's dignity. Staff provided emotional support to patients to minimise their distress. Staff could signpost patients to additional support about their condition and staff involved patients and those close to them as active partners in making decisions about their care and treatment.

In outpatients, we found staff cared for patients with compassion. In the National Cancer Survey 2018, the trust performed well and was in the top 10 nationally. Staff took the time to interact with people who used the services in a respectful and considerate way. All staff could identify how they would respond to somebody in distress to help preserve their privacy and dignity. Patients were given support and information to cope emotionally with their care, treatment or condition and advised how to find other support services both locally and nationally and staff involved people who used services and those close to them in planning and making shared decisions about their care and treatment. However, patients were not always able to speak to the receptionist without being overheard.

In community health services for adults we found staff treated patients with compassion and kindness and showed an encouraging, sensitive and supportive attitude. Staff understood the impact that patient care, treatment or their condition had on their wellbeing and on those close to them, both emotionally and socially. Staff involved patients and those close to them in decisions about their care and treatment and Patients' carers, advocates and representatives including family members and friends were identified, welcomed, and treated as important partners in the delivery of care.

In community health inpatient services, we found the service involved and treated patients with compassion, kindness, dignity and respect. Patients and those close to them were provided with emotional support when needed. Relatives, friends and carers were able to choose the time they visited the wards and staff supported people to express their views and be actively involved in making decisions about the care.

In community end of life services, we found staff cared for patients with compassion. Staff were consistently caring. Community nursing staff tried wherever possible to protect patients' dignity and treated patients with respect. 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 and Staff showed empathy and kindness towards patients' relatives/carers.

In urgent care, we found Staff treated patients with kindness, dignity, and respect. Staff showed an encouraging, supportive and sensitive attitude to patients and those close to them. Patients' privacy and confidentiality was respected and staff understood the importance of involving relatives and carers in the treatment of some patients.



# Summary of findings

In Mardon Neuro-rehabilitation Centre, we found throughout our inspection, we observed patients were treated with the highest levels of compassion, dignity and respect. Staff were kind and supportive to patients and their relatives. Staff understood the impact the care, treatment or condition might have on patients and families and Patients told us that they felt involved and included in decisions about their care.

## Are services responsive?

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

In medical care, we found the trust planned and provided services in a way that met the needs of local people. Care and treatment was consistently delivered with consideration of patients' individual needs, including those in vulnerable circumstances. All staff received training in dementia and delirium. The trust had been proactive in making improvements to the access and flow of patients and the service treated concerns and complaints seriously, investigated them and learned lessons from the results.

In renal services, the needs of local people were central to the planning and delivery of tailored services within the renal care. People could access the service when they needed it. The service reflected the needs of the population served and provided flexibility and choice for patient care. The service took account of patients' individual needs and their preferences were central to the delivery of tailored services. Services were planned to consider the needs of different patients to enable them to access care and treatment. Specialist services for younger adults' patients were available. There were arrangements to provide treatment for patients with complex needs or learning disability. However, not all complaints were responded to with an outcome within the trust target.

In outpatients, there was a clear disparity between the clinics' capacity to see patients, and the demand for services. There was not always sufficient car parking available on site. The environments of some clinics were not arranged to optimise the privacy and dignity of patients. Outpatient departments were clearly signposted but there were no environmental adaptations of signage for patients with special requirements. There was a backlog of administrative work that was creating delays between clinics and letters being typed. There was not a reliable trust-wide reliable triage system for reviewing patients who were not able to book an appointment. The trust performed worse than the operational standard for people being seen within two weeks of an urgent GP cancer referral. The trust failed to meet the operational standard for cancer patients receiving their first treatment within 62 days of an urgent GP referral. However, The trust had an accessible information and communication needs policy for staff members to help and support communication needs of patients and carers associated with a disability and services provided by the trust reflected the needs of the population served and tried to offer flexibility, choice and continuity of care.

In community health services for adults we found patients could usually access the service closest to their home when they needed it. Services were delivered, made accessible and coordinated to account for the needs of different people. Reasonable adjustments were made so that patients with a disability could access and use services on an equal basis to others. The service understood the importance of meeting patients' mental health needs. Staff worked across services to coordinate involvement with families and carers and the service treated concerns and complaints seriously. However, the need for the community adults service teams to provide cover for the lack of domiciliary care was reducing the capacity of the teams to support patients. Also, some patients were not always able to access therapy treatment at the right time.

In community health inpatient services People received personalised care that was responsive to their needs. The staff took account of patient's individual needs, including for patients who lived with dementia, learning disability, physical disability and sensory loss. People could access the right care at the right time within the community hospitals and complaints were listened and responded to and used to improve the quality of care.

In community end of life services, we found managers did not have processes to know whether the service provided was meeting the needs of their population in relation to end of life care. There were no protocols for identifying patients in

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the last 12 months of life and staff were not completing individual personalised care plans to meet the holistic needs of dying patients. However, there were localised examples of proactive planning at a local level to meet the needs of community end of life care patients. service took some account of individual need. There were systems to ensure equitable access to the community end of life service and patients could access the service when they needed it.

In urgent care, Services provided reflected the needs of the local population where possible, and were responsive to patients' needs. The minor injury unit took account of patients' specific individual needs. Patients accessed care and treatment in a timely way. We observed patients being treated promptly and teamwork between staff ensured patients were booked in, triaged, treated and discharged quickly and safely and complaints were handled in accordance with trust policy and within the provided timescale.

In Mardon Neuro-rehabilitation Centre, we found services were planned and delivered in a way that met the needs of the local population. Patients were treated as individuals with treatment and care being offered in a flexible way and tailored to meet their individual needs. The needs of each patient were considered when planning and delivering the service and patients had access to information about how to make a complaint and complaints were taken seriously by the trust.

## Are services well-led?

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

In medical care, the medical division was provided with good leadership. The medical division had a clear set of objectives and targets around performance and the improvement of care. There was a positive culture in the hospital. There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. The trust had effective systems for identifying risks and Patients and staff views and experiences were gathered and acted on to shape and improve the services and culture.

In renal services, managers at divisional and unit level had the right skills and abilities to run a service providing high-quality sustainable care. The senior leaders demonstrated enthusiasm for their roles and a commitment to improving the quality of the service. The strategy for renal services was aligned to local plans in the wider health and social care economy, and services have been planned to meet the needs of the population. Managers across the renal services promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There were mechanisms for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations. Renal services used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. There was a systematic programme of clinical and internal audit to monitor quality, operational and financial processes. Patients' views and experiences had been gathered with plans to act on them to shape and improve the services and culture at the time of our inspection.

In outpatients, the trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Leaders were visible and approachable and there was a clear line of accountability from speciality level to members of the board. The trust had a comprehensive mental health strategy. Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. However, patients continued to wait too long for their treatment for cancer and remained at risk of deteriorating health because of the delay and outpatients did not have its own risk register as risks were contained within the speciality and division risk register.

In community health services for adults we found Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. The trust had a vision for what it wanted to achieve. The culture of the service was centred on the needs of the local people who used the service. There a strong emphasis on the safety

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and wellbeing of staff. The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The views and experiences of patients and staff were gathered and acted on and Leaders and staff strived for continuous learning, service improvement and innovation. However, there was low morale among staff in the out of hours nursing team.

In community health inpatient services there was leadership with the capacity and capability to deliver high quality sustainable care. The vision and strategy formed a base from which to deliver high quality sustainable care. Managers across the community hospitals promoted a positive culture that valued and support staff. The trust used a systemic approach to improve the quality of its services and safeguard high standards of care. There were clear and effective processes for managing risks, issues and performance. The trust engaged with and involved people who used services, their representatives, the public, staff and external partners to support high quality sustainable services and staff were supported with learning and continuous improvement.

In community end of life, we found managers did not monitor the quality and safety of the service and the governance structure did not provide an effective overview of specific quality indicators relevant to the community end of life service. The vision and strategy for the service did not provide adequate direction or impetus for service development and We were not assured that leaders were adequately focussed on the continual improvement of the service in the community. The trust-wide leadership and accountability structure for end of life care was not clear to staff delivering the end of life care in the community. The trust did not engage well with staff to plan and manage appropriate services and the culture of the service was not focussed on improving the overall quality of the patient experience. At a ward or team level, leadership of the community end of life service was not well defined. However, Senior managers were aware of the challenges to provision of the community end of life service and there were positive relationships with external partners. Managers across the trust promoted a positive culture that supported and valued staff and leaders at directorate level were visible and approachable.

In urgent care, Staff felt local leadership represented and enabled them, and hospital and divisional lead staff were accessible. Staff were aware of the vision and strategy for the minor injury unit as well as the wider trust strategy. There was a strong ethos of teamwork and staff felt very well supported. There was a structured and effective governance management framework to monitor and develop the minor injury service. risks were included as part of the emergency department governance and service performance measures were used to ensure the service was as effective as possible. However, Mortality reviews were not undertaken by the MIU staff and staff did not get learning from the trust mortality reviews.

In Mardon Neuro-rehabilitation Centre, we found ward leaders had the skills, knowledge and experience to lead teams effectively. Considerable work had been undertaken to develop inclusivity between the acute hospital and the Mardon unit. Staff could tell us about the visions and values of the trust and of the Mardon unit. There was a positive culture amongst staff. The Trust and the Mardon unit together now had processes to manage current and future performance. There were systems to engage with the public to ensure regular feedback on services and the leadership and staff were continuing to review the service provided. However, the risk register was under development and so the management of the trust could not provide us with the current version but could provide the content.

## Castle Place Practice

We rated this service as good. We rated safe, effective, caring, responsive and well led as good.

We always inspect the quality of care for six population groups. Our ratings were:

- Older people: Good.
- People with long-term conditions: Good.
- Families, children and young people: Good.

# Summary of findings

- Working age people (including those recently retired and students): Good.
- People whose circumstances may make them vulnerable: Good.
- People experiencing poor mental health (including people with dementia): Good.

For more information, the separate inspection report on this service on our website -

<https://www.cqc.org.uk/provider/RH8/services>

## Ratings tables

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

As renal services, Castle Place Practice and Marden Neurological Rehabilitation Centre were additional core services, we did not include these in the overall aggregation for the acute or community services.

## Outstanding practice

We found examples of outstanding practice trust wide in urgent and emergency care and in medical services. For more information, see the Outstanding practice section of this report.

## Areas for improvement

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

## Action we have taken

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

## What happens next

We will check 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

We found examples of outstanding practice:

### Medical Care

- The system managing and reviewing of medical outliers by the consultant flying squad to ensure they had timely review.
- The triaging system for patients within the acute medical unit to improve flow throughout the hospital.
- The co-ordinated approach to access and flow through the hospital and the discharge of patients.
- The fully inclusive team working on the wards and the multi-disciplinary approach to patient care and treatment.

### Renal Services

# Summary of findings

- Some of the renal services were the first in the country for performance. For example, the Chronic Kidney Disease (CKD) service where patients were triaged and then if suitable were referred to specialist nurses. This had resulted in patients being seen quicker and had reduced their waiting times. The renal services were also only the third trust in the country to provide an Assisted Peritoneal Dialysis service.
- The renal service worked with other organisations to meet the needs of their patients. For example, they worked with a charity who funded one of their specialist nursing posts to support younger adults following their diagnosis. This included arranging social events, one to ones, social media groups and a weekend away where younger adults could meet up. Smartphone applications (or 'apps') had been designed to help younger adults, for example by providing medicines reminders to make sure they followed their treatment regime.
- Renal services took part in local and national audits and research. They used the results to make changes to their practice. For example, when they identified issues with an increase in peritoneal infections they completed an audit and immediate changes were implemented with positive results. They also found following research and audit that by fitting peritoneal dialysis catheters earlier and burying them under the skin had improved outcomes for patients. This had meant that if patients were ready to start their peritoneal dialysis they were all set ready to go without having to wait for the catheter to be fitted. This service had also been peer reviewed by another renal service to see if they could provide this. This was presented regionally and nationally to other renal services.
- Patient feedback was continually positive about renal services, with many patients telling us staff went the extra mile. We were given an example of this when staff at one of the haemodialysis units stayed overnight when several patients were stranded due to the snow.
- One patient told us they communicated directly with the consultant about their blood test results and change of certain type of medicines. They felt this enabled them to maintain their lifestyle, maintain their work and stay in control of their medical condition.
- The renal service's referral to treatment time for incomplete pathways exceeded the trust's target. This meant patients were seen quicker with less waiting time.
- Creedy ward received accreditation from the Gold Standards Framework for end of life care for the second time.
- All managers in the renal services were passionate about their role and enthusiastic in improving their services to meet the needs of their population. Staff felt supported by them and enjoyed working in renal services. Many staff had been working in renal service for many years.

## Outpatients

- Gynaecology outpatients used innovative ways to publicise and improve uptake of cervical screening. This good practice was to be shared at a national conference.
- The hospital had developed an in-house course called 'ERICA' (Exeter Recommendation Insulin Carbohydrate Adjustment) for newly diagnosed type-one diabetics.
- In the pain clinic, compassion-based therapy was used to help patients cope with chronic pain symptoms and staff reported dramatic changes to some patients.
- In the National Cancer Survey 2018, the trust performed well and was in the top 10 nationally.

## Community health services for adults

- We heard of example where staff had gone above and beyond their normal duties to care for patients. For example, we heard of an example where a patient was left without social care provision. Due to this, and the fact the patient could not be transferred to hospital for a safe place to stay, the nurse cared for the patient throughout the night.

# Summary of findings

- The team at the community nursing clinic recognised the reality for their patients to access the clinic to receive care and treatment, while also trying to maintain a full-time job. We heard an example of how a member of the team opened the clinic early for a patient, who would struggle to attend otherwise due to work commitments.
- The pharmacy team had been nationally recognised, and been nominated for an award for their work. They had also published an evaluation of how the service had reduced medicines risks in a clinical journal.

## **Mardon Neuro-Rehabilitation Centre**

- Patients told us about the relationships they had with staff and how they felt staff were with them on their journey to recovery. We spoke with four patients, all of whom spoke in the highest terms about the support they received from staff. They felt the staff not only looked after them but went the extra mile to support both them and their families. They told us that the time staff took to listen and understand the patient and their family's expectations and ambitions had supported them towards those goals. Patients told us they felt in partnership with staff to get better and restart their lives.

## 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:**

#### **Outpatients**

- Have a reliable trust-wide triage system for reviewing patients who are not able to book an appointment.
- Ensure patients do not wait too long for their treatment for cancer, therefore reducing the risk of deterioration of health because of delays.
- Ensure all resuscitation trolleys in outpatients are checked in accordance with trust policy.

#### **Community health services for adults**

- Ensure delivery of sepsis training to the whole of the community adults service workforce.
- Ensure the development and implement the tools available to enable staff to monitor, and effectively escalate patients who may be at risk of deterioration or sepsis in a timely way, in line with national guidance.

#### **Community health inpatient services**

- The trust must ensure staff consistently have access to personalised care and treatment plans which specify individual needs, preferences and choices.
- The trust must ensure all staff comply with the mandatory training and that the electronic system for maintaining training records is accessible and contains accurate information. A system should be in place to monitor and ensure that all staff receive an annual appraisal.

#### **Community end of life care**

- The service must ensure that staff follow best practice in relation to personalised care plan for all community end of life patients to meet their holistic needs in the last few days of life.



# Summary of findings

- The service must ensure there are adequate comprehensive safety systems for the operation of the community mortuary at Tiverton Hospital, including infection control and security
- The service must ensure that all relevant community staff maintain essential competencies and up to date knowledge specifically related to the end of life care they deliver.
- Governance and reporting mechanisms must provide adequate oversight of quality and safety indicators specifically related to the community end of life care service
- The service must ensure there is a comprehensive programme of audit to provide assurance of the quality and safety of community end of life care services

## **Mardon Neuro-Rehabilitation Centre**

- Registrar doctor cover was not consistently available as planned and impacted negatively on the time provided to the unit's patients. The trust must ensure that sufficient junior medical staff are available as planned to enable the medical cover arranged to be met.

## **Action the trust SHOULD take to improve:**

### **Medical Care (including older peoples care)**

- Ensure paperwork and recording relating to Deprivation of Liberty assessments and best interest decisions is correctly completed.
- Ensure that fridge temperatures are checked and recorded at the correct intervals.
- Ensure that all liquid medications and topical remedies are dated when opened.

### **Renal Services**

- Review their care records for patients having haemodialysis to make sure staff complete them in full, including care plans and risk assessments.
- Implement their planned short-term solutions to make sure patients' records are stored securely.
- Look at ways to monitor the temperature of their medicines trolleys and cabinets to make sure medicines are stored at the recommended manufacturers' temperatures.
- Look at ways of meeting the trust's target for responses to complaints.

### **Outpatients**

- Confirm all patient group directions are signed by staff in the respiratory clinic.
- Continue to recruit medical staff to fill vacancies.
- Have a more robust system for all clinical staff to receive adequate clinical supervision to support them in their role.
- Check that all outpatient departments submit regular hand hygiene audits.
- Improve appraisal rates in medical outpatients to meet the trust target.
- Maintain patient privacy in outpatient clinics, especially in the surgical and fracture clinics.
- Consider improvements to signage for patients with special requirements.
- Consider how staff from other NHS trusts who work in the hospital can access the information they need for patient sessions.

# Summary of findings

- Continue to deal with the backlog of typing for clinic letters.
- Improve the response time for complaints for outpatients and prevent complaints remaining open past 45 days.
- Demonstrate that learning has been acted upon from the serious incident in cardiology.
- Review and update outpatient risk registers regularly.

## **Community health services for adults**

- Have all staff are compliant with mandatory training targets.
- Complete and regularly review and update risk assessments for patients according to their individual needs.
- Make improvements to the patient safety handover to provide consistency in terms of quality and depth of discussion across the six clusters.
- Update all trust policies.
- Explore a process to assess whether the staffing needs for the community adults service is aligned with the demand for the service and acuity and dependency of the patients using the service.
- Stored all patient records securely.
- Continue to develop plans to provide medicines training for community nursing teams to enhance their knowledge and skills.
- Implement a process to review care and treatment compliance against evidence-based guidelines used across the community adult service teams.
- Continue to work on implementing systems to enable the integration of patient care records.
- Continue to work on collecting data to provide assurance the urgent care response teams are meeting the internally set target of seeing patients within two hours.
- Consider how to improve the process for patients who are under the care of more than one team from the community adults service to ensure a joined-up approach to patient care which is clear for the patient.
- Make sure pain is consistently assessed and managed for patients.
- Consider how to improve the environment for the out of hours community nursing team so they have a private area to carry out supervision sessions, appraisals or have some privacy if required.
- Continue to work on therapy waiting times targets so patients are seen in a timely way.
- Continue to work with the wider system to address the challenge of the gap in domiciliary care provision and its impact on the community team's capacity.
- Address the lack of clarity around the use of a 'safe word' for community lone working and whether the policy is working for all staff.
- Improve morale within the out of hours community nursing teams.
- Look at the consistency of advice provided by human resources to the community teams and in relation to the contract of the individual staff member in question.

## **Community health inpatient services**

- The trust should ensure that staff practice and promote the control of infection at all times, including when isolating a patient with an infection.

# Summary of findings

- The trust should carry out maintenance and refurbishment work in a timely way in the community hospitals.
- The trust should have oversight to monitor and report on the safeguarding referrals specifically raised within the community inpatient services.
- The trust should ensure there is a process in place to ensure staff consistently monitor and record the use of all prescription pads – FP10s.
- The trust should ensure staff follow a system to ensure medicines are used as per the manufacturers guidelines. For example, not all creams or liquid medicines identify a date of opening.
- The trust should ensure staff follow a system to accurately reflect the stock of CDs stored on the wards.
- The trust should provide a system which when followed, will inform staff equipment is safe to use and has been regularly serviced or maintained.
- Staff should be able to consistently have access all the information needed to deliver care and treatment to people.
- The trust should enable patient independence with their medicines when safe to do so.
- The trust should implement a system to advise and equip staff to access and be familiar with national guidance and best practice recommendations.
- The trust should align all policies and procedures for the community hospitals with the acute trust.
- The trust should ensure patient confidential and personal information is protected from being seen and that meetings are not overheard by unauthorised people.
- The trust should ensure information provided for patients, visitors to the ward and staff is consistently explicit and understandable.
- The trust should ensure that the environments of all community hospitals support patients with additional needs such as those living with dementia.
- The trust should ensure there is a comfortable ambient temperature for all patient areas.
- The trust should ensure all staff have access to clinical supervision.
- The trust should ensure sufficient numbers of staff have access to an annual appraisal in order to meet the trust target.
- The trust should ensure all staff were fully aware of the Deprivation of Liberty Safeguards (DoLS).
- The trust should ensure appropriate oversight is carried out to ensure all medical staff are up to date with all training.

## **Community end of life care**

- The service should use a reliable system to identify patients in the last 12 months of life in order to capture and respond to the needs of these patients
- The service should consider and seek to achieve best practice in relation to advance care planning for community end of life patients
- The service should seek to capture patient feedback specifically related to the community end of life service
- The service should engage with staff and patient groups to develop a clear vision and values for the community end of life service

# Summary of findings

- The service should develop a clearly documented, structured and measurable strategy for the community end of life service.
- The trust should review the leadership strategy for the community end of life service in order to drive at all levels of the organisation
- Managers should maintain records of clinical supervision for all staff delivering community end of life care
- Staff should be encouraged to use effective tools to assess and review pain for community end of life patients
- The service should consider how teams can learn from mortality and morbidity reviews in the community end of life service

## Urgent care

- Ensure staff are compliant with mandatory training, and compliance for the minor injury unit should meet the trust's 75% completion target.
- Continue to review security alarm systems in the minor injury unit to ensure the safety of staff and patients.
- Review the provision of reception staff at the minor injury unit to ensure safe and effective management of patients and nursing staff out of hours and at weekends.
- Consider recording and monitoring delays of emergency transfer by ambulance from the minor injury unit to an acute hospital.
- Be considered as part of the mortality review process.

## Mardon Neuro-Rehabilitation Centre

- Ensure that all risks identified for the Mardon unit risk register are completed on their own template for recognition as part of the overall governance process.
- Ensure that any future mental capacity assessments are correctly and fully recorded.
- Ensure that all staff are annually appraised to support their development and practice.
- Ensure that sufficient therapy staff are available to support patient rehabilitation.
- Ensure that access to important rehabilitation equipment, in this instance appropriate wheelchairs, was promptly available.
- Ensure that auditing national data collected is input correctly to ensure the information can be used to monitor the service effectively.
- Ensure safety thermometer is publicly displayed to enable patients and staff to see the results.

## 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.

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

# Summary of findings

- The trust's leadership team had the experience, capacity, capability and integrity to manage a well-led organisation.
- The executive team had an appropriate range of skills, knowledge and experience.
- The non-executive directors functioned well as a group.
- The council of governors had sufficient time to interact with the board.
- Fit and proper person checks were in place.
- Most staff we spoke with knew who the executive team were and felt engaged with them.
- Leadership development opportunities were being developed, including opportunities for staff below team manager level.
- The trust had a clear vision and set of values with quality and sustainability as the top priorities.
- The trust's objectives were aligned with the vision and values.
- The trust had a clear and realistic strategy for achieving the objectives and delivering good quality sustainable care.
- The trust had a strategy for meeting the needs of patients with a mental health, learning disability, autism or dementia diagnosis.
- The trust's strategy, vision and values placed people who used services at the centre.
- Staff felt respected, supported and valued and as a result felt positive and proud to work for the organisation.
- The trust recognised staff success through staff awards and feedback.
- The trust worked appropriately with trade unions.
- The trust had appointed a Freedom to Speak Up Guardian and provided them with sufficient resources and support to help staff to raise concerns.
- Staff knew how to use the whistle-blowing process, knew about the role of the Freedom to Speak Up Guardian and felt able to raise concerns without fear of retribution.
- There was a consideration for the safety and wellbeing of medical staff at a local level.
- In the 2017 NHS staff survey, there were relatively good results for the experience of black and minority ethnic (BME) staff when compared with the national average.
- Staff had access to support for their own physical and emotional health needs through an innovative programme of support called 'Health and Wellbeing for RD&E Staff'.
- The trust had structures, systems and processes in place to support the delivery of its strategy including sub-board committees, divisional committees, team meetings and senior manager meetings.
- Non-executive directors, executive directors, and non-voting board members were clear about their roles and understood what they were accountable for.
- There was a governance framework for ensuring that peoples' mental health needs are being met.
- The trust had systems in place for the management of risk both operationally through the corporate risk register and strategically through the board assurance framework.
- The board received holistic information on service quality and sustainability.

# Summary of findings

- Information technology systems were used to monitor and improve the quality of care. At the time of the inspection there were multiple systems in use.
- A large transformational project was underway at the time of the inspection to replace the current systems throughout the trust, with an electronic patient record.
- There were effective arrangements to ensure that notifications were submitted to external bodies as required. The trust submitted, as requires, data regularly to NHS England.
- Staff were engaged so that their views were reflected in the planning and delivery of services including in community services.
- The trust was fully-engaged and working effectively with system partners as part of the Devon STP.
- The trust was actively participating in clinical research studies.
- Within the quality improvement programme staff involved had time to support and consider opportunities for improvement and innovation.
- The trust was able to report on a number of accreditations it had achieved.

However:

- The trust did not fully comply with NHS England's requirements to complete and publish a Workforce Race Equality Standard (WRES) survey and action plan.
- There was a gender pay gap in the organisation which the trust was acting on.
- Sickness absence figures were an outlier.
- Some papers that should be presented to board, and then be publicly available on the trust website was not which would be considered best practice.
- Not all areas of the complaints were addressed in completion. As such there were missed opportunity for learning and did not ensure reliable governance to lead change.
- There was a clear policy for learning from deaths, and the trust understood their responsibility, but the trust was not always adhering to this.
- Not all risks around supporting people with mental health were as mitigated as they could be.
- The council of governors had time to interact with members and staff but said they would welcome more support in terms of engagement.
- There was a strong incident reporting culture. Incidents are investigated but the processes used do not evidence a systematic recording process.

## 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 →← Apr 2019	Good →← Apr 2019	Outstanding →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019

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

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal Devon and Exeter Hospital (Wonford)	Requires improvement ↔↔ Apr 2019	Good ↔↔ Apr 2019	Outstanding ↔↔ Apr 2019	Good ↔↔ Apr 2019	Outstanding ↔↔ Apr 2019	Good ↔↔ Apr 2019
Honiton Hospital	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Mardon Neuro-rehabilitation Centre	Good ↑ Feb 2019	Good ↔↔ Feb 2019	Outstanding ↑ Feb 2019	Good ↔↔ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
<b>Overall trust</b>	Requires improvement ↔↔ Apr 2019	Good ↔↔ Apr 2019	Outstanding ↔↔ Apr 2019	Good ↔↔ Apr 2019	Outstanding ↔↔ Apr 2019	Good ↔↔ Apr 2019

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 a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔↔ Apr 2019	Good ↔↔ Apr 2019	Outstanding ↔↔ Apr 2019	Good ↔↔ Apr 2019	Outstanding ↔↔ Apr 2019	Good ↔↔ Apr 2019
Community	Requires improvement Feb 2019	Good Feb 2019	Good Feb	Good Feb	Good Feb	Feb
<b>Overall trust</b>	Requires improvement ↔↔ Apr 2019	Good ↔↔ Apr 2019	Outstanding ↔↔ Apr 2019	Good ↔↔ Apr 2019	Good ↔↔ Apr 2019	Good ↔↔ Apr 2019

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. 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 Royal Devon and Exeter Hospital (Wonford)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Feb 2016	Outstanding Feb 2016	Outstanding Feb 2016	Good Feb 2016	Outstanding Feb 2016	Outstanding Feb 2016
Medical care (including older people's care)	Good ↑ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019
Surgery	Requires improvement Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Critical care	Good Feb 2019	Good Feb 2019	Outstanding Feb 2019	Good Feb 2019	Outstanding Feb 2019	Outstanding Feb 2019
Maternity	Requires improvement Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Services for children and young people	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016
End of life care	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Outpatients	Good Apr 2019	Good Apr 2019	Good Apr 2019	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019
Renal	Good Apr 2019	Outstanding Apr 2019	Outstanding Apr 2019	Outstanding Apr 2019	Outstanding Apr 2019	Outstanding Apr 2019
<b>Overall*</b>	Requires improvement ↔ Apr 2019	Good ↔ Apr 2019	Outstanding ↔ Apr 2019	Good ↔ Apr 2019	Outstanding ↔ Apr 2019	Good ↔ Apr 2019

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

## Ratings for Honiton Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
<b>Overall*</b>	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

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

### Ratings for Mardon Neuro-rehabilitation Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Rehabilitation services	Good ↑ Apr 2019	Good →← Apr 2019	Outstanding ↑ Apr 2019	Good →← Apr 2019	Good ↑ Apr 2019	Good ↑ Apr 2019
<b>Overall*</b>	Good ↑ Apr 2019	Good →← Apr 2019	Outstanding ↑ Apr 2019	Good →← Apr 2019	Good ↑ Apr 2019	Good ↑ Apr 2019

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

### Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Community health inpatient services	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Community end of life care	Requires improvement Apr 2019	Requires improvement Apr 2019	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019
Urgent Care	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
<b>Overall*</b>	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

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

### Ratings for primary medical services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Castle Place Practice	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

# Acute health services

## Background to acute health services

The Royal Devon and Exeter NHS Foundation Trust (RD&E) provides integrated health and care services across Exeter and East and Mid Devon. With 8,000 staff, it manages a large acute teaching hospital, twelve community sites and provides acute and community services to a core population of over 450,000. As a teaching hospital, the RD&E delivers undergraduate education for a full range of clinical professions; is established as a centre for high quality research and development in the South West peninsula and is the lead centre for the University of Exeter Medical School. The RD&E became one of the first foundation Trusts in 2004.

There are three acute services. These are Royal Devon and Exeter (Wonford), Honiton Hospital, and the Mardon Neuro-rehabilitation Centre. Wonford provides care for all core services. Honiton Hospital provides urgent and emergency care and Mardon Neuro-rehabilitation Centre provides rehabilitation services.

## Summary of acute services

**Good** 

We rated acute services as good because:

- Medical care was rated good overall. For medicine we rated all five domains of safe, effective, caring, responsive and well led as good. This was an improvement for safety from requires improvement to good and all other domains remained the same.
- Renal services was rated outstanding overall. For renal services we rated safe as good and the remaining domains of effective, caring, responsive and well led as outstanding. This service has not been inspected before.
- Outpatients was rated good overall. For outpatients we rated safe, effective, caring and well led as good and responsive as requires improvement. This was an improvement for safety from requires improvement and all other domains remained the same.
- Urgent care was rated good overall. We rated all five domains of safe, effective, caring, responsive and well led as good. This service has not been inspected before.
- Mardon Neurological Rehabilitation Centre was rated good overall. We rated safe, effective, responsive and well led as good and caring as outstanding. Safe, caring and well led went up one rating from the last inspection.

# Royal Devon & Exeter Hospital (Wonford)

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## Key facts and figures

The Royal Devon and Exeter NHS Foundation Trust (RD&E) provides integrated health and care services across Exeter and East and Mid Devon. With about 8,000 staff, it manages a large acute teaching hospital, twelve community sites and provides acute and community services to a core population of over 450,000.

The Royal Devon and Exeter Hospital (Wonford) provides a full range of acute services. Specialist services provided by the trust include the Princess Elizabeth Orthopaedic Centre (PEOC), the Centre for Women's Health (maternity, neonatology and gynaecology), cancer and renal services, Exeter Mobility Centre. The Royal Devon and Exeter Hospital is a teaching hospital which provides specialist and acute hospital services to a population of about 460,000 people in Exeter, East and Mid Devon.

The trust manages over 100,000 emergency department attendances, over 600,000 outpatient attendances and over 125,000 day-case or inpatient admissions each year.

## Summary of services at Royal Devon & Exeter Hospital (Wonford)

Good   

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

In medical care we found staff were completing mandatory training and there were systems and processes in place to safeguard adults and children and protect them from harm. Systems and processes to manage the control of infection, cleanliness and hygiene were consistently followed to keep patients safe. We found medication was managed well and that Staff identified and responded appropriately to changing risks to people who used services, including deteriorating health and wellbeing or medical emergencies. Patients had their assessed needs, preferences and choices met by staff with the appropriate skills and knowledge. There was excellent multi-disciplinary working that was patient focused and caring. The trust had been proactive in making improvements to the access and flow of patients. Action had been taken to improve the flow of patients on their respective pathways, avoid admission where appropriate and possible, and improve the coordination of patient discharge. The medical division was provided with good leadership that encouraged openness and transparency, and promoted good care and there was a positive culture in the hospital.



# Summary of findings

In renal services we found there were comprehensive systems to keep patients safe which took account of best practice. Rates of compliance with mandatory training exceeded the trust target. Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. All staff were actively engaged in activities to monitor and improve quality and outcomes. Care and treatment was delivered in line with current best practice. Policies and procedures were based on national best practice guidance. Staff cared for patients with compassion. Services were tailored to meet the needs of individual patients and were delivered in a way to ensure flexibility, choice and continuity of care. Patients could access support and treatment close to their home. Leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Managers at the renal services had the right skills, commitment and encouraged supportive relationships amongst staff.

In outpatients we found records were clear, up-to-date and available to all staff providing care. Training had been introduced for staff to encourage them to ask patients if they smoked and offer them referral to the smoking cessation advisor. In the National Cancer Survey 2018, the trust performed well and was in the top 10 nationally. The hospital developed its own in house course called 'ERICA' (Exeter recommendation Insulin Carbohydrate Adjustment) for newly diagnosed type-1 diabetics. The gynaecology department used innovative ways to publicise and improve cervical screening. In the pain clinic, compassion based therapy was used to help patients cope with chronic pain symptoms. At the last inspection in February 2016, leadership and accountability structure of the medical outpatient service was lacking. The recent appointment of the new matron had improved senior leadership visibility and helped build better relationships with other outpatient areas. All medical records were secure in every department we visited. This was an improvement from the last inspection in February 2016.

However:

In medical care we found that nursing vacancies and recruitment on some wards, particularly the elderly care wards, presented challenges to the existing teams. We found not all fridges storing medication were having their temperatures regularly checked and recorded. We found some liquid medications and topical remedies did not have the date of opening recorded, and that not all paperwork relating to capacity assessments was completed consistently.

In renal services we found risk assessments were not always completed or updated for patients receiving haemodialysis and that care planning documentation on the haemodialysis units was not always up to date and patients' records were not stored securely to prevent unauthorised access. Medicine trolleys were not monitored for their temperature to make sure medicines that were temperature sensitive were stored at the correct manufacturer's recommended temperature and we found complaints were not always managed in a timely way.

In outpatients we found medical staffing continued to be a risk for the trust due to vacancies and sickness. We found clinical supervision was not embedded in clinical practice for nursing staff. We found in the physiotherapy outpatient clinic, patients could hear other patient's consultation which did not allow privacy whilst being treated. Following a significant increase in demand, there was a clear disparity between outpatient clinics' capacity to see patients, and the demand for services. This was most evident in Cardiology, Ophthalmology and Orthopaedics. There was a backlog of typing for clinic letters. There was also no strategic oversight of the inadequacies of the triage system. Five specialties were below the England average for non-admitted pathways, four specialties were below the England average for incomplete pathways. The trust performed worse than the operational standard for people being seen within two weeks of an urgent GP referral. The trust failed to meet the operational standard for patients receiving their first treatment within 62 days of an urgent GP referral. Patients continued to wait too long for their treatment for cancer. Outpatients did not have its own risk register as risks were contained within the speciality and division risk register. Most of the risks had been updated within the past six months. However, two risks had not been updated since July and October 2017.

# Medical care (including older people's care)

Good   

## Key facts and figures

The trust's main acute site, Royal Devon and Exeter Hospital (Wonford), has 423 medical inpatient beds located across 22 wards.

Medical specialties provided at this hospital include cardiology, clinical haematology, diabetes, gastroenterology, healthcare for older people, neurology, respiratory medicine and stroke services.

The trust had 64,289 medical admissions from July 2017 to June 2018. Emergency admissions accounted for 22,956 (35.7%), 3,693 (5.7%) were elective, and the remaining 37,640 (58.5%) were day case.

Our inspection was announced (staff knew we were coming) to ensure everyone we needed to talk with were available.

During the inspection we visited all the medical wards. A pharmacy inspector also visited a sample of these wards and looked at aspects of medication storage, prescribing and administration.

We spoke with 19 patients and five relatives to seek their views on the care and treatment provided to them. We spoke with 44 members of staff, including consultants, doctors, matrons, pharmacy staff, managers, registered nurses, health care assistants, domestic staff, and administration staff. We looked at 30 sets of patients records. We looked at records relating to staff meetings and trust policies and procedures.

## Summary of this service

Our overall rating of this service stayed the same. The rating for safe improved from requires improvement to good.

We rated it as good because:

- Staff were completing mandatory training.
- The trust had systems and processes in place to safeguard adults and children and protect them from harm. Staff completed safeguarding training.
- Systems and processes to manage the control of infection, cleanliness and hygiene were consistently followed to keep patients safe. Standards of cleanliness and hygiene were maintained. Action had been taken to improve the storage of some cleaning materials potentially hazardous to patients.
- Medication was well managed and appropriately audited.
- Staff identified and responded appropriately to changing risks to people who used services, including deteriorating health and wellbeing or medical emergencies.
- Policies and procedures provided for staff referenced national guidelines and legislation.
- Patients had their assessed needs, preferences and choices met by staff with the appropriate skills and knowledge. Staff were having regular clinical supervision and annual appraisals.
- There was excellent multi-disciplinary working that was patient focused and caring.
- Patients were treated with kindness, dignity, respect and compassion when in receipt of care and treatment.

# Medical care (including older people's care)

- The trust planned and provided services in a way that met the needs of local people. Where shortfalls were identified action was planned or being taken to address the issues.
- The trust had been proactive in making improvements to the access and flow of patients. Action had been taken to improve the flow of patients on their respective pathways, avoid admission where appropriate and possible, and improve the coordination of patient discharge.
- The medical division was provided with good leadership that encouraged openness and transparency, and promoted good care.
- There was a positive culture in the hospital. Staff we spoke with said worked well together with their immediate colleagues and their wider teams.

However:

- Nursing vacancies and recruitment on some wards, particularly the elderly care wards, presented challenges to the existing teams.
- Not all fridges storing medication were having their temperatures regularly checked and recorded.
- Some liquid medications and topical remedies did not have the date of opening recorded.
- Not all paperwork relating to capacity assessments was completed consistently and some best interest assessments were not fully documented.
- Not all staff were up to date with their appraisal.

## Is the service safe?

**Good** ● ↑

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

- Improvements had been made to the storing of potentially hazardous substances. All cleaning materials were stored securely preventing risks to patients.
- Improvements had been made to the management of patients with mental illness within the acute medical unit.
- Improvements had been made in relation to medicines management. Medicines were stored securely and in line with trust policies. The arrangements for managing medicines kept patients safe
- There were systems and processes in place to prevent and protect people from healthcare-associated infection. All wards were regularly audited from infection control purposes and action taken when a concern was identified.
- The trust had systems and processes in place to safeguard adults and children and protect them from harm. Staff were aware of their responsibilities and the action they were required to take when they observed or suspected abuse or harm to patients.
- We saw evidence that staff identified and responded appropriately to changing risks to people who used services, including deteriorating health and well-being or medical emergencies. Staff were able to seek support from senior staff when they felt this was required.
- Staff wore protective personal equipment and washed their hands before and after patient contact. Hand sanitiser was available on each ward and we observed staff using this regularly.

# Medical care (including older people's care)

- Staffing levels and the required skill mix was planned and reviewed so that people received safe care and treatment. Staffing levels were maintained generally with the use of bank and agency staff.
- Staff we spoke with in each area had demonstrable knowledge of learning from incident investigations and could explain how processes had changed as a result.
- Tamper-evident emergency trolleys, which included resuscitation equipment, were available in each ward and department.

However:

- Nursing vacancies and recruitment on some wards, particularly the elderly care wards, presented challenges to the existing teams.
- Not all fridges storing medication were having their temperatures regularly checked and recorded.
- Some liquid medications and topical remedies did not have the date of opening recorded.

## Is the service effective?

**Good** ● ➡ ➡

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

- Policies and procedures provided for staff referenced national guidelines and legislation.
- Patients admitted onto the acute medical unit were seen and reviewed promptly by a consultant to maximise continuity of care. The unit had two areas which had recently undergone an upgrade. The use of these two areas has resulted in improved management of patient flow.
- Patients' nutrition and hydration needs were assessed and met in line with national guidance. The trust used a nationally recognised tool, to identify patients at risk of being malnourished.
- The trust took part in the Sentinel Stroke National Audit. The hospital's overall SSNAP level was grade B for the three most recent audit periods available, covering the 12 months from April 2017 to March 2018. However, on this inspection we saw evidence of improvement on this rating, with an increased number of "A" being scored.
- Patients had their assessed needs, preferences and choices met by staff with the appropriate skills and knowledge. Staff were having regular clinical supervision and annual appraisals. There were also opportunities for group supervision and learning through regular team meetings.
- All necessary staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. On all the wards we saw evidence of consistent and proactive multi-disciplinary working and review.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. All staff had completed training.

However:

- Not all paperwork relating to capacity assessments was completed consistently and some best interest assessments were not fully documented.
- Not all staff had an up to date appraisal. Only 70% of nursing staff had an appraisal, and only 48% of admin staff had an appraisal.

# Medical care (including older people's care)

## Is the service caring?

Good  → ←

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

- Patients were treated with kindness, dignity, respect and compassion when in receipt of care and treatment. On all the wards we visited we saw staff were respectful and promoted the dignity of their patients. We spoke with 18 patients in total and all made positive comments about the ward staff teams.
- Patients were given appropriate and timely support and information to cope emotionally with their care, treatment or condition. Numerous thank you cards displayed on the various wards thanked the staff for “supporting them through their stay” in hospital.

## 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. Where shortfalls were identified action was planned or being taken to address the issues.
- Care and treatment was consistently delivered with consideration of patients' individual needs, including those in vulnerable circumstances.
- All staff received training in dementia and delirium. Staff at all levels of clinical responsibility demonstrated a consistent focus on dementia awareness and provided care tailored to the needs of people living with the condition.
- The trust had been proactive in making improvements to the access and flow of patients. Action had been taken to improve the flow of patients on their respective pathways, avoid admission where appropriate and possible, and improve the coordination of patient discharge.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Details of the trust complaints policy was on display in all clinical areas. Concerns and complaints were used as an opportunity to learn and drive improvement but were not always responded to on time.

## Is the service well-led?

Good  → ←

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

- The medical division was provided with good leadership. They encouraged openness and transparency, and promoted good care. All staff we spoke with spoke highly of the leadership and their visibility and approachability.
- The medical division had a clear set of objectives and targets around performance and the improvement of care.
- There was a positive culture in the hospital. Staff we spoke with said worked well together with their immediate colleagues and their wider teams. We were told departments and services worked well together.

# Medical care (including older people's care)

- There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. There was a structure in place that ensured all levels of governance and management functioned effectively and interacted appropriately.
- The trust had effective systems for identifying risks. There were effective systems and preparations in place to manage the effects on services due to adverse weather, disruption of utility services or other unpredicted factors.
- Patients and staff views and experiences were gathered and acted on to shape and improve the services and culture. The trust responded to staff engagement feedback and took appropriate action.

## 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

The Royal Devon and Exeter NHS Foundation Trust outpatient services are provided at Wonford and Heavitree, the two hospital sites. Some outpatient services are also delivered at other locations in the county, Axminster, Crediton, Tiverton, Exmouth, Honiton, Okehampton, Ottery St Mary, Seaton and Sidmouth Community Hospitals but these were not visited during this inspection.

During our inspection, we visited the main outpatient's department at the Wonford site. This included ophthalmology, trauma and orthopaedics including fracture clinic, cardiology, oncology, haematology, gynaecology, the diabetes and endocrinology centre, ear nose and throat, oral and maxilla-facial, general surgery including urology and breast clinic and medical records. We visited the therapies department, physiotherapy and dietetics. We also visited the Heavitree site which included dermatology and the pain management clinic. We did not inspect children's outpatient services. The trust provided a number of specialty community clinics at Axminster, Exmouth, Okehampton, Sidmouth and Tiverton Community Hospitals and hospital consultants provided a range of outpatient services to both North Devon and South Devon hospitals. We did not inspect these services.

The trust has experienced a significant increase in demand for outpatient services for 2018/19 compared to previous years.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We spoke with five patients and two relatives, 58 members of staff including administration staff, managers, Matrons, nurses, healthcare assistants, allied health professionals, consultants and doctors. We looked at six sets of medical records, none were computerised.

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

## Summary of this service

We rated it as good because:

- Records were clear, up-to-date and available to all staff providing care. Patient records were stored securely in all outpatient clinics we visited. This was an improvement since the last inspection in February 2016.
- Training had been introduced for staff to encourage them to ask patients if they smoked and offer them referral to the smoking cessation advisor. Outpatients had referred 70 patients to the service since November 2018
- In the National Cancer Survey 2018, the trust performed well and was in the top 10 nationally.
- The hospital developed its own in house course called 'ERICA' (Exeter recommendation Insulin Carbohydrate Adjustment) for newly diagnosed type-1 diabetics.
- The gynaecology department used innovative ways to publicise and improve cervical screening. This good practice was to be shared at a national conference.
- In the pain clinic, compassion based therapy was used to help patients cope with chronic pain symptoms and staff reported dramatic changes to some patients.

# Outpatients

- At the last inspection in February 2016, leadership and accountability structure of the medical outpatient service was lacking. The recent appointment of the new senior nurse had improved senior leadership visibility and helped build better relationships with other outpatient areas.
- The Trust had a very strong mental health strategy driven by the Trust's Medical Director. The Trust was working closely with the neighbouring mental health trust and jointly enrolled onto a national quality improvement programme. The national programme involved looking to develop and clinically lead the redesign of healthcare pathways to improve patient flow through outpatients.

However:

- Medical staffing continued to be a risk for the trust due to vacancies and sickness.
- Some aspects of care in the outpatient's service were not effective. Clinical supervision was not embedded in clinical practice for nursing staff.
- There was a lack of privacy at the reception desk when patients booked into the surgical and fracture clinic. In the physiotherapy outpatient clinic, patients could hear other patient's consultation which did not allow privacy whilst being treated.
- Following a significant increase in demand, there was a clear disparity between outpatient clinics' capacity to see patients, and the demand for services. This was most evident in Cardiology, Ophthalmology and Orthopaedics.
- There was a backlog of typing for clinic letters. Although most departments achieved the trust standard, cardiology, neurology and respiratory did not.
- There was not a trust-wide reliable triage system for reviewing patients who were not able to book an appointment. There was also no strategic oversight of the inadequacies of the triage system. This was identified immediately before the inspection and the trust had begun to action this.
- Five specialties were below the England average for non-admitted pathways, four specialties were below the England average for incomplete pathways.
- The trust performed worse than the operational standard for people being seen within two weeks of an urgent GP referral. There were high volumes of two week wait breaches within Gastro-intestinal surgery. This was unchanged from the last inspection in February 2016.
- The trust failed to meet the operational standard for patients receiving their first treatment within 62 days of an urgent GP referral. This was unchanged from the last inspection in February 2016.
- In outpatients, 27 complaints remained open past 45 days. This was not in line with the trust policy.
- Patients continued to wait too long for their treatment for cancer and remained at risk of deteriorating health because of the delay. This situation had not improved since the last inspection in February 2016.
- The trust had a serious incident of a patient who experienced a long delay between the date of the clinic visit and the typing of the letter. Trust-wide learning from this incident had not been acted upon as cardiology and neurology remain the clinics with the most substantial backlog for typing. The administrative issue has still not been resolved.
- Outpatients did not have its own risk register as risks were contained within the speciality and division risk register. Most of the risks had been updated within the past six months. However, two risks had not been updated since July and October 2017.

# Outpatients

## Is the service safe?

**Good** 

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. All outpatient department (OPD) staff received training in dementia and delirium.
- The outpatient's departments managed and decontaminated reusable medical devices in line with national guidance.
- Risk assessments were carried out for patients and were developed in line with national guidance.
- Staff could describe the processes involved when managing a deteriorating patient.
- Staff had access to mental health liaison and other specialist mental health support if they were concerned about risks associated with a patient's mental health.
- Records were clear, up-to-date and available to all staff providing care. Patient records were stored securely in all outpatient clinics we visited. This was an improvement since the last inspection in February 2016.
- There were arrangements which ensured the safety of controlled drugs and chemotherapy given in outpatients.
- Staff understood their responsibilities to report patient safety incidents. Staff recognised incidents and reported them appropriately.
- Staff had a good understanding of the duty of candour and could describe when it would be used.

However:

- There were some gaps in checking of resuscitation equipment in medical outpatient clinic.
- In the respiratory clinic, patient group directions had not been signed by staff.
- Medical staffing continued to be a risk for the trust due to vacancies and sickness.
- Not all outpatient areas participated in hand hygiene audits.

## Is the service effective?

We did not rate this domain.

- Patients' care, treatment and support achieved good outcomes, promoted a good quality of life and was based on the best available evidence.
- Consent to care and treatment was sought in line with legislation and guidance. The trust ensured it identified and implemented relevant best practice and guidance.
- Staff had access to information required to deliver effective care. Patients' physical, mental health and social needs were holistically assessed. Their care, treatment and support was delivered in line with legislation, care and treatment standards, and evidence-based guidance.
- Staff provided patients with food and drink to meet their needs while in the department. Refreshments were provided for patients if they experienced a long wait.

# Outpatients

- Patients' pain was assessed and managed including those with difficulties in communicating. Pain was routinely discussed at every oncology appointment.
- In surgical outpatients, staff monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Training had been introduced for staff to encourage them to ask patients if they smoked and offer them referral to the smoking cessation advisor. Outpatients had referred 70 patients to the service since November 2018
- The service made sure staff were competent for their roles. Staff told us of specific training they had undertaken as specialists to deliver care in Outpatients.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The outpatient departments held one-stop clinics in many different specialties such as breast care, urology and cardiology. This was beneficial for patients.
- Patients were empowered and supported to manage their own health, care and wellbeing to maximise their independence. Patients were encouraged to participate in support programmes and therapy sessions.
- 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:

- Clinical supervision was not embedded in clinical practice for nursing staff.
- Appraisal rates in medical outpatients did not meet the trust target.

## Is the service caring?

**Good** 

We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff ensured when intimate personal care and support was to be given, patients were offered a chaperone.
- In the National Cancer Survey 2018, the trust performed well and was in the top 10 nationally.
- Staff took the time to interact with people who used the services in a respectful and considerate way. Staff also showed sensitivity and supportive attitudes towards patients and relatives
- All staff could identify how they would respond to somebody in distress to help preserve their privacy and dignity.
- Patients were given support and information to cope emotionally with their care, treatment or condition and advised how to find other support services both locally and nationally. Information for patients was freely available to explain conditions and treatment.
- Staff involved people who used services and those close to them in planning and making shared decisions about their care and treatment. Patients and relatives felt listened to, respected and had their views considered.

# Outpatients

However:

- Patients were not always able to speak to the receptionist without being overheard. In physiotherapy outpatient clinic, patients could hear other patient's consultation which did not allow privacy whilst being treated

## Is the service responsive?

**Requires improvement**



We rated it as requires improvement because:

- Despite making improvements since the last inspection, it had been identified by senior trust management that there was a clear disparity between the clinics' capacity to see patients, and the demand for services.
- There was not always sufficient car parking available on site. This was the main complaint from patients attending outpatient clinics.
- The environments of some clinics were not arranged to optimise the privacy and dignity of patients. The breast care team and services were not co-located resulting in patients having to walk down a long public corridor following tests. This had not improved since the last inspection in February 2016.
- Outpatient departments were clearly signposted but there were no environmental adaptations of signage for patients with special requirements.
- There was a backlog of administrative work that was creating delays between clinics and letters being typed. This was having an impact on the timely assessment and treatment of patients. Cardiology and neurology remained the clinics with the most substantial backlog for typing.
- There was not a reliable trust-wide reliable triage system for reviewing patients who were not able to book an appointment. This had led to 1,302 referrals not being reviewed by a clinician. Of these, 74 were graded as urgent. There was a risk patients may have been harmed because of not being triaged by a clinician in a timely manner.
- The trust performed worse than the operational standard for people being seen within two weeks of an urgent GP cancer referral. There were high volumes of two-week wait breaches within gastro-intestinal surgery. This was unchanged from our last inspection in February 2016.
- The trust failed to meet the operational standard for cancer patients receiving their first treatment within 62 days of an urgent GP referral. This was unchanged from our last inspection in February 2016.
- In outpatients, 27 complaints remained open past 45 days. This was not in line with the trust policy.

However:

- Since 2015, the trust had been consistently below (better than) the national median for patients not attending outpatient appointments.
- The trust had an accessible information and communication needs policy for staff members to help and support communication needs of patients and carers associated with a disability.
- Services provided by the trust reflected the needs of the population served and tried to offer flexibility, choice and continuity of care. Where patients' needs and choices were not being met, this was identified and used to inform how services were improved and developed.
- The gynaecology department used innovative ways to publicise and improve cervical screening. This good practice was to be shared at a national conference.

# Outpatients

## Is the service well-led?

**Good** 

We rated it as good because:

- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- Leaders were visible and approachable and there was a clear line of accountability from speciality level to members of the board. It had been identified at our last inspection in February 2016 that the leadership and accountability structure of the medical outpatient service was lacking. Staff told us they felt the leadership had been strengthened by the appointment of a seniornurse for outpatients.
- The trust had a comprehensive mental health strategy. The trust was working closely with the neighbouring mental health trust and jointly enrolled onto a national quality improvement programme. The national programme involved looking to develop and clinically lead the redesign of healthcare pathways to improve patient flow through outpatients.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- There was a systematic programme of national clinical audit within outpatients.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However:

- Patients continued to wait too long for their treatment for cancer and remained at risk of deteriorating health because of the delay. However, the trust had a comprehensive action plan for all waiting times.
- Outpatients did not have its own risk register as risks were contained within the speciality and division risk register. Most of the risks had been updated within the past six months. However, two risks had not been updated since July and October 2017.

## 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.

## Key facts and figures

The Royal Devon & Exeter NHS Foundation Trust provides renal services for a population of around 1.2 million people across Exeter, North Devon, East Devon, Torbay and much of Somerset. Renal transplants are not provided by the trust, with these patients either going to Bristol or Plymouth, but care and treatment is provided before and immediately after transplant. The trust has four haemodialysis units. These are based at Honiton (East Devon), Heavitree (Exeter), Torbay (South Devon) and Wonford (Exeter). They also provide input into two other dialysis units, one in Somerset and the other in North Devon, but these are run and managed by private providers.

The renal unit treats patients with:

- Acute kidney failure
- Chronic kidney failure
- Haemodialysis or peritoneal dialysis needs
- Kidney transplants
- Other kidney diseases needing specialist input

Creedy ward at the Royal Devon & Exeter Hospital (Wonford) is a 26-bedded renal inpatient and emergency dialysis ward. The haemodialysis unit has regular patients and provides treatment for inpatients. New patients to haemodialysis are also referred here until they are stable. Haemodialysis involves diverting blood into an external machine, where it's filtered before being returned to the body.

The dialysis units provide haemodialysis treatment closer to home for patients suffering from end stage renal failure. The service provides haemodialysis treatment six days a week. There are three shifts available per day including AM, PM and twilight. The haemodialysis service is provided by qualified nurses and other staff, for example health care assistants and assistant practitioners who have completed additional training. This is under the supervision of consultant nephrologists. A home haemodialysis service is provided with ongoing support and training for patients who use this and for those who wish to start.

Peritoneal dialysis was another option offered to patients. Peritoneal dialysis is a type of dialysis which uses the peritoneum in a person's abdomen as the membrane through which fluid and dissolved substances are exchanged with the blood. It is used to remove excess fluid, correct electrolyte problems, and remove toxins in those with kidney failure. Patients could choose from two systems: Continuous Ambulatory Peritoneal Dialysis (CAPD) and Automated Peritoneal Dialysis (APD).

CAPD happens throughout the day, at home or at work, while the person goes about their daily life. Between 1.5 and three litres of fluid is run in four times a day, exchanging for the fluid from the previous exchange. This takes about 30-40 minutes.

APD is a treatment in which the dialysate solution is changed by a machine, at night, while a patient is asleep. The machine will exchange eight to 12 litres over eight to 10 hours and then leave one to two litres to dwell during the day. The renal service provided an Assisted Peritoneal Dialysis programme where community staff could support patients at home with setting up the machines.

The trust sent us the following facts and data about renal services for the year 2018:



# Renal

- The renal services saw 3,943 patients.
- 870 patients were receiving haemodialysis across all their dialysis units.
- 24 patients were using home haemodialysis.
- 107 patients were having peritoneal dialysis (this includes both CAPD and APD).
- 51 patients received a kidney transplant.

During our inspection we spoke with 11 patients. We met with 33 staff in various roles, including directorate leads, senior managers, consultants, doctors, nurses, healthcare assistants, allied healthcare professionals and domestic staff. We received feedback cards from 10 patients about Honiton dialysis unit and 14 about Heavitree dialysis unit. We observed interactions between patients and staff in different wards and departments. We reviewed 15 patient records and attended a board round (a daily multidisciplinary staff meeting) on Creedy ward.

This is the first time renal services have been inspected by the Care Quality Commission.

## Summary of this service

We rated renal services as outstanding because:

- There were comprehensive systems to keep patients safe which took account of best practice. Rates of compliance with mandatory training exceeded the trust target. Cleaning audits demonstrated that each of the dialysis units, renal day case unit (Sid ward) and Creedy wards were meeting the trust target and rated as 'green'. Compliance with the national guidelines for checking water treatment rooms for patients undergoing haemodialysis was met by technical staff to make sure patients remained safe.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking and peer review were proactively pursued, including participation in approved accreditation schemes. High performance was recognised by credible external bodies. Outcomes for patients who used services were positive, consistent and regularly exceed expectations.
- Care and treatment was delivered in line with current best practice. Policies and procedures were based on national best practice guidance. Staff adhered to these and some case patients. In haemodialysis best practice was for patients to wash their fistula prior to dialysis. We observed this taking place.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Staff, teams and services were committed to working collaboratively to meet the needs of patients.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff took the time to interact with patients and those close to them in a respectful and considerate way. Patients valued their relationships with the staff team and felt they often go 'the extra mile' for them when providing care and support. Patients and those close to them were active partners in their care. Staff were fully committed to working in partnership with patients.
- Services were tailored to meet the needs of individual patients and were delivered in a way to ensure flexibility, choice and continuity of care. Patients could access support and treatment close to their home. Community services

# Renal

were available to support patients who had treatment in their homes. Referral to treatment times exceeded the trust target which meant patients did not have long waiting times. There was a proactive approach to understanding the needs and preferences of different groups of patients and to delivering care in a way that met those needs, which was accessible and promoted equality.

- Leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Managers at the renal services had the right skills, commitment and encouraged supportive relationships amongst staff. Their strategy for improving their services was based on the trusts main visions to improve care for patients. There was a fully embedded and systematic approach to improvement.

## However,

- Risk assessments were not always completed or updated for patients receiving haemodialysis.
- Care planning documentation on the haemodialysis units was not always up to date and patients' records were not stored securely to prevent unauthorised access. This issue had been identified by senior staff and they were looking to implement short term solutions until the trust's electronic system was introduced.
- Medicine trolleys were not monitored for their temperature to makes sure medicines that were temperature sensitive were stored at the correct manufacturer's recommended temperature.
- Complaints were not always responded to with an outcome within the trust target.

## Is the service safe?

**Good** 

We rated renal services as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Renal services staff had exceeded the trust target for completion.
- 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. Renal services staff had exceeded the trust target for completion of this training.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. Staff used control measures to prevent the spread of infection. Cleaning audits demonstrated all areas met the trust's standards.
- Standards of cleanliness and hygiene were maintained. Reliable systems had been developed to prevent and protect patients from healthcare-associated infections. Water used for dialysis was tested and specially treated to reduce the risk of contamination in patients. Technicians from the trust monitored the water supply and water testing was completed weekly to ensure water used during dialysis was free from contaminants.
- The arrangements for managing waste and linen kept patients safe. All waste bags were colour-coded and labelled. Any linen contaminated with bodily fluids were placed in a specialist bag that could be placed straight into the washing machines.
- The maintenance and use of equipment kept patients safe.
- Staff identified and responded to changing risks to patients who used services, including deteriorating health and wellbeing, medical emergencies or challenging behaviour. Staff could seek support from senior staff in these situations. Effective policies and procedures were available to support staff in managing a deteriorating patient.

# Renal

- The service had enough medical and nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept clear and detailed records of patients' care and treatment. Information needed to deliver safe care and treatment was available to relevant staff in a timely and accessible way.
- The service followed best practice when prescribing, giving and recording medicines. Patients received the right medicine, at the right dose, at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. When things went wrong, staff knew to apologise and gave patients honest information and suitable support.

However:

- Staff did not always complete and update risk assessments for each patient. Patient risk assessments and care planning documentation were not always kept up to date or regularly reviewed on the haemodialysis units.
- Care planning documentation was not always up-to-date and individual care records, including clinical data, were not managed in a way that kept patients safe. Patients records were not always stored securely. This issue had been identified by senior staff who were looking to find short term solutions until the trust's electronic records system was introduced.
- Medicines which were temperature sensitive were not always monitored closely. Medicine trolleys were not monitored to make sure medicines were stored at the manufacturer's recommended temperature.

## Is the service effective?

**Outstanding** 

We rated renal services as outstanding because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Current evidence-based guidance, best practice and legislation were used to develop how services, care and treatment was delivered.
- Water testing and disinfection of the water plant and haemodialysis machines were all carried out in line with best practice guidelines. The units exceeded the recommendations from the Renal Association, manufacturers' instructions and the European Pharmacopoeia Standards for the maintenance of water quality for haemodialysis.
- Staff gave patients enough food and drink to meet their needs and provided dietary support to improve their health. Patients in renal failure require a strict diet and fluid restriction to maintain a healthy lifestyle. Patients and staff at the all the units and Creedy ward had access to specialist dietary support.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking and peer review were proactively pursued, including participation in approved accreditation schemes. High performance was recognised by credible external bodies. Outcomes for patients were positive, consistent and regularly exceeded expectations.
- Information about the outcomes of patients' care and treatment was routinely collected and monitored. Staff in the renal services also participated in local audits to see how their service was performing.

# Renal

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Staff had the right skills and knowledge to provide safe and effective care and treatment for patients. Nursing staff had the right qualifications and some staff had obtained renal nursing qualifications. Some healthcare assistants had also undertaken additional training and were able to undertake extra tasks.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Staff, teams and services were committed to working collaboratively to meet the needs of patients.
- Acute renal services were available seven days a week and this included haemodialysis.
- Staff supported patients to be involved in monitoring their health. Patients were identified who may need extra support. For example, if a patient was in the last 12 months of their life a specialist end of life care nurse could offer them support and advice. Specialist community renal nurses could support patients and provide them with education about how to monitor their condition.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff followed the trust's policies and procedures when a patient could not give consent. Staff understood their responsibilities in relation to consent.

## Is the service caring?

**Outstanding** 

We rated renal services as outstanding because:

- Staff cared for patients with compassion. Feedback from patients and those who were close to them was continually positive about the way staff treated them. Staff took the time to interact with patients and those close to them in a respectful and considerate way. Patients valued their relationships with the staff team and felt staff often went 'the extra mile' for them when providing care and support. We were given an example of this when several patients were not able to get home in the snow last year and staff stayed overnight in one of the dialysis units with them to make sure they were cared for.
- There was a strong, visible patient-centred culture. Staff demonstrated sensitive and supportive attitudes towards patients. Staff took the time to listen to patients and could empathise with them. We saw staff taking the time to listen to patients and offer support and advice.
- Staff gave time to patients and their relatives and they were not hurried for responses. On Creedy ward we saw staff making specific efforts to ensure patients and their relatives understood the care their loved ones were receiving.
- Staff were motivated to offer care which promoted people's dignity. Staff made sure patients' privacy and dignity needs were understood and respected, including during any examinations. Curtains were used around each station, at each bed space on the ward and in the side rooms for the viewing windows and at the window on the doors.
- Staff provided emotional support to patients to minimise their distress. Staff recognised the broader emotional wellbeing of the patients under their care. Patients were signposted to other organisations who could help them with their diagnosis.
- Staff could signpost patients to additional support about their condition. We saw all the dialysis units and Creedy ward details of support networks for patients and their relatives and/or carers.

# Renal

- Staff supported people who used the service to find additional information and link with support networks. Patients told us they were given verbal and written information about their condition and treatment options.
- Staff involved patients and those close to them as active partners in making decisions about their care and treatment. Staff communicated with patients so they understood their care, treatment, condition and any advice given. We observed staff discuss with patients their treatment options. They checked the patient understood what they told them and spoke in a way they understood, by not using medical jargon.

## Is the service responsive?

**Outstanding** 

We rated renal services as outstanding because:

- The needs of local people were central to the planning and delivery of tailored services within the renal care. Services were tailored to meet the needs of individual patients and were delivered in a way to ensure flexibility, choice and continuity of care. Haemodialysis units were across Devon and Somerset to enable patients to be treated closer to their home.
- People could access the service when they needed it. Waiting times from referral to treatment exceeded the target. Patients needed haemodialysis did not have to wait for this treatment. Services ran on time.
- The service reflected the needs of the population served and provided flexibility and choice for patient care. Patients could access dialysis units six days a week and had the choice of either the morning or afternoon session to receive their treatment. The units also provided six twilight (evening) sessions a week to allow flexibility for patients who worked. This enabled patients to maintain a good quality of life and incorporate dialysis at a time to best suit them. The chronic kidney disease service provided clinics at locations around Devon to help patients reduce their travel.
- The service took account of patients' individual needs and their preferences were central to the delivery of tailored services.
- Renal services used technology and equipment to enhance the delivery of effective care and to support patients to be independent.
- Services were planned to consider the needs of different patients to enable them to access care and treatment. Admission criteria was set out for the satellite haemodialysis units, so all patients irrespective of age, gender, race, religion, belief or sexual orientation could access the services. Other renal services could be accessed at patients own homes or at the Royal Devon and Exeter hospital.
- Specialist services for younger adults' patients were available. These included working with other organisations to help patients meet others in the same situation and to provide advice, support and social gatherings.
- There was a proactive approach to understanding the needs of different groups of people to deliver care in a way which met their needs.
- There were arrangements to provide treatment for patients with complex needs or learning disability. The renal services had experience of managing patients with complex needs and staff told us they would work closely with families and carers to ensure the needs of the individual were accommodated.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

**However**

# Renal

- Not all complaints were responded to with an outcome within the trust target.

## Is the service well-led?

**Outstanding** 

We rated renal services as outstanding because:

- Managers at divisional and unit level had the right skills and abilities to run a service providing high-quality sustainable care. There was compassionate, inclusive and effective leadership at all levels.
- The senior leaders demonstrated enthusiasm for their roles and a commitment to improving the quality of the service.
- The strategy for renal services was aligned to local plans in the wider health and social care economy, and services have been planned to meet the needs of the population. As a specialist tertiary service that provided care and treatment across Devon and Somerset, one of the goals was to provide what they call 'fairness' across all services and locations.
- Managers across the renal services promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The culture centred on the needs and experience of patients. Senior managers told us they were most proud of the culture and attitude of their staff.
- There were mechanisms for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations.
- Renal services used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services.
- All levels of governance and management functioned effectively and interact with each other appropriately. Staff from all areas within renal services attended meetings that fed into the main governance for renal services.
- Renal services had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. There were arrangements for identifying, recording and managing risks, issues and mitigating actions. We saw evidence of risks being recorded on risk registers, which were reviewed regularly.
- There was a systematic programme of clinical and internal audit to monitor quality, operational and financial processes.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- Renal services engaged with patients, staff, the public and local organisations to plan and manage services, and collaborated with partner organisations effectively.
- Patients' views and experiences had been gathered with plans to act on them to shape and improve the services and culture at the time of our inspection. The renal services had encouraged patients to take part in the national patient reported experience survey (PREM), which was a collaboration between Kidney Care UK and the UK Renal Registry in 2018. The results from this were very positive. However, they had only just been released at the time of our inspection so any areas where they felt improvement was needed had not been actioned.

# Renal

- Renal services were committed to improving services by learning from good and bad experiences, and by promoting training, research and innovation. There was a fully embedded and systematic approach to improvement. Improvement methods and skills were available and used, and staff were empowered to lead and deliver change.
- Leaders and staff strived for continuous learning, improvement and innovation. This included participating in research projects and recognised accreditation schemes.

## 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.



# Mardon Neuro-rehabilitation Centre

Mardon House  
Wonford Road  
Exeter  
Devon  
EX2 4UD  
Tel: 01392402391  
[www.rdehospital.nhs.uk](http://www.rdehospital.nhs.uk)

## Key facts and figures

The Mardon Neuro Rehabilitation Centre is part of the Royal Devon & Exeter NHS Foundation Trust. The unit is managed by the trust's neurology service and is part of the medicine directorate. The Centre was built in 1993 and has been part of the Royal Devon & Exeter NHS Foundation Trust since 2000. The unit has 14 beds and cares for subacute patients with a variety of neurological conditions. In this case sub-acute means patients are not severely ill but need rehabilitation help and support. One of the beds is used for a long-term resident and one bed is also used to accommodate sleep studies over 48 hours. This is managed by the neuro physiology team in the acute hospital. The unit is a specialist rehabilitation unit for patients who need prolonged specialist treatment and is led by a consultant accredited in rehabilitation medicine. The centre does not provide care to patients who are under 18 years. The unit provides care and services to adult patients in Exeter, North, East and Mid Devon and to patients who may be out of county. There was a total of 78 admissions for the previous year (January 2018 – December 2018) and 89 discharges in the same period. The length of stay is usually between two and six months. Before the inspection we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 15 and 16 January 2019. One CQC inspector carried out the inspection of Mardon Neuro Rehabilitation unit with the support of a CQC mental health inspector and a CQC pharmacist. During our inspection we spoke with five patients and two relatives. We observed how people were being cared for and reviewed six patients care records. We also spoke with 18 staff including doctors, nurses, therapists, psychologists, health care assistants, domestic/ housekeeping staff and the maintenance/ driver for the unit. We previously inspected the Mardon Neuro Rehabilitation unit in November 2015. The unit was rated as requires improvement for safe and well led with ratings of good for effective, caring and responsive. Since that time, work has been undertaken by the staff on the unit and the medicine division to meet some of the previously identified shortfalls. The ratings have improved. Some areas of development are in their infancy and so cannot yet evidence the sustainability of the improvements.

## Summary of services at Mardon Neuro-rehabilitation Centre

**Good** 

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

# Summary of findings

- Each patient was assessed to ensure their needs were identified and managed. The needs of each patient were considered when planning and delivering the service, working collaboratively with other health professionals and across health care disciplines to ensure individualised care for patients. Patients were treated as individuals with treatment and care being offered in a flexible way and tailored to meet their individual needs.
- Mandatory training was completed by nursing, medical and non-clinical staff. The trust set a target of 75% for completion of all mandatory training modules which had been exceeded for both nursing and therapy staff.
- Safeguarding systems, processes and practices were used to keep patients safe. Staff were trained in the recognition of different types of abuse. Staff had a good understanding of consent, mental capacity act and deprivation of liberty safeguards and had access to further supporting information on the trusts intranet.
- The service controlled infection risk well and the environment was visibly clean. The maintenance and use of facilities, premises, and equipment generally kept people safe. Refurbishment was taking place to ensure the environment of the unit was in good repair.
- Nursing and therapy staff were aware of their responsibilities to report incidents and were confident to do so.
- There have been improvements in how medicines are managed at the Mardon centre
- Nursing staffing levels and skill mix were planned, implemented and reviewed to keep patients safe. There were sufficient nursing staff available to meet the needs of patients. Should the dependency of patient need increase, further staff could be requested.
- Policies and guidelines had been developed in line with national policy including the
- National Institute for Health and Care Excellence (NICE) guidelines.
- Patient records were well completed and were seen to be legible, signed and dated. All patients had their nutrition needs and hydration needs met and staff assessed and managed patients' pain effectively.
- Standard and non-standard assessments were undertaken and monitored to show that sufficient therapy support was provided and that the rehabilitation service met patient's needs.
- Patients had access to information about how to make a complaint and complaints were taken seriously by the trust.
- Ward leaders had the skills, knowledge and experience to lead teams effectively.
- Considerable work had been undertaken to develop inclusivity between the acute hospital and the Mardon unit. There had been a greater visibility of senior management and improved links with the acute hospital.
- Staff could tell us about the visions and values of the trust and of the Mardon unit. The staff we spoke with during the inspection said they were proud to work on the unit and were passionate about the care they provided. They told us they felt the care provided was proactive with positive outcomes for patients.
- The trust and the Mardon unit together had processes to manage current and future performance. Staff from Mardon centre took part in clinical governance arrangements and felt that the unit had a voice at divisional level of the trust.
- There was a process being developed to identify, monitor and address current risks. The risk register was under development but the content was available.
- There were systems to engage with the public to ensure regular feedback on services. This was used for and learning and development. However:
- Registrar cover was not consistent and impacted negatively on the time provided to the unit's patients.

# Summary of findings

- Occupational therapy and psychology staff numbers were lower than the British Society of Rehabilitation Medicine (BRSM) guidelines. This meant there were not sufficient therapy staff available to support patient rehabilitation.
- Access to new wheelchairs was not always timely with delays. There was a problem of an 18-week waiting time from referral to assessment and delivery of new wheelchairs.
- Mardon took part in the UK specialist Rehabilitation Outcomes Collaborative (UKROC) which was setup in September 2008 through a Department of Health initiative to develop a national database for collating case episodes for inpatient rehabilitation. Data had been collected monthly but senior staff told us that the data was not reliably inputted and so the collective figures were not truly representative of the service provided. Work was underway to ensure that data collected was input correctly.
- Mental capacity assessment for one patient had not been fully completed. This means that the correct and legal paperwork was not all in place to safeguard the patient.
- Mardon House received an appraisal, less than the trust target of 80%. This may mean that staff were not reviewed and supported to ensure updated practice was maintained.
- There was a process being developed to identify, monitor and address current risks. The risk register was under development and so the management of the trust could not provide us with the current completed template version.
- The results of the safety thermometer were not publicly displayed to enable patients and staff to see the results

# Rehabilitation services

Good  

## Key facts and figures

The Mardon Neuro Rehabilitation Centre is part of the Royal Devon & Exeter NHS Foundation Trust. The unit is managed by the trust's neurology service and is part of the medicine directorate. The Centre was built in 1993 and has been part of the Royal Devon & Exeter NHS Foundation Trust since 2000. The unit has 14 beds and cares for sub acute patients with a variety of neurological conditions. In this case sub-acute means patients are not severely ill but need rehabilitation help and support. One of the beds is used for a long-term resident and one bed is also used to accommodate sleep studies over 48 hours. This is managed by the neuro physiology team in the acute hospital.

The unit is a specialist rehabilitation unit for patients who need prolonged specialist treatment and is led by a consultant accredited in rehabilitation medicine. The centre does not provide care to patients who are under 18 years. The unit provides care and services to adult patients in Exeter, North, East and Mid Devon and to patients who may be out of county.

There was a total of 78 admissions for the previous year (January 2018 – December 2018) and 89 discharges in the same period. The length of stay is usually between two and six months.

Before the inspection we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 15 and 16 January 2019.

One CQC inspector carried out the inspection of Mardon Neuro Rehabilitation unit with the support of a CQC mental health inspector and a CQC pharmacist. During our inspection we spoke with five patients and two relatives. We observed how people were being cared for and reviewed six patients care records. We also spoke with 18 staff including doctors, nurses, therapists, psychologists, health care assistants, domestic/ housekeeping staff and the maintenance/ driver for the unit.

We previously inspected the Mardon Neuro Rehabilitation unit in November 2015. The unit was rated as requires improvement for safe and well led with ratings of good for effective, caring and responsive. Since that time, work has been undertaken by the staff on the unit and the medicine division to meet some of the previously identified shortfalls. The ratings have improved. Some areas of development are in their infancy and so cannot yet evidence the sustainability of the improvements.

## Summary of this service

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

- Each patient was assessed to ensure their needs were identified and managed. The needs of each patient were considered when planning and delivering the service, working collaboratively with other health professionals and across health care disciplines to ensure individualised care for patients.
- Mandatory training was completed by nursing, medical and non-clinical staff. The trust set a target of 75% for completion of all mandatory training modules which had been exceeded for both nursing and therapy staff.
- Safeguarding systems, processes and practices were used to keep patients safe. Staff were trained in the recognition of different types of abuse. Staff had a good understanding of consent, mental capacity act and deprivation of liberty safeguards and had access to further supporting information on the trusts intranet. The service controlled infection risk well and the environment was visibly clean. The maintenance and use of facilities, premises, and equipment generally kept people safe. Refurbishment was taking place to ensure the environment of the unit was in good repair.

# Rehabilitation services

- Nursing and therapy staff were aware of their responsibilities to report incidents and were confident to do so.
- There have been improvements in how medicines are managed at the Mardon centre
- Nursing staffing levels and skill mix were planned, implemented and reviewed to keep patients safe. There were sufficient nursing staff available to meet the needs of patients. Should the dependency of patient need increase, further staff could be requested.
- Policies and guidelines had been developed in line with national policy including the National Institute for Health and Care Excellence (NICE) guidelines.
- Patient records were well completed and were seen to be legible, signed and dated. All patients had their nutrition needs and hydration needs met and staff assessed and managed patients' pain effectively.
- Standard and non-standard assessments were undertaken and monitored to show that sufficient therapy support was provided and that the rehabilitation service met patient's needs.
- Patients had access to information about how to make a complaint and complaints were taken seriously by the trust.
- Ward leaders had the skills, knowledge and experience to lead teams effectively.
- Considerable work had been undertaken to develop inclusivity between the acute hospital and the Mardon unit. There had been a greater visibility of senior management and improved links with the acute hospital.
- Staff could tell us about the visions and values of the trust and of the Mardon unit. The staff we spoke with during the inspection said they were proud to work on the unit and were passionate about the care they provided. They told us they felt the care provided was proactive with positive outcomes for patients.
- The Trust and the Mardon unit together had processes to manage current and future performance. Staff from Mardon centre took part in clinical governance arrangements and felt that the unit had a voice at divisional level of the trust.
- There was a process being developed to identify, monitor and address current risks. The risk register was under development but the content was available.
- There were systems to engage with the public to ensure regular feedback on services. This was used for and learning and development. However :
- Registrar cover was not consistent and impacted negatively on the time provided to the unit's patients.
- Occupational therapy and psychology staff numbers were lower than the British Society of Rehabilitation Medicine (BRSM) guidelines. This meant there were not sufficient therapy staff available to support patient rehabilitation.
- Access to new wheelchairs was not always timely with delays. There was a problem of an 18-week waiting time from referral to assessment and delivery of new wheelchairs.
- Mardon took part in the UK specialist Rehabilitation Outcomes Collaborative (UKROC) which was setup in September 2008 through a Department of Health initiative to develop a national database for collating case episodes for inpatient rehabilitation. Data had been collected monthly but senior staff told us that the data was not reliably inputted and so the collective figures were not truly representative of the service provided. Work was underway to ensure that data collected was input correctly.
- Mental capacity assessment for one patient had not been fully completed. This means that the correct and legal paperwork was not all in place to safeguard the patient.
- Mardon House received an appraisal, less than the trust target of 80%. This may mean that staff were not reviewed and supported to ensure updated practice was maintained.

# Rehabilitation services

- There was a process being developed to identify, monitor and address current risks. The risk register was under development and so the management of the trust could not provide us with the current completed template version.
- The results of the safety thermometer were not publicly displayed to enable patients and staff to see the results.

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

## Is the service safe?

Good  

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

- Mandatory training was completed by nursing, medical and non-clinical staff. The trust set a target of 75% for completion of all mandatory training modules which had been exceeded for both nursing and therapy staff.
- Safeguarding systems, processes and practices were used to keep patients safe. Nursing and therapy staff were safeguarding trained to the appropriate level relevant to their role and responsibilities. Staff were trained in the recognition of different types of abuse.
- There have been improvements in how medicines are managed at the Mardon centre.
- The service controlled infection risk well. In all areas we visited, the environment was visibly clean.
- The maintenance and use of facilities, premises, and equipment generally kept people safe.
- Refurbishment was taking place to ensure the environment of the unit was in good repair.
- Each patient was assessed to ensure their needs were identified and managed. Patient records were well completed and were seen to be legible, signed and dated.
- Staffing levels and skill mix were planned, implemented and reviewed to keep patients safe. There were sufficient nursing staff available to meet the needs of patients. Should the dependency of patient need increase, further staff could be requested.
- Nursing and therapy staff were aware of their responsibilities to report incidents and were confident to do so. However:
- Access to new wheelchairs was not always timely with significant delays impacting on patients. There was a problem of an 18-week waiting time from referral to assessment and delivery of new wheelchairs. There were identified process issues that could be worked through.
- Registrar cover was not consistent and impacted negatively on the time provided to the unit's patients.
- Occupational therapy and psychology staff numbers were lower than the BRSM guidelines. This meant there were not sufficient therapy staff available to support patient rehabilitation.
- The results of the safety thermometer were not publicly displayed to enable patients and staff to see the results

## Is the service effective?

Good   

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

# Rehabilitation services

Policies and guidelines had been developed in line with national policy including the National Institute for Health and Care Excellence (NICE) guidelines.

- Patients had their nutrition needs and hydration needs met. Where a need was identified the patients were assessed and a care plan documented in all patient records.
- Staff assessed and managed patients' pain effectively. Pain assessment tools were used as part of the patients checks, advice was available from pain specialist from the trust if needed.
- Standard and non-standard assessments were undertaken and monitored to show that sufficient therapy support was provided and that the rehabilitation service met patient's needs.
- Staff worked collaboratively with other health professionals and across health care disciplines to ensure individualised care for patients.
- Health promotion information was available for patients
- Training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) is included in the trust's safeguarding adults training module. However :
- Data collected monthly to monitor the service was not reliably recorded and so the collective figures were not truly representative of the service provided. Work was underway to ensure that data collected was input correctly.
- Mardon House staff received an appraisal, less than the trust target of 80%. This may mean that staff were not reviewed and supported to ensure updated practice was maintained.
- Mental capacity assessment for one patient had not been fully completed. This means that the correct and legal paperwork was not all in place to safeguard the patient.

## Is the service caring?

**Outstanding** ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- Throughout our inspection, we observed patients were treated with the highest levels of compassion, dignity and respect. Patients told us they considered the time staff spent with them to be valuable to their recovery and the care they received to be outstanding.
- Staff were kind and supportive to patients and their relatives. Patients told us about the relationships they had with staff and how they felt staff were with them on their journey to recovery. Building relationships and trust were considered important to staff and patients. Staff encourage both patients to be partners in their own care.
- Throughout our inspection, we observed patients were treated with the highest levels of compassion, dignity and respect. Patients told us they considered the time staff spent with them to be valuable to their recovery and the care they received to be outstanding.
- Staff were kind and supportive to patients and their relatives. Patients told us about the relationships they had with staff and how they felt staff were with them on their journey to recovery. Building relationships and trust were considered important to staff and patients. Staff encourage both patients to be partners in their own care



# Rehabilitation services

## Is the service responsive?

Good   

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

- Services were planned and delivered in a way that met the needs of the local population. The unit provides care and services to adult patients in Exeter, North, East and Mid Devon and to patients who may be out of county.
- Patients were treated as individuals with treatment and care being offered in a flexible way and tailored to meet their individual needs. Care and treatment was coordinated with medical, nursing and therapy staff and external services and providers.
- The needs of each patient were considered when planning and delivering the service.
- Patients had access to information about how to make a complaint and complaints were taken seriously by the trust.

## Is the service well-led?

Good  

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

- Ward leaders had the skills, knowledge and experience to lead teams effectively.
- Considerable work had been undertaken to develop inclusivity between the acute hospital and the Mardon unit. There was a greater visibility of senior management and improved links with the acute hospital.
- Staff could tell us about the visions and values of the trust and of the Mardon unit. The vision for the service was to see Mardon build on its current position as an inpatient Neuro-rehabilitation Service.
- There was a positive culture amongst staff. The staff we spoke with during the inspection said they were proud to work on the unit and were passionate about the care they provided. They told us they felt the care provided was proactive with positive outcomes for patients.
- The Trust and the Mardon unit together now had processes to manage current and future performance. Staff from Mardon centre took part in clinical governance arrangements and felt that the unit had a voice at divisional level of the trust.
- There were systems to engage with the public to ensure regular feedback on services. This was used for and learning and development.
- The leadership and staff were continuing to review the service provided.

However:

- There was process being developed to identify, monitor and address current risks. The risk register was under development and so the management of the trust could not provide us with the current version but could provide the content.

## Outstanding practice

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

# Rehabilitation services

## Areas for improvement

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

# Honiton Hospital

Marlpits Lane  
Honiton  
Devon  
EX14 2DE  
Tel: 01404540540  
[www.rdehospital.nhs.uk](http://www.rdehospital.nhs.uk)

## Key facts and figures

The trust has one minor injuries unit (MIU) located at Honiton Community Hospital. MIUs provide treatment and advice on a range of minor injuries not serious enough to require accident and emergency department treatment.

Honiton Hospital is a community hospital managed by the Royal Devon and Exeter (RD&E) NHS Foundation Trust. There are several services provided at the hospital including a midwife-led birthing unit, a specialist renal unit and the minor injuries unit. There were also diagnostic imaging services available during the day, five days a week.

In addition, a range of services and clinics are provided which enable people to be cared for closer to home and in their own community. These services are mainly provided by the RD&E, Northern Devon Healthcare NHS Trust and a range of other community providers.

During this inspection we looked at the minor injury unit and the clinics. However, clinics are reported under community services. We did not inspect maternity or diagnostic imaging services.

## Summary of services at Honiton Hospital

**Good** 

We rated them as good because:

Urgent and emergency care was rated as good. We found risks to patients were being assessed, monitored and managed to maintain the safety of patients. Staff demonstrated they were knowledgeable about the risks to vulnerable adults. The premises were suitable for their purpose and maintained to ensure patient safety. Medicines were managed in a way that kept patients safe, stored safely and recorded correctly. Systems were used to report, investigate and learn from incidents. Patients' consent to care and treatment was sought in line with legislation and guidance. We observed that staff treated patients with kindness, dignity, and respect. Services reflected the needs of the local population and was responsive to patient's needs. Patients can access care and treatment in a timely way and that there was a structured and effective information governance management framework to monitor and develop the minor injury service.

However:

Security systems were under consideration to ensure safety of staff and patients. Out of hours and at weekends, when reception staff were not employed, there was a risk that patients' initial assessment may be delayed, because nursing staff were seeing other patients. and delays to patients being transferred in emergencies, by ambulance to the acute hospital, were not raised as incidents or monitored.

# Urgent and emergency services

Good 

## Key facts and figures

Royal Devon and Exeter NHS Foundation Trust (Wonford) emergency department (ED) is responsible for running the minor injury unit and provides ongoing support and advice.

Services are provided without appointment to adults and children, including local residents and visitors to the area. The unit is open seven days a week from 8am to 10pm.

The MIU is staffed by nurse practitioners. There is access to senior medical support from the ED and access to directly bookable GP appointments out of hours weekdays and all-day Saturday and Sunday, via an out of hours GP service.

The service has a receptionist Monday to Friday between 8am and 4pm, and 10am and 4pm at weekends. There is no receptionist outside of normal working hours.

Two nurses are on duty each day, two are qualified nurse prescribers. An X-ray service is available two full days and three half days each week. Funding was agreed for future service provision.

Attendance at the MIU service fluctuated, with an increased demand during holiday seasons. An average is between 30-40 patients per day, but this can increase to up to 50 patients per day during the summer period. There was a 22% increase in attendance between October 2016 and August 2017 and October 2017 and August 2018.

Between January and December 2018 there had been 11,270 initial assessment and treatment visits to the unit. Of those, 2,486 had been children. Of the overall total, 260 left before being seen or self-discharged.

*(Source: Acute RPIR - Context tab; Universal RPIR – Sites tab)*

During our visits we observed care and treatment and spoke with five staff but did not have the opportunity to speak with any patients as all were receiving treatment. We looked at 10 patient record cards and observed assessment and treatment being provided.

## Summary of this service

- Risks to patients were assessed, monitored and managed to maintain their safety and meet their health needs. The trust aimed for all patients to be seen and triaged within 15 minutes. The trust monitored performance against this 15-minute standard and it was consistently met.
- Staffing levels were consistently maintained at planned levels by staff with appropriate skills. Staff told us they considered staffing levels to be safe.
- Staff demonstrated they were knowledgeable about the risks to vulnerable adults. Safeguarding training had been undertaken and there were prompts on the assessment form to encourage professional curiosity during assessment.
- Staff had the right qualifications, skills and knowledge to do their jobs effectively. Staff appraisal was in place to support staff development.
- The premises were suitable for their purpose and maintained to ensure patient safety. Cleanliness, infection control and hygiene was well managed with systems and processes to reduce and control the risk of cross infection.
- All records were fully completed, legible, signed and dated. Systems were in place to ensure patients' information was kept safe. Records audits were used to monitor the content and quality of patient's records.

# Urgent and emergency services

- Medicines were managed in a way that kept patients safe, stored safely and recorded correctly. Patient group directions (PGDs) were completed and up to date.
- The trust had limited participation in national audit for minor injury units but reviewed the service they provided for effectiveness.
- Systems were used to report, investigate and learn from incidents. Staff understood their responsibility to report incidents and said they received feedback from incidents and saw changes in practice as a result.
- The trust's policies and services were developed to reflect best practice and evidence-based guidelines. We observed best practice guidance being followed.
- Pain management was well organised and established as part of triage and treatment.
- Patients' consent to care and treatment was sought in line with legislation and guidance. Staff had a clear understanding of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and patient consent.
- We observed that staff treated patients with kindness, dignity, and respect. Staff interacted with patients in a positive, professional, and informative manner. Staff members displayed understanding and a non-judgemental attitude when talking about patients who have mental health needs.
- Staff understood the importance of relatives and carers in the treatment of some patients. Staff considered any communication difficulties and had access to support services and aids to ensure patients and carers understood the care and treatment provided.
- Services reflected the needs of the local population and was responsive to patient's needs. The Minor Injury Unit was open seven days a week between 8 am and 10pm. Patients could attend during open times without an appointment or any prior booking. The MIU staff worked across organisations to deliver effective care and treatment.
- The minor injury unit took account of patients' specific individual needs. Staff supported patients with complex physical needs and mental health needs to understand the care and treatment being provided.
- Patients can access care and treatment in a timely way. The service delivered was flexible and creative to ensure the flow of patients through the department was maintained. We observed patients being treated promptly and there was evident team work between staff to ensure patients were booked in, triaged, treated and discharged quickly and safely.
- Complaints were handled in accordance with trust policy and within the provided timescale. Changes to practice and learning opportunities were made because of issues raised.
- Staff felt local leadership represented and enabled them, and hospital and divisional lead staff were accessible.
- Staff were aware of the vision and strategy for the minor injury unit as well as the wider trust strategy. As part of the trust the MIU worked towards the ongoing support of patients with mental health needs.
- There was a strong ethos of teamwork and staff felt very well supported. Staff told us they enjoyed their jobs and there was a culture of openness and honesty where they felt listened to and supported.
- There was a structured and effective information governance management framework to monitor and develop the minor injury service. Governance arrangements demonstrated the processes through which unit to board reporting and continuous learning was achieved.
- A local risk register was not in place in a standard template form risks were included as part of the emergency department and divisional risk registers and were overseen as part of medical services divisional governance. This meant any risks of concern could be flagged to the divisional and trust board and learning shared across the hospital.

# Urgent and emergency services

However:

- Although a programme of mandatory training was provided for all staff to keep patients safe, mandatory training compliance did not meet the trust's target of 75% completion.
- Security systems were under consideration to ensure safety of staff and patients. The estates department and trust health and safety representatives were aware that alarm systems used during working hours, which had been previously suitable, were no longer appropriate.
- Out of hours and at weekends, when reception staff were not employed, there was a risk that patients' initial assessment may be delayed, because nursing staff were seeing other patients. However, Patients in the minor injury units were kept safe during normal daily opening hours because they received prompt assessment and treatment.
- Delays to patients being transferred in emergencies, by ambulance to the acute hospital, were not raised as incidents or monitored. This was currently being considered to identify any trends for action. However, patients who required transfer were monitored in the MIU until the transfer was possible.

## Is the service safe?

Good 

We rated it as good because:

- **Staff demonstrated they were knowledgeable about the risks to vulnerable adults.** Safeguarding training had been undertaken and there were prompts on the assessment form to encourage professional curiosity during assessment.
- **Systems were used to report, investigate and learn from incidents.** Staff understood their responsibility to report incidents and said they received feedback from incidents and saw changes in practice as a result.
- **Cleanliness, infection control and hygiene were well managed with systems and processes to reduce and control the risk of cross infection.**
- **The premises were suitable for their purpose and maintained to ensure patient safety.**
- **Staff responded appropriately to changing risks including deteriorating health and wellbeing.** Risks to patients were assessed, monitored and managed to maintain their safety and meet their health needs. The trust consistently achieved the target for all patients to be seen and triaged within 15 minutes.
- **Staffing levels were consistently maintained at planned levels by staff with appropriate skills.** Staff told us they considered staffing levels to be safe.
- **All records were fully completed, legible, signed and dated. Systems were in place to ensure patients' information was kept safe.** Records audits were used to monitor the content and quality of patients' records.
- **Medicines were managed in a way that kept patients safe. They were stored safely and recorded correctly.** Patient group directions (PGDs) were completed, up to date and reviewed annually.

However:

- **Although a programme of mandatory training was provided for all staff to keep patients safe, mandatory training compliance did not meet the trust's target of 75% completion.**

# Urgent and emergency services

- **Security alarm systems were under consideration to ensure safety of staff and patients.** The estates department and trust health and safety representatives were aware that alarm systems used during working hours which had been previously suitable were no longer appropriate.
- **Out of hours and at weekends, when reception staff were not employed, there was a risk that patients' initial assessment may be delayed, because nursing staff were seeing other patients.** However, patients in the minor injury units were kept safe during normal daily opening hours because they received prompt assessment and treatment.
- **Delays to emergency patients being transferred by ambulance to the acute hospital were not raised as incidents or monitored.** This was being considered to identify any trends for action.

## Is the service effective?

Good 

We rated it as good because:

- **The trust's policies and services were developed to reflect best practice and evidence-based guidelines.** We observed best practice guidance being followed.
- **Pain management was well organised and established as part of triage and treatment.**
- **The trust had limited participation in national audit for minor injury units but reviewed the service they provided for effectiveness.** Targets to be seen in a timely way had been met.
- **Staff had the right qualifications, skills and knowledge to do their jobs effectively. Staff appraisal was in place to support staff development.**
- **The MIU staff worked with organisations to deliver effective care and treatment,** and we saw evidence of multidisciplinary team working.
- **The minor injury unit was open seven days a week between 8am and 10pm. Patients could attend during open times without an appointment or any prior booking.**
- **Patients had access to information to help them understand their care and treatment and promote good health.**
- **Patients' consent to care and treatment was sought in line with legislation and guidance. Staff had a clear understanding of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and patient consent.**

## Is the service caring?

Good 

We rated it as good because:

- **Staff treated patients with kindness, dignity, and respect. Staff interacted with patients in a positive, professional, and informative manner.** Staff members displayed understanding and a non-judgemental attitude when talking about patients with mental health needs.
- **Staff showed an encouraging, supportive and sensitive attitude to patients and those close to them.**



# Urgent and emergency services

- Patients' privacy and confidentiality was respected.
- Staff understood the importance of involving relatives and carers in the treatment of some patients. Staff considered any communication difficulties and had access to support services and aids to ensure patients and carers understood the care and treatment provided.

## Is the service responsive?

Good 

We rated it as good because:

- **Services provided reflected the needs of the local population where possible, and were responsive to patients' needs.** The waiting room was adequately sized to accommodate the numbers of patients and their relatives or friends. The environment was suitable for the waiting patients and afforded an area for patients who found busy environments distressing.
- **The minor injury unit took account of patients' specific individual needs. Staff supported patients with complex physical needs and mental health needs to understand the care and treatment being provided.**
- **Patients accessed care and treatment in a timely way. The service delivered was flexible and creative to ensure the flow of patients through the department was maintained.**
- **We observed patients being treated promptly and teamwork between staff ensured patients were booked in, triaged, treated and discharged quickly and safely.**
- **Complaints were handled in accordance with trust policy and within the provided timescale.** Changes to practice and learning opportunities were made because of issues raised.

## Is the service well-led?

Good 

We rated it as good because:

- **Staff felt local leadership represented and enabled them, and hospital and divisional lead staff were accessible.**
- **Staff were aware of the vision and strategy for the minor injury unit as well as the wider trust strategy. As part of the trust, the MIU worked towards the ongoing support of patients with mental health needs.**
- **There was a strong ethos of teamwork and staff felt very well supported. Staff told us they enjoyed their jobs and there was a culture of openness and honesty where they felt listened to and supported.**
- **There was a structured and effective governance management framework to monitor and develop the minor injury service.** Governance arrangements demonstrated the processes through which unit to board reporting and continuous learning was achieved.
- **A local risk register was not in place, but risks were included as part of the emergency department governance.** This meant any risks of concern could be flagged to the divisional and trust board and learning shared across the hospital.
- **Service performance measures were used to ensure the service was as effective as possible.**

# Urgent and emergency services

- **Information technology systems linked to the acute trust to enable safe and effective information management.**
- **Changes and developments in the minor injury unit were driven by dedicated staff.**

## **However:**

- Mortality reviews were not undertaken by the MIU staff and staff did not get learning from the trust mortality reviews.

## Areas for improvement

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

# Community health services

## Background to community health services

The Royal Devon and Exeter NHS Foundation Trust (RD&E) provides integrated health and care services across Exeter and East and Mid Devon. With 8,000 staff, it manages a large acute teaching hospital, twelve community sites and provides acute and community services to a core population of over 450,000. As a teaching hospital, the RD&E delivers undergraduate education for a full range of clinical professions; is established as a centre for high quality research and development in the South West peninsula and is the lead centre for the University of Exeter Medical School. The RD&E became one of the first foundation Trusts in 2004.

The trust provides three community services. These are community health services for adults, community health inpatient services and community end of life care.

## Summary of community health services

**Good** 

We rated community health services as good because:

- Community health services for adults was rated good overall. For community health services for adults we rated effective, caring, responsive and well led as good and safety as requires improvement. This service has not been inspected before.
- Community health inpatient services was rated good overall. For community health inpatient services or adults, we rated effective, caring, responsive and well led as good and safety as requires improvement. This service has not been inspected before.
- Community end of life care was rated requires improvement overall. For community end of life care we rated safe, effective, responsive and well led as requires improvement. We rated care as good. This service has not been inspected before.

# Community health inpatient services

Good 

## Key facts and figures

The community health inpatient services are part of the Royal Devon and Exeter NHS Trust. The community hospitals provide an integrated care service for patients who are adults. The hospitals do not provide a service to children and young people. The community hospitals transferred to the trust in 2016. This was the first inspection of the hospitals since they have been managed by the trust and therefore we have not included the ratings from the previous inspection.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. During the inspection we visited Tiverton, Exmouth and Sidmouth community hospitals to inspect the community inpatient services provided by the trust.

The trust has 74 inpatient beds, with 32 across two wards at Tiverton hospital, 18 beds at Exmouth and 24 beds at Sidmouth.

Medical cover is provided by doctors directly employed by the trust, GPs and an advanced nurse practitioner. Each ward has health professionals such as registered nurses, occupational therapists, physiotherapists and pharmacy staff who provide care and treatment for patients admitted to the wards.

We spoke with 30 members of staff including managers, nursing staff, doctors, therapists, facilities and pharmacy staff. We held focus groups at each community hospital to which 38 members of staff from across the community services attended.

We spoke with 12 patients and two relatives to seek their views of the service they were provided with.

## Summary of this service

We rated it as good because:

- Systems, processes and practices kept people safe and safeguarded from abuse. Staff were knowledgeable and understood how to safeguard patients against abuse and worked with other agencies when needed to do so.
- Standards of cleanliness and hygiene were maintained and there were systems in place which staff generally followed to prevent and protect people from healthcare associated infections. Patients we spoke with were positive about the cleanliness of the wards and two patients complemented the food hygiene practiced by staff.
- The maintenance and use of facilities, equipment and premises kept people safe. Improvements were being made to increase the storage facilities at each hospital.
- Risks to people were assessed, and their safety monitored and managed so they were supported to stay safe. Staff reported incidents and lessons were learned and improvement made when things went wrong.
- Staffing levels and skill mix of staff were planned and reviewed so that people received safe care and treatment. Staff had the necessary skills, knowledge and experience to deliver effective care, support and treatment. Staff teams and services within and across organisations worked together to deliver effective care and treatment.
- The care, treatment and support provided to patients achieved good outcomes, promoted a good quality of life and was based on the best available evidence. The care and treatment outcomes for patients were monitored and compared favourably to other similar services.

# Community health inpatient services

- Patients' nutrition and hydration needs were identified, monitored and were mostly met. Patients were complimentary about the meals they were provided with and the choices available to them.
- Staff assessed and managed the pain experienced by patients, including those who had difficulties in communication.
- Patients were supported to live healthier lives and where the service was responsible it improved the health of its population.
- Consent, Mental Capacity Act and Deprivation of Liberty Safeguards. Consent to care and treatment was always sought in line with legislation and guidance.
- The service involved and treated patients with compassion, kindness, dignity and respect. Patients and those close to them were provided with emotional support when needed. The staff supported people to express their views and be actively involved in making decisions about the care, support and treatment as far as possible. People received personalised care that was responsive to their needs. The service took account of the needs and choices of different people.
- People could access the right care at the right time within the community hospitals. The staff took account of patient's individual needs. including for patients who lived with dementia, learning disability, physical disability and sensory loss.
- Concerns and complaints were listened and responded to and used to improve the quality of care.
- There was leadership with the capacity and capability to deliver high quality sustainable care.
- The vision and strategy formed a base from which to deliver high quality sustainable care to people using services and a robust plan to monitor the delivery of care.
- Managers across the community hospitals promoted a positive culture that valued and supported staff. Staff we spoke with were proud to work for the trust at the community hospitals. The trust used a systemic approach to improve the quality of its services and safeguard high standards of care. A series of governance meetings were held across the community services to ensure issues, risks and positive outcomes were discussed, assessed and shared with the wider trust as necessary.
- There were clear and effective processes for managing risks, issues and performance. All incidents and risks were reviewed by senior managers.
- Appropriate and accurate information was available to staff to support their work.
- The trust engaged with and involved people who used services, the public, staff and external partners to support high quality sustainable services.
- The trust had a system in place to enable staff to raise innovative ideas and apply for funding to support these. Staff said the senior nurses were approachable and willing to discuss staff ideas and would support them to forward these ideas to the trust for approval.

However:

- Not all staff had met the trust target for training compliance. The electronic system used to record this was not reliable and so did not provide an accurate and updated reflection of training completed.
- At Tiverton hospital, the control of infection was not consistently practiced by all staff which resulted in a risk from cross infection.

# Community health inpatient services

- The trust did not consistently ensure the proper and safe use and administration of medicines. For example there were PGDs which required updating and medicines were not always dated on opening.
- There was maintenance and refurbishment work waiting to be carried out at Exmouth hospital. This meant areas of the ward were cold. The environment did not always support patients with additional needs such as those living with dementia to orientate themselves around the wards.
- Staff did not consistently have access to the information they needed to deliver care and treatment to patients. Individual care plan documentation was not consistently in sufficient detail to reflect the individualised care needs and preferences of the patients. The care plans provided brief guidance on the care required.
- At Tiverton hospital, staff did not consistently follow a system to track and record the FP10 prescription pads. This meant there was a risk of the prescription pads being misused.
- The independence of patients was not always supported as they were unable to fully self-administer their own medicines as there was no system to enable them to access their medicines independently.
- Not all staff were familiar with which national guidelines were in use and therefore underpinned their practice and the policies and procedures followed.
- Not all policies and procedures had been reviewed and aligned since the community hospitals had become part of the acute trust.
- Divisional risk registers were in operation. Not all staff were familiar with their local risk registers or what was included on it.
- The staff notice board at Exmouth hospital was not relevant for public display. The staffing noticeboard at Exmouth hospital was not clear to visitors to the ward as there was no explanation of the additional numbers and times included on the staffing information notice board. The numbers referred to the staff rest breaks and although the staff understood the chart and provided an explanation when asked it was not clear to visitors to the ward.
- Not all staff had received an annual appraisal and the trust target was not met in all areas.

## Is the service safe?

### Requires improvement



We rated it as requires improvement because:

- Staff were provided with training in safety systems, processes and practices, however not all staff had met the trust target for training compliance. The electronic system used to record this was not reliable and so did not provide an accurate and updated reflection of training completed.
- At Tiverton hospital, the control of infection was not consistently practiced by all staff which resulted in a risk from cross infection.
- There was maintenance and refurbishment work waiting to be carried out at Exmouth hospital. This meant areas of the ward were cold.
- Staff did not consistently have access to the information they needed to deliver care and treatment to patients. Individual care plan documentation was not consistently in sufficient detail to reflect the individualised care needs and preferences of the patients. The care plans provided brief guidance on the care required.

# Community health inpatient services

- At Tiverton hospital, staff did not consistently follow a system to track and record the FP10 prescription pads. This meant there was a risk of the prescription pads being misused.
- The independence of patients was not always supported as they were unable to fully self-administer their own medicines as there was no system to enable them to access their medicines independently.

However:

- Systems, processes and practices kept people safe and safeguarded from abuse. Staff were knowledgeable and understood how to safeguard patients against abuse and worked with other agencies when needed.
- Standards of cleanliness and hygiene were maintained and there were systems in place which staff generally followed to prevent and protect people from healthcare associated infections.
- Patients we spoke with were positive about the cleanliness of the wards and two patients complemented the food hygiene practiced by staff.
- The maintenance and use of facilities, equipment and premises kept people safe. The hospitals were well furnished and equipped to provide patients with the care and treatment they needed and kept them safe. Improvements were being made to increase the storage facilities at each hospital.
- Risks to people were assessed, and their safety monitored and managed so they were supported to stay safe.
- Staffing levels and skill mix of staff were planned and reviewed so that people received safe care and treatment. Wards did not have sufficient staff to always meet their staffing establishment, the shortfall was met by permanent staff working additional hours and the use of bank and agency staff.
- Staff ensured the proper and safe use and administration of medicines.
- Staff reported incidents and lessons were learned and improvement made when things went wrong.

## Is the service effective?

**Good** 

We rated it as good because:

- The care, treatment and support provided to patients achieved good outcomes, promoted a good quality of life and was based on the best available evidence as included within policies and procedures.
- Patients' nutrition and hydration needs were identified, monitored and met. Patients were complimentary about the meals they were provided with and the choices available to them.
- Staff assessed and managed the pain experienced by patients, including those who had difficulties in communication.
- The care and treatment outcomes for patients were monitored and compared favourably to other similar services.
- Staff had the necessary skills, knowledge and experience to deliver effective care, support and treatment.
- Staff teams and services within and across organisations worked together to deliver effective care and treatment.
- Patients were supported to live healthier lives and where the service was responsible it improved the health of its population.
- Consent to care and treatment was always sought in line with legislation and guidance.



# Community health inpatient services

However

- Not all staff were familiar with which national guidelines were in use.
- Not all policies and procedures had been reviewed and aligned since the community hospitals had become part of the acute trust.
- Not all staff had received an appraisal within the last 12 months.

## Is the service caring?

**Good** 

We rated it as good because:

- The service involved and treated patients with compassion, kindness, dignity and respect.
- Patients and those close to them were provided with emotional support when needed. Specialist support could be accessed when necessary.
- Relatives, friends and carers were able to choose the time they visited the wards.
- The staff supported people to express their views and be actively involved in making decisions about the care, support and treatment as far as possible.

## Is the service responsive?

**Good** 

We rated it as good because:

- People received personalised care that was responsive to their needs. The service took account of the needs and choices of different people.
- The staff took account of patient's individual needs, including for patients who lived with dementia, learning disability, physical disability and sensory loss.
- People could access the right care at the right time within the community hospitals.
- Concerns and complaints were listened and responded to and used to improve the quality of care.

## Is the service well-led?

**Good** 

We rated it as good because:

- There was leadership with the capacity and capability to deliver high quality sustainable care.
- The vision and strategy formed a base from which to deliver high quality sustainable care to people use services and a robust plan to monitor the deliverance of the care. The community hospitals were part of the community services division of the trust following amalgamation from another trust in 2016.

# Community health inpatient services

- Managers across the community hospitals promoted a positive culture that valued and support staff. Staff we spoke with were proud to work for the trust at the community hospitals.
- The trust used a systemic approach to improve the quality of its services and safeguard high standards of care. A series of governance meetings were held across the community services to ensure issues, risks and positive outcomes were discussed, assessed and shared with the wider trust as necessary.
- There were clear and effective processes for managing risks, issues and performance. All incidents and risks were reviewed by senior managers.
- Appropriate and accurate information was available to staff to support their work. However, this was not always stored securely.
- The trust engaged with and involved people who used services, their representatives, the public, staff and external partners to support high quality sustainable services. The trust had engaged with staff of all levels during the planning and introduction of the integrated care model at the community hospitals.
- The trust had a system in place to enable staff to raise innovative ideas and apply for funding to support these. Staff said the senior nurses were approachable and willing to discuss staff ideas and would support them to forward these ideas to the trust for approval.
- Staff were supported with learning and continuous improvement. Ideas and innovation were welcomed and considered.

*However:*

- Divisional risk registers were in operation. Not all staff were familiar with their local risk registers or what was included on it.
- The staff notice board at Exmouth hospital was not relevant for public display. The staffing noticeboard at Exmouth hospital did not provide clarity to visitors to the ward on the numbers of staff on duty. There was additional, unexplained, information relating to staff breaks which confused this information.

## Areas for improvement

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

# Community end of life care

**Requires improvement**



## Key facts and figures

On 1 October 2016, the trust became the providers of end of life care for adults in Exeter, East Devon and Mid-Devon. This was our first inspection of this service. The trust does not provide community end of life care for children.

End of life care for inpatients is provided at three community hospitals with a total of 72 inpatient beds, located in Sidmouth, Exmouth and Tiverton. The community hospitals provide rehabilitation, plus end of life care or supportive palliative care to enable patients to die in their preferred place. Registered nurses, therapists and healthcare assistants provided end of life care in the inpatient setting. There is a small mortuary at Tiverton hospital. This consisted of one room with a refrigerated mortuary cabinet with lifting equipment and a patient transfer trolley.

End of life care for community patients includes assessment, provision of equipment, symptom management, care provision, fast-track eligibility assessment, 'just in case' contingency planning, support for relatives and carers and signposting.

The patient pathway for an adult patient in the last twelve months of life is likely to include input from more than one care provider. The trust works closely with partners to enable patients to receive end of life care in their place of choice.

There is no specific team that provided specialist end of life care in the community setting. The community end of life care service is mostly delivered by community nursing teams, urgent care nursing teams and urgent care response teams. However, any member of staff working in community services, for example, the community rehabilitation teams, can provide care for patients in the last 12 months of their lives.

We inspected end of life care services at:

- Exeter Community Hospital
- Okehamton Community Hospital
- Exmouth Community Hospital
- Sidmouth Community Hospital
- Tiverton Community Hospital, including the mortuary. The mortuary was one room with a refrigerated mortuary cabinet with lifting equipment and a patient transfer trolley.

We inspected the service as part of our routine inspection programme. Before the inspection visit, we reviewed information that we held about these services and information requested from the trust. However, the trust did not hold service-wide data about the number of end of life patients that are cared for in the community setting. There was no available data to provide context to service provision.

During the inspection visit, the inspection team:

- spoke with three patients who were receiving end of life care and four relatives.
- spoke with 50 staff, including registered nurses, therapists, pharmacy technicians, nurse consultant, a ward clerk, managers, a GP and a nurse employed by a local charity.
- accompanied staff on eight visits to patients' homes to observe end of life care.
- reviewed 18 patient records relating to end of life care

# Community end of life care

- facilitated three focus groups
- attended a meeting at a GP surgery
- observed a community nurse patient safety briefing.

## Summary of this service

We rated it as requires improvement because:

We rated safe, effective, responsive and well-led as requires improvement. Caring was rated as good.

Systems to manage and share information were uncoordinated. Records did not contain holistic assessments or individualised care plans. Staff did not always have all the information needed to deliver high quality care. Safety systems at the community mortuary were not adequately monitored. There was no mandatory training for end of life care and uptake of optional training was low. Teams did not initiate advance care planning for patients in the last 12 months of their lives. Managers did not check that staff were following evidence based care guidelines and did not measure the quality of the service for patients living in their own homes. Managers did not check that nursing staff were competent for their roles on an ongoing basis. Managers did not monitor the quality and safety of the service provided for community end of life patients. The leadership and systems of governance did not always support the delivery of high-quality person-centred care and governance arrangements for this service had not been reviewed. Leaders were not aware of all risks within the service. The strategy did not provide adequate direction or impetus for service development and was not clearly documented or communicated to staff delivering care.

However,

There were reliable systems for reporting incidents and safeguarding concerns. Patients were supported, treated with dignity and respect were involved in their care. Patients could access care in a timely way. Staff worked well together as a multidisciplinary team. Leaders encouraged compassionate, inclusive and supportive relationships among staff so that they felt respected, valued and supported.

## Is the service safe?

**Requires improvement** 

We rated it as requires improvement because:

- The service did not ensure that staff maintained essential skills and up to date knowledge of safety systems specifically relevant to end of life care. This was because there was no mandatory end of life care training for community staff.
- Records in community settings were not always available to staff providing care and did not contain all information relevant to the care of end of life patients. Staff did not consistently use specific documentation designed to meet the needs of end of life care patients. Record keeping audits did not inform managers specifically about the quality of records in the community end of life care service.
- The trust did not use safety performance data to specifically monitor the safety of the community end of life care service.

# Community end of life care

- There were insufficient assurance mechanisms to mitigate the risk of cross contamination in the community mortuary because staff did not regularly clean all equipment. The security system in use at the community mortuary did not provide adequate assurance that unauthorised persons were prevented from accessing this area.

However,

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned within teams. Learning from incidents was used to inform service developments.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff kept themselves clean and for the most part, used control measures to prevent the spread of infection when delivering care to patients
- Staff could access appropriate safety equipment for patients. Equipment was maintained and monitored for safety.
- When patients deteriorated, there were clear systems to communicate the agreed pathway of emergency treatment escalation for individual patients.
- Staff completed essential risk assessments for each patient. Staff closely monitored the safety of patients in the last few days of their lives. When patients deteriorated, staff asked for help when they needed to.
- Team managers always ensured staffing was available to meet the needs of end of life patients.
- During our inspection, staff administered, recorded and stored medicines well.

## Is the service effective?

**Requires improvement**



We rated it as requires improvement because:

- There were no systems to ensure that the service provided care and treatment based on national guidance and evidence of its effectiveness. Managers did not check to make sure staff followed guidance.
- Managers did not have any objective information regarding the quality of the community end of life care service for patients living in their own homes. There were no audits of the quality of care for community end of life patients living in their own homes. The scope of audit for community inpatients was very limited. The information from the community inpatients audit was limited in its application and had not triggered any change of practice in community teams.
- Community nursing staff were not consistently assessing and reviewing patients pain in a comprehensive way. There was a risk that nurses might not administer pain medicines correctly.
- Nursing team managers did not have systems to provide assurance that staff maintained ongoing competencies in critical end of life care tasks, for example use of the syringe pump, and administration of anticipatory medicines. Community staff attendance at optional end of life care training was low.
- The trust did not routinely monitor and record clinical supervision and there was no target rate for the trust.

However

- New staff participated in an induction programme and in therapy services, staff used a skills competency framework
- Staff followed processes to provide continuity of care when patients transferred between services.

# Community end of life care

- Staff of different kinds worked together as a team to benefit patients in the last few days of life. Patients received care from all relevant disciplines of staff. Staff made appropriate referrals to other teams in a timely way. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- When patients deteriorated, there were clear systems to communicate the agreed pathway of emergency treatment escalation for individual patients.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients who lacked the capacity to make decisions about their care. Consent was recorded in line with legislative requirements.

## Is the service caring?

**Good** 

We rated it as good because:

- Staff cared for patients with compassion. Staff were consistently caring.
- Community nursing staff tried wherever possible to protect patients' dignity and treated patients with respect.
- Staff involved patients and those close to them in decisions about their care and treatment. Community nurses and therapists listened carefully to patients.
- Staff provided emotional support to patients to minimise their distress.
- Staff showed empathy and kindness towards patients' relatives/carers. When relatives were distressed, staff listened to their concerns. When patients died, staff provided support for relatives.

## Is the service responsive?

**Requires improvement** 

We rated it as requires improvement because:

- Managers did not have a reliable system of knowing whether the service provided was meeting the needs of their population.
- There were no protocols for identifying patients in the last 12 months of life. We were not assured that the needs of these patients were being addressed. Advance care planning was not routinely offered to patients.
- Community nursing staff were not completing individual personalised care plans to meet the holistic needs of dying patients in the last few days of their lives.

However:

- There were localised examples of proactive planning at a local level to meet the needs of community end of life care patients. Teams made plans to ensure service delivery in the event of adverse weather.
- The service took some account of individual need. The inpatient environment at one community hospital was enhanced to meet the individual needs of end of life care patients. Inpatient staff carefully considered the emotional wellbeing of their patients.
- There were systems to ensure equitable access to the community end of life service.

# Community end of life care

- Patients could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice.
- Patients and relatives knew how to make a complaint.

## Is the service well-led?

### Requires improvement



We rated it as requires improvement because:

- Managers did not monitor the quality and safety of the service provided for community end of life patients. Leaders of the service did not collect or analyse information related to the community end of life care service.
- The mechanisms for governance provided forums to escalate risks and disseminate learning related to the community end of life service. However, the governance structure did not provide an effective overview of specific quality indicators relevant to the community end of life service. There were no clear expectations for reporting or challenging the quality of community end of life care provision.
- The vision and strategy for the service did not provide adequate direction or impetus for service development. The vision and strategy for the service was not clearly documented or communicated to staff delivering care. The ongoing development of the service was not effectively monitored for progress.
- We were not assured that leaders were adequately focussed on the continual improvement of the service in the community. The service did not make use of all opportunities for learning around end of life care because mortality and morbidity reviews did not occur in the community end of life service. Not all risks were proactively identified and mitigated.
- The trust-wide leadership and accountability structure for end of life care was not clear to staff delivering the end of life care in the community.
- The trust did not engage well with staff to plan and manage appropriate services. Staff we spoke with were not aware of the trust values and did not demonstrate a sense of shared purpose across the whole trust.
- The culture of the service was not focussed on improving the overall quality of the patient experience. The trust did not seek or capture patient feedback specific to the community end of life service. There were no forums specifically focussed on patient engagement for the community end of life service.
- At a ward or team level, leadership of the community end of life service was not well defined. Frontline staff were not empowered or given responsibility to drive the community end of life service forward.

However,

- Senior managers were aware of the challenges to provision of the community end of life service. The mechanisms for governance provided forums to escalate risks and disseminate learning related to the community end of life service.
- There were positive relationships with external partners to build a shared understanding of challenges within the system. The trust engaged with local organisations to plan and manage appropriate health and well-being services.
- Managers across the trust promoted a positive culture that supported and valued staff. There was a strong emphasis on the well-being of staff. Staff felt supported, respected and valued in their work. Staff were proud to work in their teams. Care was centred on the needs of patients.
- Leaders at directorate level were visible and approachable.



# Community end of life care

## Areas for improvement

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

# Community health services for adults

Good 

## Key facts and figures

The trust provides community nursing and allied healthcare professionals outpatients (musculo-skeletal physio and podiatry) from the following community hospitals:

- Axminster Hospital (Chard Rd, Axminster)
- Crediton Hospital (Western Rd, Crediton)
- Exeter Hospital (Hospital Lane Exeter)
- Exmouth Hospital (Claremont Rd, Exmouth)
- Honiton Hospital (Marlpits Rd, Honiton)
- Moretonhampstead Hospital (Ford St, Moretonhampstead)
- Okehampton Hospital (Cavell Way, Okehampton)
- Ottery St Mary Hospital (Keegan Close, Ottery St Mary)
- Seaton Hospital (Valley View, Seaton)
- Sidmouth Victoria Hospital (All Saints Rd, Sidmouth)
- Tiverton and District Hospital (Kennedy Way, Tiverton)

*(Source: Routine Provider Information Request (RPIR) – Sites tab; Trust website)*

Royal Devon and Exeter Hospital took over the management of community services in Exeter, East Devon and Mid Devon on 1 October 2016. Community adults services are provided to a core population of over 450,000 people in Exeter, East and Mid Devon.

Community adults services are delivered through six locality teams working across Eastern Devon. Community services taken on by the trust included community nursing services, therapy services and some specialist services including Parkinson's disease and podiatry services. Each team is made up of health and social care professionals working closely with GPs and other partners in mental health and the voluntary sector. The teams also focus on reablement and rehabilitation to help people regain or keep their independence for as long as possible.

The services work with colleagues from partner organisations to identify people who are frail or becoming frail to ensure there is an agreed plan to support them if their health deteriorates. Care coordination is facilitated by a weekly core group meeting which provides a multiagency and multidisciplinary forum to review and coordinate care for people with the most complex needs.

In March 2017 the trust launched Community Connect which includes two functions:

### The Single Point of Access

- One telephone number for health and social care professionals, including GPs, to refer into the service.
- Clinical conversations at the point of making a referral to agree the course of action focused on the person's need.

### Urgent Community Response

# Community health services for adults

- The multi-disciplinary teams are able to respond quickly to support people at home, avoiding an unnecessary hospital admission, or be supported to return back into their community from hospital
- Assessment of a person's needs take place in a person's home environment as this is the most appropriate place to identify, with the person/their carer, what care and support they need.

*(Source: Acute Provider Information Request – Context acute tab)*

During this inspection we spoke with 82 members of staff including senior managers for the community services managers, community nurses, therapists, support workers. We reviewed 29 sets of patient records and observed the care and treatment of 33 patients both in a clinic setting and in the patient's own home. We also looked at and analysed data about the organisation, and information provided to us by the trust.

## Summary of this service

We rated it as good because:

- Overall, the service was mostly compliant with the trust target for mandatory training and safeguarding training compliance. Staff were aware of their role and responsibilities to report safeguarding issues. Staff were compliant with infection, prevention and control issues and the environment and equipment was largely fit for purpose. Patient caseloads were managed and a proactive approach was taken to manage the staffing challenges and demand for the service. However, patients' risk assessments were completed to varying standards across the community nursing service. There was no clear system to monitor sepsis, although work was ongoing to introduce a tool for staff to use in March 2019. Care records were not integrated and were paper based.
- Relevant and current evidence-based guidance, best practice and legislation was used to develop how the services, care and treatment were delivered, although this was not being fully monitored. The service reviewed patient outcomes and undertook a range of audits to promote best practice. Staff worked together to assess and plan ongoing care and treatment for patients and had the skills, knowledge and experience to deliver effective care and treatment. Consent to care and treatment was obtained in line with legislation, and where appropriate patients had their mental capacity assessed and recorded in line with legislation and guidance. Community nursing staff were compliant with the trust's appraisal target.
- Staff interacted with patients and those who cared for them compassionately and respectfully. Patients were encouraged to be active partners in their care and treatment. Staff also understood the need to include patients' relatives and carers in discussions and decision making. Staff worked to support patients emotionally as they understood the impact a condition and the subsequent treatment could have on a patient's emotional wellbeing.
- Services were planned, tailored and delivered to meet the needs of the local population. Teams across the service met the needs of a variety of patients who used the service and treated them as individuals. Care and treatment was provided in a non-judgemental way and patients with disabilities could access the service on an equal basis. Staff understood the importance of managing patients' mental health needs along with their physical needs. Complaints were dealt with in a timely and were investigated thoroughly. However, despite the issue of the service filling a gap in domiciliary care provision, which posed an ongoing challenge to the community adult service, work was ongoing with system wider partners to address this issue. Work was ongoing to ensure patients received more timely access to care and treatment from the therapy teams.
- There was a clear vision and strategy, with patient-centred care being embedded in the culture of the community adults service. Leaders understood the challenges to quality and sustainability which they faced and could clearly discuss how issues were being managed. The governance process ensured good oversight of quality, safety,

# Community health services for adults

performance and risk was understood and managed effectively. There was a strong emphasis on the safety and wellbeing of staff. The staff and patients were engaged to shape the future planning and delivery of the service. However, there was low morale among staff in the out of hours nursing team workforce. This had been identified and action was being taken to make improvements for the staff.

## Is the service safe?

**Requires improvement** 

We rated it as requires improvement because:

- Staff did not always complete and update risk assessments for each patient.
- There was no clear process to monitor patient deterioration and sepsis across the community adult service. However, action was being taken and a national early warning score procedure was due to be introduced in March 2019.
- Individual care records were not always fully integrated or consistently managed. However, work was ongoing in preparation to introduce an integrated electronic patient care record in 2020 to the trust, including community adult services.

However:

- The service provided mandatory training in key skills to all staff and overall, staff were compliant with most of their mandatory training.
- The service controlled infection risk well.
- There were enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff followed best practice when prescribing, giving and recording medicines.
- Staff understood their responsibilities to raise concerns, record safety incidents and report them internally.

## Is the service effective?

**Good** 

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- On the whole, staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. There was a clear approach in the therapy service to monitoring and benchmarking the quality of the service and outcome for patients receiving treatment.
- Managers made sure they had staff with a range of skills needed to provide high quality care.
- Staff from different disciplines worked together as a team to benefit patients.
- Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded patients' mental capacity clearly.

# Community health services for adults

However:

- The service did not monitor their compliance to ensure the provision of care and treatment was in line with evidence based guidance and recommendations.
- The auditing of evidence based care and practice and outcomes was inconsistent across the service in nursing services.

## Is the service caring?

**Good** 

We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity, and supported their individual needs.
- Staff showed an encouraging, sensitive and supportive attitude to people who used services and those close to them.
- Staff understood the impact that patient care, treatment or their condition had on their wellbeing and on those close to them, both emotionally and socially.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Patients' carers, advocates and representatives including family members and friends were identified, welcomed, and treated as important partners in the delivery of care.

## Is the service responsive?

**Good** 

We rated it as good because:

- Patients could usually access the service closest to their home when they needed it.
- There were arrangements to help address inequalities and to meet the diverse needs of local people.
- Services were delivered, made accessible and coordinated to account for the needs of different people.
- Reasonable adjustments were made so that patients with a disability could access and use services on an equal basis to others.
- The service understood the importance of meeting patients' mental health needs as well as physical needs, in promoting and ensuring good health.
- Staff worked across services to coordinate involvement with families and carers, particularly for patients with multiple long-term conditions.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- The need for the community adults service teams to provide cover for the lack of domiciliary care was reducing the capacity of the teams to support patients. However, work was ongoing to manage this problem with system partners.

# Community health services for adults

- Some patients were not always able to access therapy treatment at the right time. However, work was ongoing to look at how waiting lists could be better managed.

## Is the service well-led?

**Good** 

We rated it as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- The culture of the service was centred on the needs of the local people who used the service.
- There a strong emphasis on the safety and wellbeing of staff and senior staff across the service spoke of a genuine desire to ensure the happiness of their and provision of a happy place to work.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The views and experiences of patients and staff were gathered and acted on to shape and improve the services and culture.
- Leaders and staff strived for continuous learning, service improvement and innovation.

However:

- There was low morale among staff in the out of hours nursing team. This had been recognised by the team leader and community services manager and action was underway to address the issues raised by the staff.

## 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](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

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 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



# Our inspection team

The inspection was led by Carl Crouch, Inspection Manager. The inspection was overseen by Mary Cridge, Head of Hospital Inspections. Two executive reviewers, Tracey Fletcher and Nick Jenkins, supported our inspection of well-led for the trust overall.

The team included inspectors, and specialist advisers. Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts and come from either good or outstanding trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.