

West Suffolk NHS Foundation Trust

Inspection report

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

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

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

Ratings

Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Use of resources rating for this trust

Good 

Combined quality and resource rating for this trust

Requires improvement 

Summary of findings

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

Background to the trust

West Suffolk NHS Foundation Trust (WSFT) provides hospital and community healthcare services to people mainly in the west of Suffolk and is an associate teaching hospital of the University of Cambridge. WSFT was awarded foundation trust status in December 2011.

WSFT serves a predominantly rural geographical area of roughly 600 square miles with a population of around 242,000. The main catchment area for the trust extends to Thetford in the north, Sudbury in the south, Newmarket to the west and Stowmarket to the east. Whilst mainly serving the population of Suffolk, WSFT also provides care for parts of the neighbouring counties of Essex, Cambridgeshire and Norfolk.

The community services cover a range of adult community services, specialist community services for children, young people and families and community hospitals inpatients. Services are delivered in a variety of settings including people's own homes, care homes, community hospital inpatient units and clinics, day centres, schools, GP surgeries and health centres.

Services provided by the trust are mostly commissioned by NHS West Suffolk Clinical Commissioning Group. The trust also has established working relationships with other providers of health and social care services across Suffolk and parts of Cambridgeshire. WSFT is a part of the Suffolk and North East Essex STP.

Acute core services provided by the trust include: urgent and emergency care, medical care (including older people's care), surgery, critical care, maternity, services for children and young people, end of life care, outpatients, gynaecology and diagnostic imaging.

The last inspection of the trust was undertaken between 9 November and 1 December 2017. This inspection comprised of two core services, end of life care and outpatients', and well led. At the 2017 inspection the trust was rated outstanding overall. Achieving outstanding ratings in effective, caring and trust wide well led. Safe, responsive and well led at service level were rated as good.

We inspected the trust between the 24 September and 30 October 2019. The core service inspection took place on the 24 and 25 September 2019, with three further unannounced inspections on the 8, 9 and 11 October 2019. A well led inspection at provider level took place between the 28 and 30 October 2019.

During this inspection we spoke with 237 staff of various grades including nurses, doctors, senior managers, allied health professionals, health care assistants, ward managers, ambulance staff, health visitors, occupational therapists, physiotherapists, audiologists, speech and language therapists, nursery nurses, locality leads, physiotherapy and occupational therapy staff, administrative staff and volunteers. We spoke with 70 patients and relatives and reviewed 135 patient records.

We found significant concerns and risks to patients within the maternity service which we raised with the trust at the time of inspection. Following the well led inspection, we undertook enforcement in respect of the maternity and midwifery service to enable the improvement of safety within the service. We issued a warning notice under Section 29A of the Health and Social Care Act 2008 on the 14 November 2019 and told the trust it must improve by 31 January 2020.

Summary of findings

Overall summary

Our rating of this trust went down since our last inspection. We rated it as Requires improvement 



What this trust does

West Suffolk NHS Foundation Trust provides acute, maternity and community health services across the following three locations; West Suffolk Hospital, Newmarket hospital and Glastonbury Court.

Acute services are provided at West Suffolk Hospital and encompass urgent and emergency care, planned medical and surgical care, critical care, consultant led maternity, neonatal and paediatric care, end of life care and diagnostic and therapy services. There is a purpose built Macmillan unit for the care of people with cancer, a dedicated eye treatment centre and a day surgery unit. WSH has a total of 442 inpatient beds, 25 day case bed, 10 children's beds and 14 operating theatres, including three in day surgery and two in the eye treatment centre.

Rosemary Ward at the Newmarket Community Hospital (NCH) is a 19 bedded reablement service.

Glastonbury Court is a care home in Bury St Edmunds run by Care UK. WSFT has commissioned one of the 20 bedded units to provide ongoing assessment and reablement.

The trust employs 3,418 staff (March 2019 figures), including 378 medical, 824 nursing and 2216 'other'.

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.

We inspected five of the acute core services and all three of the community services provided by this trust as part of our continual checks on the safety and quality of healthcare services.

We also inspected the well-led key question for the trust overall. We summarise what we found in the section headed Is this organisation well-led?

What we found

Overall trust

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

Summary of findings

- We rated safe, responsive and well led as requires improvement and effective and caring as good. Ratings for all five key questions, safe, effective, caring, responsive and well led had gone down. The rating for the well led question at trust level had gone down from outstanding to requires improvement.
- We rated three of the trust's five acute core services as requires improvement (maternity, medical care and outpatients) and two as good (urgent and emergency care and surgery). Overall ratings for urgent and emergency care and surgery had remained the same, medical care and outpatients had gone down. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. In rating the trust, we took into account the current ratings of the three services not inspected this time. We rated all three community services as good overall, with safe, effective, caring, responsive and well led rated good. Community health services had not been rated previously.
- Processes for identifying, recording, escalating and managing risks across the organisation were not always fully effective or undertaken in a timely manner. There were inconsistent approaches to managing safety. Not all services controlled infection risk well. Completion of patient risk assessments, documentation and record keeping varied. Medicines management, including security and storage of medicines was inconsistent. Staff training and compliance in key skills fell below trust target, specifically for medical staff. Clinical and internal audit processes were not always fully effective across all services.
- Services do not always meet people's needs. People could not always access services for assessment, diagnosis or treatment when they needed to. The trust continued to underperform across a large range of national access standards, in particular those related to the national 18 week referral to treatment (RTT) standard, the six week diagnostic standard and access standards related to suspected and confirmed cancer management. Action to address this were not effective and at a global trust level, the number of patients on the RTT waiting list was substantially higher than 12 months previously, reflecting a lack of systemic waiting list control.
- Not all systems produced reliable information that supported staff to develop and improve performance. Ongoing issues with e-Care had impacted on the ability and accuracy to report service performance specifics, such as referral to treatment time and theatre utilisation.
- Not all staff felt respected, supported and valued or felt that they could raise concerns without fear. Communication and collaboration to seek solutions had not always been effectively undertaken. An open culture was not always demonstrated
- The style of executive leadership did not represent or demonstrate an open and empowering culture. There was an evident disconnect between the executive team and several consultant specialties. Whilst priorities and issues were known and understood these were not always managed in a consistent way.

However:

- Services had enough staff to care for patients. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives and supported them to make decisions about their care. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them in their work.

Summary of findings

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – .

Are services safe?

Our rating of safe went down. We took into account the current ratings of services not inspected this time. We rated it as requires improvement because:

- There was limited assurance that systems, processes and procedures across all services, were reliable or appropriate to keep people safe. Risks to patients who used services were not always assessed, monitored and managed appropriately, particularly within the maternity services and the emergency department.
- Safety concerns were not consistently identified or addressed quickly enough. Incidents were not always reported in a timely manner and wider lessons were not identified or shared effectively to improve patient safety. Not all services used monitoring results to improve patient safety.
- Within outpatient services there was lack of robust systems to identify and track patients requiring a follow up appointment or those on surveillance pathways. Actions had not been undertaken in a responsive manner once concerns were known. This had resulted in significant patient safety risk within the vascular service, and an extended period of time where potential risk across other specialties remained unknown.
- Staff did not always keep appropriate records of patients' care and treatment. Staff did not always complete risk assessments documentation which meant a delay in escalating, removing or minimising risks.
- Medicines management was inconsistent. Processes to store medicines securely did not always follow relevant national guidance.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe. This included community health services for children and young people where facilities for audiology assessments in the Ipswich child development centre were not fit for purpose.
- Consistent and effective documentation for mortality and morbidity meetings was not recorded in all services. An internal review into learning from deaths identified that areas for improvement into wider learning and overview of themes remained.
- Mandatory training compliance rates, specifically for medical staff, continued to fall below trust targets.

However:

- Services had enough medical, nursing and support staff with the right qualifications, skills, training and experience to provide care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- 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.

Are services effective?

Our rating of effective went down. We took into account the current ratings of services not inspected this time. We rated it as good because:

- The majority of services provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Summary of findings

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. Staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide multidisciplinary care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Not all national audits had actions plans to address all areas of concern that required improvement.
- There were concerns within maternity services there was a risk that not all women were receiving effective care or treatment. There was a lack of consistency in the effectiveness of the care, treatment and support that women received. Concerns included out of date guidelines, monitoring of women's pain and ensuring staff were competent for their roles. Midwifery appraisal rates were not met and there were no supervision meetings in place to provide staff support and development.
- Within the community inpatient services, staff were unaware of the monitoring that the trust performed for the effectiveness of care and treatment. They were unable to use the findings to make improvements in outcomes for patients.

Are services caring?

Our rating of caring went down. We took into account the current ratings of services not inspected this time. We rated it as good because:

- Across all services staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff gave patients and those close to them help, emotional support and advice when they needed it to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment. A family centred approach was observed in the community children and young people service. Staff recognised the importance of confidentiality and enabling people to manage their own health and care where possible.

Are services responsive?

Our rating of responsive went down. We took into account the current ratings of services not inspected this time. We rated it as requires improvement because:

- People could not always access services for assessment, diagnosis or treatment when they needed to. Waiting times from referral to treatment varied, with some specialties better and some worse than national standards.
- The trust continued to underperform across a large range of national access standards, in particular those related to the national 18 week referral to treatment (RTT) standard, the six week diagnostic standard and access standards related to suspected and confirmed cancer management.
- There was no process in place for monitoring patients requiring a follow up appointment. The outpatients service were unaware of the number of patients who may have been lost to follow up. There was no process in place to monitor the average waiting times for a follow up appointment.

Summary of findings

- Delays in diagnostic test results meant that clinic appointments were often wasted.
- Complaints were not investigated and closed within the deadline set in the trust's internal policy.

However:

- It was easy for people to give feedback and raise concerns about care received. Concerns and complaints were taken seriously, investigated and lessons learned shared with staff.

Are services well-led?

Our rating of well-led went down. We took into account the current ratings of services not inspected this time. We rated it as requires improvement because:

- The leadership, governance and culture do not always support the delivery of high quality person centred care. Leaders did not always use systems to identify and escalate relevant risks and issues. Actions were not always identified or monitored effectively to ensure mitigation was in place.
- Within maternity services we raised concern over the skills and abilities of leaders to run the service. Leaders were not effective at implementing meaningful changes that improved safety culture within the organisation.
- Not all staff felt respected, supported and valued or felt that they could raise concerns without fear. Communication and collaboration to seek solutions had not always been effectively undertaken. An open culture was not always demonstrated. Staff that raised concerns were not always appropriately supported or treated with respect. Concerns were not consistently investigated.
- Risk, issues and poor performance were not always dealt with appropriately or quickly enough. The risk management approach was applied inconsistently. Clinical and audit processes were inconsistent in their implementation and impact.
- Leaders and teams did not always use systems to manage performance effectively. Issues with the accuracy and availability of data, affected managers' ability to manage performance effectively at times. Staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Patient information systems were not fully integrated across the community services. Information used in reporting, performance management was not always accurate, valid or reliable.
- Within the community services, the cascade of governance issues through team meetings were not always in place and there was a lack of clinical audit. Local processes to collect, analyse and review data to improve performance and patient care were not embedded.

However:

- Across services leaders actively engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The trust had in place a clear vision, focused priorities and ambitions that were unchanged from our previous 2017 inspection. The vision, values and strategy had been developed with all relevant stakeholders and was understood by leaders and staff across the organisation.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Use of resources

We rated use of resources as good because:

Summary of findings

The NHS foundation trust compares well (nationally), across most productivity metrics covered in this assessment, which indicates better utilisation of its workforce and facilities. It has a good track record of managing expenditure within its financial plans and has achieved its control totals for each of the last three years, however at the time of the assessment the NHS trust was reporting an adverse variance to its financial plan and had identified significant risks to achieving its control total for 2019/20, which largely due to demand and workforce related cost pressures.

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at www.cqc.org.uk/provider/RGR/Reports.

Combined quality and resources

We rated combined quality and resources as requires improvement because:

- We rated safe, responsive and well-led as requires improvement; and effective and caring as good.
- We took into account the current ratings of the three core services at West Suffolk hospital not inspected at this time.
- We rated three services as requires improvement across the trust overall. We rated the remaining two acute services as good. We rated the three community health services as good.
- The overall rating for the trust's acute location went down.
- The trust was rated good for use of resources.

Ratings tables

The ratings tables in our full report 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 took into account factors including the relative size of services, and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in community health services for children and young people.

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

Areas for improvement

We found areas for improvement including 32 breaches of legal requirements that the trust must put right. We found 45 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.

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

Action we have taken

We issued five requirement notices to the trust and undertook enforcement action in relation to significant concerns within the maternity and midwifery service. That meant the trust had to send us a report saying what action it would take to meet these requirements. We issued a warning notice under Section 29A of the Health and Social Care Act 2008 on the 14 November 2019 and told the trust it must improve by 31 January 2020.

Our action related to breaches of legal requirements at a trust-wide level and seven of the eight core services.

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

Summary of findings

What happens next

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

Outstanding practice

We found the following outstanding practice:

Community health services for children and young people.

- An emotional well-being care pathway had been developed, in conjunction with other services.
- Multi-disciplinary and multi-agency working was particularly strong.
- Physiotherapists were linking with sports gyms in the locality to jointly provide gym groups for five to 11 year olds and 11 to 18 year olds with cerebral palsy.

Areas for improvement

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

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with 32 legal requirements. This action related to the trust overall and seven services.

Trust wide

- The trust must take definitive steps to improve the culture, openness and transparency throughout the organisation and reduce inconsistencies in culture and leadership. To include working relationships and engagement of consultant staff across all services. Regulation 17 (1)(2a,e).
- The trust must ensure the culture supports the delivery of high quality sustainable care, where staff are actively encouraged to speak up raise concerns and clinicians are engaged and encouraged to collaborate in improving the quality of care. Regulation 12 (1)(2i).
- The trust must ensure that processes for incident reporting, investigation, actions and learning improve are embedded across all services and that risks are swiftly identified, mitigated and managed. The trust must ensure that incident investigations and root cause analysis are robust and that there are processes for review, analysis and identification of themes and shared learning. Regulation 12 (1)(2).
- The trust must ensure that processes for governance and oversight of risk and quality improvement become consistent across the organisation. There must be robust processes in place to ensure that implementation and impact of clinical, internal and national audit processes, mortality reviews, incident and complaints are monitored and reviewed to drive service improvement. Regulation 17(1)(2).
- The trust must ensure that effective process for the management of human resources (HR) processes, including staff grievances and complaints, are maintained in line with trust policy. To include responding to concerns raised in an appropriate and timely manner and ensuring support mechanisms in place for those involved. Regulation 17(1)(2).

Summary of findings

- The trust must ensure that robust processes are embedded for patient follow up appointments and those on surveillance pathways. To include systems and process for regular oversight and assurance that patients are not being lost to follow up across all specialties within the organisation. Regulation 17 (1)(2,a).
- The trust must take definitive steps to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant. Regulation 17(1)(2).
- The trust must continue to develop information technology systems and integration across the community services. Regulation 17(1)(2).
- The trust must continue to take action to improve performance against national standards such as the 18 week referral to treatment (RTT) standard, six week diagnostic standard and access standards related to suspected and confirmed cancer management. Regulation 12 (1)(2a,b)
- The trust must ensure that the duty of candour is carried out as soon as reasonably practicable, in line with national guidance. Regulation 20.
- The trust must ensure effective processes are in place to meet all the requirements of the fit and proper persons regulation. Regulation 5.
- The trust must ensure that mandatory training attendance, including training on safeguarding of vulnerable children and adults, improves to ensure that all staff are aware of current practices and are trained to the appropriate level. Regulation 12 (1)(2c).

Urgent and emergency services

- The trust must ensure staff complete patient risk assessment to identify patients at risk of deterioration and risk assessments for day to day care activities. Regulation 12 (1)(2a,b,h).
- The trust must ensure staff record medication temperatures and escalate any concerns in line with its medications policy. Regulation 12 (1)(2g).
- The trust must ensure that staff records in relation to equipment and medication checks are completed. Regulation 12 (1)(2e).

Medical care (including older people's care)

- The trust must improve medicines management, particular in respect of management of controlled drugs, storage of patients' own medications and monitoring ambient room temperatures in drugs rooms. Regulation 12(1)(2g).
- The trust must ensure that all bank and agency staff have documented local inductions. Regulation 18 (2)(a).

Surgery

- The trust must ensure that medicines are stored securely within the main and day surgery theatre department. Regulation 12(1)(2g).

Maternity

- The trust must improve monitoring ambient room temperatures in drugs rooms. Regulation 12(1)(2g).
- The trust must improve monitoring of women's records and ensure that a greater number of records are audited monthly. Regulation 17(1)(2c).
- The trust must ensure that carbon monoxide monitoring assessments and records are in line with trust policy. Regulation 12 (1)(2a,b).
- The trust must ensure that women are asked about domestic violence in line with trust policy. Regulation 12 (1)(2a,b).

Summary of findings

- The trust must ensure that they implement a nationally recognised monitoring vital observations tool for women attending triage on labour suite and the maternity day assessment. Regulation 12 (1)(2a,b).
- The trust must ensure they implement a national recognised monitoring vital observations tool for new born babies on the labour suite and F11 ward. Regulation 12 (1)(2a,b).
- The trust must ensure they carry out daily checks of resuscitation equipment. Regulation 12 (1)(2e).
- The trust must ensure clinical guidelines are up to date. Regulation 17 (1)(2b)

Outpatients

- The trust must ensure patients can access the service when they need it and receive the right care promptly in line with national targets. Regulation 12 (1)(2a,b).
- The trust must ensure diagnostic test results are available in a timely manner. Regulation 12 (1)(2a,b).
- The trust must ensure there is an effective process in place for monitoring patients requiring a follow up appointment and for those on surveillance pathways. Regulation 12 (1)(2a,b).

Community health services for adults

- The trust must ensure staff complete and record patient pain assessments in patient records. Regulation 17(1) (2c).

Community health services for children and young people

- The trust must ensure all staff complete mandatory training including safeguarding training. Regulation 12 (1)(2c).

Action the trust SHOULD take to improve

We told the trust that it should take action either because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

Trust wide

- The trust should ensure that consultant and team communication is improved in relation to the North East Essex and Suffolk Pathology Services (NEESPS). The trust should ensure that a review of the current working environment, equipment and processes within Pathology services is undertaken to identify and address any immediate ongoing concerns. Regulation 12.
- The trust should ensure that effective processes are in place to promote and protect the health and wellbeing of all staff. Regulation 18.
- The trust should ensure that complaints are responded to in a timely manner, within trust policy. Regulation 16.

Urgent and emergency services

- The trust should ensure all staff follow inspection, prevention and control procedures and bare below the elbow guidance at all times. Regulation 12.

Medical care (including older people's care)

- The trust should ensure that cleaning chemicals hazardous to health are stored in an appropriate locked location. Regulation 12.
- The trust should ensure that all sharps and syringes are stored securely away from patients and visitors. Regulation 12.
- The trust should ensure shared learning from never events with staff across the hospital. Regulation 12.

Summary of findings

- The trust should display safety thermometer data and utilise this to improve services. Regulation 17.
- The trust should ensure that appropriate action plans to address national audit shortfalls are implemented and effectively monitored. Regulation 17.
- The trust should ensure team meetings are undertaken to share information with ward staff. Regulation 17.
- The trust should consider displaying information on how patients and visitors can lead healthier lives.
- The trust should continue to work to reduce the number of bed moves at night for non-clinical reasons.
- The trust should continue to promote the freedom to speak up guardian so that all staff understand what the role is and know who their guardian is.

Surgery

- The trust should ensure effective processes are in place for oversight of referral to treatment times across all specialties with action plans in place to improve the specialties where national standards are not being met. Regulation 17.

Maternity

- The trust should ensure that the labour suite coordinator is supernumerary. Regulation 18.
- The trust should ensure a higher percentage of staff complete mandatory training including PROMPT. Regulation 12.
- The trust should ensure team meetings are held to share information with ward staff. Regulation 17.
- The trust should ensure there is effective audit of the use of the World Health Organisations (WHO) and five steps to safer surgery checklist and take actions on results that do not meet trust standards. Regulation 17.
- The trust should ensure that staff report all incidents in line with trust policy. Regulation 12.
- The trust should ensure that they close incident investigations within trust deadlines. Regulation 17.
- The trust should consider displaying safety performance information.
- The trust should ensure that action plans are created and followed for national and local audits. Regulation 17.
- The trust should ensure that appraisal rates are met for staff. Regulation 18.
- The trust should ensure that processes are in place for the supervision of midwives. Regulation 18.
- The trust should ensure the collection of friends and family data in all areas. Regulation 17.
- The trust should ensure consumable equipment is not opened prior to use to prevent infection prevention and control risks. Regulation 12.
- The trust should ensure an evidence-based bereavement care pathway is put in place. Regulation 12.
- The trust should ensure that women's pain scores are consistently completed. Regulation 17.

Outpatients

- The trust should consider security enabled doors in the paediatric outpatient department.
- The trust should consider a system to monitor the average waiting times for a follow up appointment.

Community health services for adults

Summary of findings

- The trust should continue to improve mandatory training completion rates to meet the trust's target completion rate of 90%.
- The trust should continue to improve appraisal completion rates to meet the trust's target completion rate of 90%.

Community health services for children and young people

- The trust should ensure that governance and oversight are strengthened to ensure performance and local audit are monitored and measured to improve practice. Regulation 17.
- The trust should ensure that processes are in place and effective to monitor compliance with best practice and national guidance relevant to the service. Regulation 17.
- The trust should ensure records are maintained to show cleaning has been completed in line with cleaning schedules. Regulation 12.
- The trust should ensure that facilities for audiology assessments in the Ipswich child development centre improve. Regulation 15.

Community health inpatient services

- The trust should consider using an acuity tool to assess whether there were enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The trust should continue to improve mandatory training in key skills to all staff to meet trust targets.
- The trust should continue to improve appraisal completion rates to meet the trust's target completion rate of 90%.
- The trust should ensure that patients individual needs and preferences are taken into account when planning care. Regulation 9.
- The trust should ensure that all senior leaders have the skills to access and use patient outcome data to improve services. Regulation 18.
- The trust should ensure that individual goals and outcome measures are routinely monitored and audited to improve care. Regulation 17.

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 went down. We rated well-led as requires improvement because:

- There was an apparent disconnect between the executive team and several consultant specialties. Some staff felt that concerns were not recognised, which was impacting on consultant involvement with running of services. Staff stated the executive team listened but did not hear.
- We were not assured that the significance of the concerns being raised, and subsequent consultant disengagement, had been fully acknowledged by the executive directors. Proactive actions to attempt to address and repair leadership relationships in an effective, timely manner had not taken place.

Summary of findings

- There were some inconsistencies in the record completion of all of the relevant checks and appraisals required under Regulation 5: Fit and Proper Persons.
- Not all staff felt the culture encouraged openness and honesty. Not all staff felt respected, supported and valued or felt that they could raise concerns without fear. This impacted negatively on the ability of staff to challenge and discuss options for mitigating risk.
- Communication and collaboration to seek solutions had not been effectively undertaken in a number of specialties where concerns relating to clinical risk and safety had been raised.
- We were not assured that the trust had acted in line with its own policy or taken reasonable steps to ensure Regulation 20: Duty of candour, had been appropriately applied by being fully open and transparent in relation to vascular lost to follow up concerns.
- Certain actions taken in relation to internal investigations were unusual and of concern. Communications to staff were perceived by some staff as threatening in nature, with a focus on apportioning blame. We were concerned that these actions could discourage staff from raising concerns and could potentially limit wider analysis of patient safety issues.
- Processes for identifying, recording, escalating and managing risks across the organisation were not always fully effective or undertaken in a timely manner. Clinical and internal audit processes were not always fully effective across all services.
- There had been a delayed response to investigate and address concerns in relation to vascular lost to follow up patients, conducting relevant harm reviews and providing adequate assurance that wider risk to patients has been mitigated.
- Processes for booking patents for follow up appointments and ensuring surveillance pathways were effective were not robust. The trust responded to our ongoing concerns and took steps to improve.
- There were continued concerns with the integration between the trust's digital partner and several of the trust systems. Demands being placed on internal information technology teams to continually seek alternative solutions and workarounds were significant.
- The trust was underperforming across a large range of national access standards, in particular those related to the national 18 week referral to treatment (RTT) standard, the six week diagnostic standard and access standards related to suspected and confirmed cancer management. Whilst steps had been taken to introduce performance recovery plans at subspecialty level, there was very limited evidence that such plans were delivering the necessary traction of improvement.
- Appropriate and accurate information was not always being effectively processed, which impacted on the reliability and analysis of data. Not all staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Participation in and learning from internal and external reviews, including those related to mortality or the death of a person, were not fully established

However:

- The trust has an established, experienced executive leadership team that had remained stable since our previous inspection in 2017. There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership. All executive and non-executive directors were clear of their areas of responsibility and were visible and approachable in the service for patients and staff.

Summary of findings

- Leaders across the organisation had the skills and abilities to run services. There was a leadership and talent management strategy in place, that incorporated talent acquisition, development and career support and succession management.
- The trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff were focused on the needs of patients receiving care. The trust promoted an open culture and were working on actions to improve reporting. The trust promoted equality and diversity within and beyond the organisation. The trust had a trans awareness in healthcare workshop on 21 May 2019, joined the NHS Rainbow badge scheme in June 2019, had a disabled staff network and an equality, diversity and inclusion (EDI) group.
- The trust had established governance processes throughout the organisation. The trust strategy and policy for risk management outlined clear roles and accountabilities at all levels throughout the organisation. Since our previous inspection in 2017 the trust had finalised, aligned and integrated the governance structures for the community services.
- Observational visits by board members and governors were undertaken as weekly quality walkabouts that covered both the hospital and community settings. A programme of presentations and patient stories relating to the quality priorities and strategic /service developments were delivered to the board and its subcommittees.
- Leaders across the organisation engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients. A joint based post of director of integration and partnerships had been established in January 2019 with West Suffolk clinical commissioning group.
- The NHS staff survey results 2018, published on 26 February 2019, identified as an overall indicator of staff engagement that the trust score of 7.4 was above the average (7.0) when compared with trusts of a similar type. This figure had remained constant since 2016.
- There were systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work.
- The trust had started recruiting partners of military personnel from the nearby airbase. The hospital and the base were working together to provide training on the differences between the NHS and the American healthcare system.

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 ↓ Jan 2020	Good ↓ Jan 2020	Good ↓ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓↓ Jan 2020	Requires improvement ↓↓ Jan 2020

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
Urgent and Emergency care	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Medical care (including older people's care)	Requires improvement ↓ Jan 2020	Good ↓ Jan 2020	Good ↓ Jan 2020	Good ↔ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020
Surgery	Requires improvement ↓ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Critical care	Good Aug 2016	Outstanding Aug 2016	Good Aug 2016	Requires improvement Aug 2016	Outstanding Aug 2016	Good Aug 2016
Maternity	Requires improvement Jan 2020	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Inadequate Jan 2020	Requires improvement Jan 2020
Services for children and young people	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
End of life care	Good Jan 2018	Good Jan 2018	Outstanding Jan 2018	Good Jan 2018	Outstanding Jan 2018	Outstanding Jan 2018
Outpatients	Requires improvement ↓ Jan 2018	Not rated	Good ↔ Jan 2018	Requires improvement ↓ Jan 2018	Requires improvement ↓ Jan 2018	Requires improvement ↓ Jan 2018
Overall trust	Requires improvement ↓ Jan 2020	Good ↓ Jan 2020	Good ↓ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓↓ Jan 2020

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 ↓ Jan 2020	Good ↓ Jan 2020	Good ↓ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓↓ Jan 2020
Community	Good Jan 2020	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
Overall trust	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020

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 community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Jan 2020	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
Community health services for children and young people	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
Community health inpatient services	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
Overall*	Good Jan 2020	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2019	Good Jan 2019	Good Jan 2020

*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.

Acute health services

Background to acute health services

The trust provides all eight core services at West Suffolk Hospital.

We inspected five of the eight acute core services: urgent and emergency care, medical care (including older people's care), surgery, maternity and outpatients.

Summary of acute services

Requires improvement ● ↓

Our rating of these services went down. We rated them as requires improvement.

The summary of West Suffolk Hospital services appears in the overall summary of this report.

West Suffolk Hospital

Hardwick Lane
Bury St Edmunds
Suffolk
IP33 2QZ
Tel: 01284713538
www.wsh.nhs.uk

Key facts and figures

West Suffolk Hospital is a small district general hospital in Bury St Edmunds, England. It is managed by the West Suffolk NHS Foundation Trust. The hospital has a total of 442 inpatient beds, 25 day case bed and 10 children's beds. There is a purpose-built Macmillan Unit for the care of people with cancer, a dedicated eye treatment centre and a day surgery unit where children and adults are treated. Access to specialist services is offered to local residents by networking with tertiary centres.

Services are provided 24 hours a day, seven days a week. Services at the hospital include: urgent and emergency care, medical care (including older people's care), surgery, critical care, maternity, services for children and young people, end of life care, outpatients, gynaecology and diagnostic imaging.

We inspected the hospital on the 24 and 25 September 2019. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We also undertook a further three unannounced inspections on the 8, 9 and 11 October 2019. Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

We inspected five acute core services: urgent and emergency care, medical care (including older peoples care), surgery, maternity and outpatients.

During this inspection we spoke with 169 staff of various grades including nurses, doctors, senior managers, allied health professionals, health care assistants, ward managers, ambulance staff, administrative staff and volunteers.

We spoke with 45 patients and relatives and reviewed 78 patient records.

Summary of services at West Suffolk Hospital

Requires improvement ● ↓

Our rating of services went down. We rated them as requires improvement because:

- We rated safe, responsive and well led as requires improvement and rated effective and caring as good.
- Out of the five hospital services inspected we rated three as requires improvement and two as good. In rating the hospital overall, we took into account the current ratings of services not inspected this time.

Summary of findings

- The ratings for medical care and outpatients went down, whilst the ratings for urgent and emergency services and surgery stayed the same. Maternity was rated as requires improvement. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.
- There was limited assurance about safety across all five services we inspected. Processes for identifying, recording, escalating and managing risks across the organisation were not always fully effective or undertaken in a timely manner. Safety concerns included, but were not limited to, infection control, the timeliness of patient risk assessments, patient record keeping, recording and storing of medicines, emergency equipment checks, and mandatory training compliance rates for medical staff. Staff training and compliance in key skills fell below trust target, specifically for medical staff.
- Within the maternity service there was a lack of consistency in the effectiveness of the care, treatment and support that people received.
- Services did not always meet people's needs. People could not always access services for assessment, diagnosis or treatment when they needed to.
- The leadership, management and governance across the services did not always support high quality patient care. Arrangements for governance and performance management were not always effective. Clinical and internal audit processes were not fully utilised to improve services. Not all systems produced reliable information that supported staff to develop and improve performance.

However:

- Services had enough staff to care for patients. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care.
- Staff across all five services inspected treated patients with compassion, kindness, dignity and respect. Patients were involved as partners in their care.

Urgent and emergency services

Good   

Key facts and figures

Details of emergency departments and other urgent and emergency care services

- West Suffolk Hospital accident and emergency department
- West Suffolk Hospital clinical decision unit

(Source: Routine Provider Information Request (RPIR) – Sites tab)

From April 2018 to March 2019, there were 74,400 attendances to the emergency department (ED) at West Suffolk Hospital. The highest attendance total for one day was 256 and the lowest was 141. Fifteen percent of the attendances were children.

The department includes two separate entrances for walk-ins and for ambulances. There are three separate waiting areas: one for GP streaming patients, one for the main emergency department and another for children.

Within the main treatment area there are: three bays for resuscitation (one for children); a high visibility bay; four bays for high dependency patients; one room for infection prevention; nine bays for low dependency patients; four see and treat bays; two paediatric rooms; one eye treatment room; and two triage rooms.

The clinical decisions unit (CDU) consists of two three bedded bays and four reclining chairs. There is a policy for identifying appropriate patients for placement in the CDU.

There is also a dedicated radiology room within the emergency department.

Due to the number of core services inspected, our inspection of West Suffolk Hospital was announced. Prior to our inspection we reviewed data we held about the service along with information we requested from the service. The emergency and urgent care service was rated as good overall following its last inspection in March 2016.

During our inspection, we spoke with 39 members of staff including doctors, nurses, health care assistants, ambulance staff and non-clinical staff. We visited the adult and children's emergency department, clinical decisions unit and the chaplaincy.

We spoke with seven patients including two children and reviewed 32 patient records and considered other pieces of information and evidence to come to our judgement and ratings. The service was participating in NHS England and NHS Improvement's Clinical Review of Standards field test of revised access standards. Reporting against the four-hour standard is not required by NHS England and Improvement during the field testing, which started in May 2019. CQC continue to inspect urgent and emergency care for the 14 pilot hospitals on the basis of risk, and rate responsiveness without the four hour standard data.

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

Urgent and emergency services

- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's wider vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However,

- The service did not always control infection risk well, we identified staff not bare below the elbows, wearing jewellery and not following the services infection control policy.
- Staff recording checks on controlled medicines, refrigeration temperatures and equipment were not consistent.
- Staff did not consistently complete patient safety checklists and general risk assessments, for example falls risks. Recording emergency equipment checks were not consistent.
- The management of risk around non completion of patient risk assessment and safety check lists required significant improvement.
- Leaders did not always use systems to manage performance effectively.
- Audit systems for record keeping were not effective in improving compliance with patient safety check lists.

Is the service safe?

Requires improvement ● → ←

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

- Although we found the service largely performed well, it did not meet legal requirements relating to Regulation 12, Safe care and treatment, meaning we could not give it a rating higher than requires improvement.
- The service did not always control infection risk well. Records in relation to cleaning of children's toys were not up to date and we observed some staff did not follow the trusts infection control procedures.
- Staff did not complete risk assessments for each patient swiftly which meant a delay in removing or minimising risks and updating assessments.
- Staff did not always keep detailed records of patients' care and treatment.
- Records in relation to the storage and checking of medicines and refrigeration temperatures were not always up to date. Recording emergency equipment checks were not consistent.

Urgent and emergency services

- The service provided mandatory training however not everyone completed it. Compliance rates were below trust target, specifically for medical staff.

However:

- 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.
- The design, maintenance and use of facilities, premises, and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff reviewed patient's medicines regularly and provided specific advice to patients and carers about their medicines.
- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately.
- Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service adjusted for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care and staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Urgent and emergency services

Is the service caring?

Good  → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- We observed examples of staff responding with kindness when patients needed help and support, even during exceptionally busy periods. Staff offered reassurance to patients who were in pain or frightened and we observed staff promoting patients.
- Staff gave patients and those close to them help, emotional support and advice when they needed it. During our inspection we talked with a trust chaplain who visited the department to offer emotional support for patients and their families, as well as supporting families through trauma and loss of a loved one.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Throughout our inspection, we observed staff introducing themselves and their role to patients they were caring for within the ED. Staff made sure patients and those close to them understood their care and treatment.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good  → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences.
- People could access the service when they needed it and waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Is the service well-led?

Good  → ←

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

- There was a visible leadership within the department, staff roles and responsibilities were coordinated effectively to manage patient care.

Urgent and emergency services

- Managers we spoke with were clear on the service's wider vision and mission and were universally supportive of the development of the new emergency department facilities.
- Staff we spoke with were universally proud to work for the service and there was a focus on collaboration to improve outcomes for patients.
- Leaders operated governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

However:

- The management of risk around non completion of patient risk assessment and safety check lists required improvement.
- Audit systems for record keeping were not effective in improving compliance with patient safety check lists.
- Leaders did not always use systems to manage performance effectively.
- The service did not have a local strategy to turn it into action.

Areas for improvement

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

Medical care (including older people's care)

Requires improvement ● ↓

Key facts and figures

Medicine provides services within 13 ward/clinical areas at West Suffolk Hospital.

- Ward G8 is a unit specialising in care of the stroke patient. It consists of four hyperacute stroke beds, 24 acute beds and six medical beds.
- The cardiac centre opened in November 2018 and consists of seven coronary care unit beds, 15 cardiac beds, a catheterisation laboratory and six recovery beds.
- G4 is an acute medical ward (32 beds) including two side-rooms for patients requiring isolation. It has a sub-speciality in care of the elderly and provides a dementia friendly environment.
- G5 is an acute medical ward (33 beds) including three side-rooms for patients requiring isolation, with a sub speciality of diabetes and nephrology.
- G9 is a winter escalation ward and in the summer is used as part of a deep cleaning programme.
- F8 is an acute respiratory unit (25 beds) divided between the respiratory therapy unit (RTU) comprised of 10 beds and acute medical/respiratory beds, comprised of 15 inpatient beds. This also includes three side rooms for patients requiring isolation. There is capacity for one recovery trolley and a chaired area for patients being assessed / treated in the pleural clinic.

(Source: Routine Provider Information Request (RPIR) – Acute context)

Due to the number of core services inspected, our inspection of West Suffolk Hospital was announced. Prior to our inspection we reviewed data we held about the service along with information we requested from the service. Medical care service was rated as outstanding overall following its last inspection in March 2016.

During our inspection, we spoke with 39 members of staff including doctors, nurses, health care assistants, allied health professionals and non-clinical staff. We visited the following wards: G1, G3, G4, G5, G8, the cardiac unit, the medical treatment unit, the acute assessment unit the discharge waiting area, F8, F9 and F12.

We spoke with 11 patients and reviewed seven patient records and considered other pieces of information and evidence to come to our judgement and ratings.

Summary of this service

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

- The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Hazardous cleaning chemicals were not always stored securely.
- The service did not always use systems and processes to safely prescribe, administer, record and store medicines.
- Leaders and teams had systems to manage performance. However, they did not always identify and escalate relevant risks and issues or identify actions to reduce their impact.
- There was no formalised local induction to the ward for bank and agency nursing staff.

Medical care (including older people's care)

- Not all leaders had the skills and abilities to run the service as some were new in post. However, a programme of support was in place to help them gain experience.
- The service did not always collect data and analyse it. Staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Team meetings were not held regularly to discuss and learn from the performance of the service. Not all staff were aware of the freedom to speak up guardian.
- Not all staff completed mandatory training in key skills and processes were not fully effective to ensure compliance targets were met. Compliance for medical staff with training specific for their role on how to recognise and report abuse fell below trust targets.

However:

- Staff used equipment and control measures to protect patients, themselves and others from infection.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Is the service safe?

Requires improvement ● ↓

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

- Compliance for medical staff with training specific for their role on how to recognise and report abuse fell below trust targets.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe.
- The service did not always use systems and processes to safely prescribe, administer, record and store medicines.
- There was no formalised local induction to the ward for bank and agency nursing staff.

Medical care (including older people's care)

- The service collected data for monitoring, but this was not fully utilised to improve safety.
- Not all staff completed mandatory training in key skills and processes were not fully effective to ensure compliance targets were met.

However,

- Nursing staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. However, hazardous cleaning chemicals were not always stored securely. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents but did not always share lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Is the service effective?

Good ● ↓

Our rating of effective went down. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- 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 development.

Medical care (including older people's care)

- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.

However:

- Staff did not always give patients practical support and advice to lead healthier lives.
- Not all national audits had actions plans to address all areas of concern that required improvement.

Is the service caring?

Good  

Our rating of caring went down. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However,

- Complaints were not investigated and closed within the deadline set in the trust's internal policy.

Medical care (including older people's care)

Is the service well-led?

Requires improvement ● ↓

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

- A number of leaders had been recently recruited into post, however they were being given support to develop in their new role.
- Team meetings were not held regularly to discuss and learn from the performance of the service.
- Leaders and teams had systems to manage performance. However, they did not always identify and escalate relevant risks and issues or identify actions to reduce their impact.
- The service did not always collect data and analyse it. Staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Not all staff were aware of the freedom to speak up guardian.

However,

- Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Governance processes were in place, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities.
- The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Areas for improvement

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

Surgery

Good   

Key facts and figures

The trust provided the following information about their surgical services:

The surgical division has 131 beds, including 32 ring fenced elective beds on ward F4 to support the orthopaedic joint replacement service. All core inpatient services are provided at the West Suffolk Hospital main site. Core specialities delivered by the division include: breast, urology, plastics, vascular, ear, nose and throat (ENT), trauma & orthopaedics, general surgery including colorectal surgery, ophthalmic, audiology, and support of cancer services.

The division provides support for the entire pre-, peri- and post-operative patient pathway with a dedicated pre-assessment unit for elective surgery management. The division also hosts the newly integrated tissue viability service.

Primarily, the emergency pathway is supported by wards F3 and F6, and the elective pathway is supported by wards F4 and F5. The emergency pathway is also supported by the surgical assessment unit on ward F6 which offers a direct point of access for GP surgical referrals and fast track assessment of surgical emergency department (ED) admissions. This unit is undergoing a planned change to form part of the trust wide emergency assessment model and is operating in a limited capacity while this change is implemented.

Each core service is also supported by clinical nurse specialists supporting the surgical pathway alongside consultant colleagues.

(Source: Acute Routine Provider Information Request (RPIR) – Acute context)

The trust had 23,641 surgical admissions from March 2018 to February 2019. Emergency admissions accounted for 6,512 (27.5%), 14,425 (61.0%) were day case, and the remaining 2,704 (11.4%) were elective.

(Source: Hospital Episode Statistics (HES))

During the inspection, we spoke with 35 staff of various grades including nurses, doctors, senior managers, allied health professionals, clinical support workers, administrative staff and volunteers. We spoke with eight patients and relatives. We observed interactions between patients and staff, considered the environment and looked at ten care records, including patients' medical notes and nursing notes. We also reviewed other documentation from stakeholders and nationally published performance data for the trust.

The service was last inspected in August 2016. At that inspection, outpatients was rated good overall.

The inspection team consisted of a lead inspector and two specialist advisors.

Summary of this service

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

- Nursing staff did completed training in key skills. Staff protected patients from abuse in line with trust policy. Safety incidents were managed within set timeframes and staff reported incidents in line with trust policy. Staff assessed risks to patients and there were systems in place to identify deteriorating patients. Staff collected safety information and use it to improve services.

Surgery

- The service had processes in place to ensure that care was evidence based. Managers monitored the effectiveness of the service and ensured action was taken in response to national audits. Managers ensured that staff were competent for their roles. Staff assessed and monitored patients regularly to see if they were in pain.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to complain. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders had the skills and abilities to effectively lead the service and operated effective governance processes throughout the service. Leaders and teams used systems to manage performance effectively.

However:

- Staff did not always complete training in key skills. Staff did not protect patients from abuse in line with trust policy.
- The service did not have effective systems and processes to safely prescribe, administer, record and store medicines.
- People could not always access the service when they needed it, and some had to wait too long for treatment. However, there were robust plans for dealing with delays.

Is the service safe?

Requires improvement ● ↓

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

- Although we found the service largely performed well, it did not meet legal requirements relating to Regulation 12, Safe care and treatment, meaning we could not give it a rating higher than requires improvement.
- The service did not have effective systems and processes to safely store medicines. There were inconsistent practices across the service for medicines management, including inconsistent audit controls, and no clear risk assessment to explain why there was variation.
- Not all staff reported incidents appropriately or in a timely manner. Whilst managers investigated incidents wider analysis to identify learnings was not always undertaken.
- Not all medical staff received and keep up-to-date with their mandatory training.
- Compliance for medical staff with training specific for their role on how to recognise and report abuse fell below trust targets.

However,

- The service provided mandatory training in key skills to all staff and most nursing staff completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Nursing staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Surgery

- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service had effective systems and processes to safely prescribe, administer and record medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.

Surgery

- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards for three specialities.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Good ● → ←

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.

Surgery

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However,

- Not all the service felt that they had an open culture where patients, their families and staff could raise concerns without fear.
- Not all incidents were raised in a timely manner,

Areas for improvement

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

Maternity

Requires improvement 

Key facts and figures

The maternity service at West Suffolk Hospital delivers approximately 2,500 babies per year and offers a choice of three birth settings: around 2.5% of women delivered each year choose to birth at home; around 20% of women birth in the co-located low risk midwifery led birthing unit (MLBU); with the remainder delivering on the consultant led labour suite.

The service is provided by a team of consultant obstetricians who provide consultant presence on labour suite, supported by training grade doctors and midwives who work across the inpatient areas. Community maternity services are provided by four teams of midwives who also provide care in the midwifery-led birthing unit.

The maternity service has a number of specialist midwives. A perinatal mental health midwife works in partnership with the perinatal team at the local mental health trust. The service has a midwife who leads on bereavement and offers ongoing support to women and partners who have suffered a pregnancy loss. This is supported by a specialist bereavement counselling service. The service also has a practice development midwife to assist midwives with their mandatory training and competencies and a safeguarding midwife who staff could seek safeguarding advice from.

(Source: Routine Provider Information Request (RPIR) – Acute context)

Due to the number of core services inspected, our inspection of West Suffolk Hospital was announced. Prior to our inspection we reviewed data we held about the service along with information we requested from the service.

During our inspection, we spoke with 30 members of staff including nurses, midwives, obstetricians, anaesthetists, sonographers, maternity care assistants and non-clinical staff.

We spoke with eight women using the service and one relative. We reviewed 21 women's records and considered other pieces of information and evidence to deliver our judgement and ratings.

Following the well led inspection we undertook enforcement action, in relation to the maternity service, and told the trust it must improve. We issued a warning notice, on the 14 November 2019, under Section 29A of the Health and Social Care Act 2008. This identified specific areas that the trust must improve and set a date for compliance as 31 January 2020. The trust initiated an immediate action improvement plan.

Summary of this service

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

We rated it as requires improvement because:

- Staff did not always complete training in key skills. Staff did not protect patients from abuse in line with trust policy. Safety incidents were not always managed within set timeframes and staff did not always report incidents in line with trust policy. Staff did not always assess risks to patients and the service did not have adequate processes in place to identify deteriorating women in the maternity day assessment unit and triage. Staff did not collect safety information and use it to improve services.

Maternity

- The service did not have processes in place to ensure that care was evidence based. Managers did not monitor the effectiveness of the service and ensure action was taken in response to national audits. Managers did not ensure that staff were competent and had access to clinical supervision. Staff did not always assess and monitor women regularly to see if they were in pain.
- Leaders did not have the skills and abilities to effectively lead the service and did not operate effective governance processes throughout the service. There was a lack of clarity among leaders around executive responsibility for the service. Leaders and teams did not always use systems to manage performance effectively. Not all performance data was displayed for staff to understand, make decisions and improvements.

However:

- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women, families and carers.
- The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to complain. People could access the service when they needed it and did not have to wait too long for treatment.

Is the service safe?

Requires improvement ●

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

We rated safe as requires improvement because:

- The service had low levels of compliance in maternity specific mandatory training such as Practical Obstetric Multi-Professional Training (PROMPT) and Gestation Related Optimal Weight (GROW) training.
- Staff were not following the service's policy on domestic abuse and had not conducted any baby abduction drills.
- Staff did not always complete and update risk assessments for each woman and baby. Staff were not using a nationally recognised vital observation tool to identify new born babies and women in the triage and maternity day assessment unit at risk of deterioration.
- Staff did not record and monitor women's carbon monoxide levels in line with trust policy.
- Staff were not consistently taking all observations required and scoring correctly on the Modified Early Obstetric Warning Score (MEOWS) charts on the labour suite and maternity ward.
- The service did not always have enough maternity staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment.
- The service did not always safely store and prescribe medicines. Staff did not consistently record women's weights when prescribing medicines and the service did not record the ambient air temperature of their medicine rooms.
- The service did not always manage safety incidents well. Staff recognised incidents and near misses but did not always report them appropriately. The service did not always meet their own pathway deadlines for investigating incidents.

Maternity

- The service did not use monitoring results well to improve safety. Safety information was not shared with staff, women and visitors.

However, we also found:

- The service generally controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of women's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women honest information and suitable support.

Is the service effective?

Requires improvement ●

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

We rated effective as requires improvement because:

- 23 of the service's clinical guidelines were out of date which meant that treatment was not always based on national guidance and best practice.
- Staff did not always assess and monitor women regularly to see if they were in pain.
- We were not assured that staff monitored the effectiveness of care and treatment or used the findings to make improvements and achieve good outcomes for women.
- We were not assured that the service made sure staff were competent for their roles. The service did not meet targets for midwifery appraisal rates and leaders within the service did not hold supervision meetings with midwives to provide support and development.

However, we also found:

- Staff gave women enough food and drink to meet their needs and improve their health. The service made adjustments for women's religious, cultural and other needs.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.
- Key services were available seven days a week to support timely care.
- Staff gave women practical support and advice to lead healthier lives.

Maternity

- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good ●

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

We rated caring as good because:

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood women's personal, cultural and religious needs.
- Staff supported women, families and carers to understand their condition and make decisions about their care and treatment.

However, we also found:

- Women and their families were not always given the opportunity to provide feedback on the service and their treatment.

Is the service responsive?

Good ●

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

We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services.
- Women could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge women were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included women in the investigation of their complaint.

However:

- The service did not always complete complaint investigations complaint within timelines set in trust policy.

Maternity

Is the service well-led?

Inadequate ●

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

We rated well led as inadequate because:

- We were not assured that the service leaders had the skills and abilities to run the service. We were concerned that leaders within the service were not effective at implementing meaningful changes that improved safety culture within the organisation.
- Leaders did not operate effective governance processes, throughout the service. Leaders within the service did not have oversight of Modified Early Obstetrics Warning Score charts, carbon monoxide monitoring records or domestic violence records within the service.
- Leaders and teams did not always use systems to manage performance effectively. Service leaders were unaware that feedback had not been collected for the friends and family test for both the labour suite and birthing unit for the past 12 months.
- Leaders and teams did not always identify relevant risks within the service and therefore did not identify actions to reduce their impact.
- Not all performance data was displayed for staff to understand, make decisions and improvements. The service did not submit data to the maternity safety thermometer or display the services maternity dashboard so that staff and women could see the services safety performance.
- Leaders did not always engage actively with staff. Leaders within the service told us that they had stopped team meetings for the labour suite and F11 ward because attendance was poor and difficult to embed among staff.
- We did not see evidence that the service's strategy was regularly monitored and reviewed.

However, we also found:

- Staff told us the leaders were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.
- There was strong evidence that they collaborated with partner organisations to help improve services for patients.

Areas for improvement

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

Outpatients

Requires improvement  

Key facts and figures

West Suffolk NHS Foundation Trust provides its main outpatients services at West Suffolk Hospital. It also provides outpatients clinics at services based at Newmarket Hospital and in local health centres. These satellite services are managed by the same team who oversee main outpatients. We did not inspect any of the other locations during this inspection.

The trust had 601,339 first and follow up outpatient appointments from March 2018 to February 2019.

The main outpatient services are managed in the division of women and children's and clinical support services. The current structure includes an associate director of operations, a clinical director and a head of nursing. They are supported by a senior operations manager and a service manager.

There are consultant, allied health professional and nurse-led outpatient clinics across a range of specialities, which are provided in the outpatients' department and in separate dedicated clinics around the hospital. Outpatient clinics are held from Monday to Friday from 8am until 5.30pm. There are some evening weekday clinics and regular Saturday appointments provided dependant on specialty.

We carried out an announced inspection on 24, 25, and 27 September 2019. We visited all the outpatient clinics taking place on those days in the outpatient department at West Suffolk hospital.

During the inspection, we spoke with 26 staff of various grades including nurses, doctors, senior managers, allied health professionals, clinical support workers, administrative staff and volunteers. We spoke with 11 patients and relatives. We observed interactions between patients and staff, considered the environment and looked at eight care records, including patients' medical notes and nursing notes. We also reviewed other documentation from stakeholders and nationally published performance data for the trust.

The service was last inspected in November 2017. At that inspection, outpatients was rated good overall.

The inspection team consisted of a lead inspector and two specialist advisors.

Summary of this service

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

- Leaders did not always understand and manage the priorities and issues the service faced.
- There was lack of local oversight in relation to some of the issues identified during our inspection. For example, there was lack of local oversight in relation to processes in place for monitoring patients requiring a follow up appointment or those on surveillance pathways. We found there were a large number of vascular patients affected by lost to follow up issues, with the potential for serious harm. The service were unaware of the number of patients who may have been lost to follow up.
- Not all risks and issues were identified, escalated or effectively acted upon to reduce their impact. The lack of robust systems to ensure patients on surveillance pathways, or requiring follow up, was known but actions had not been undertaken in a responsive manner. This had resulted in a potentially significant patient safety risk within the vascular service, and an extended period of time where potential risk across other specialties remained unknown.

Outpatients

- There was a lack of ownership by senior leaders within the service, despite systems to manage risk and performance being in place.
- People could not always access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment varied, with some specialties better and some worse than national standards. The percentage of patients waiting more than 18 weeks from referral to treatment on non-admitted and incomplete pathways was below the England average.
- Delays in diagnostic test results meant that clinic appointments were often wasted.
- There was no process in place to monitor the average waiting times for a follow up appointment.
- The service took longer than the trust target to investigate and close complaints.

However:

- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided timely care and treatment. Patients received pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged with patients and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Requires improvement ● ↓

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

- Although we found the service largely performed well, it did not meet legal requirements relating to Regulation 12, Safe care and treatment and Regulation 17 Good governance, meaning we could not give it a rating higher than requires improvement.

Outpatients

- There was no effective process in place for monitoring patients requiring a follow up appointment or those on surveillance pathways. We found there were a large number of vascular patients affected by lost to follow up issues, with the potential for serious harm.
- The paediatric outpatient department did not have lockable or security enabled external doors to prevent children leaving the department unaccompanied. Staff told us that as the doors were heavy to push they would be too difficult for a small child, and that parents were expected to be responsible for their own children. There had been no risk assessment undertaken.
- Compliance with mandatory training did not always meet the trust target.

However:

- The service provided mandatory training in key skills to all staff.
- 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.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. Appropriate systems were in place to assess risk, recognise and respond to deteriorating patients within the service. Systems were in place to appropriately assess and manage patients with mental health concerns.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave new staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service planned for emergencies and staff understood their roles if one should happen.

Is the service effective?

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Patients had access to water to meet their needs and improve their health.

Outpatients

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- There was some flexibility in the provision of key services to support timely patient care as outpatient services were not seven day.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement ● ↓

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

- People could not always access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment varied, with some specialties better and some worse than national standards. The percentage of patients waiting more than 18 weeks from referral to treatment on non-admitted and incomplete pathways was below the England average.
- Delays in diagnostic test results meant that clinic appointments were often wasted.
- There was no process in place for monitoring patients requiring a follow up appointment. The service were unaware of the number of patients who may have been lost to follow up.
- There was no process in place to monitor the average waiting times for a follow up appointment.

Outpatients

- The service took longer than the trust target to investigate and close complaints.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Requires improvement ● ↓

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

- Leaders did not always understand and manage the priorities and issues the service faced.
- We found there was lack of local oversight in some issues raised during our inspection. There was no process in place for monitoring patients requiring a follow up appointment. The service were unaware of the number of patients who may have been lost to follow up. There was no process in place to monitor the average waiting times for a follow up appointment.
- Not all risks and issues were identified, escalated or effectively acted upon to reduce their impact. The lack of robust systems to ensure patients on surveillance pathways, or requiring follow up, was known but actions had not been undertaken in a responsive manner. This had resulted in a potential significant patient safety risk within the vascular service, and an extended period of time where potential risk across other specialties remained unknown.
- There was a lack of ownership by senior leaders within the service, despite systems to manage risk and performance being in place. The trust responded following the concerns raised and steps were identified to improve and strengthen governance processes moving forward to ensure adequate monitoring and oversight of follow up appointments and patients on surveillance pathways.
- Due to issues with the integration of various systems, senior leaders estimated that they were 9 to 12 months away from reliable data for referral to treatment time.

However:

- Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Outpatients

- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Information that was collected by the service was readily available and analysed. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

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 trust provides three core community health services: community health services for adults, community services for children and young people and community health inpatient services.

We inspected all three services.

The community services are delivered in various localities across West Suffolk and from a variety of settings including people's own homes, care homes, community hospital inpatient units and clinics, day centres, schools, GP surgeries and health centres.

Inpatient services are delivered from Rosemary ward at Newmarket hospital and the King Suite at Glastonbury Court.

Summary of community health services

Good 

The summary of community health services appears in the overall summary of this report.

Community health services for adults

Good 

Key facts and figures

The trust provided the following information about their community services for adults:

Community nursing teams consist of registered and non-registered staff who provide nursing care to patients in their own homes across the west of Suffolk. This care is largely planned but also incorporates an element of unplanned care, both during core hours and overnight.

Teams are based in various localities across the West:

- Bury Town
- Bury Rural
- Haverhill
- Sudbury
- Newmarket
- Brandon/Mildenhall

Services are led by qualified district nurses who have achieved the specialist practitioner qualification. The teams also include occupational therapists and physiotherapists which report professionally to one professional lead that covers acute and community.

Referrals are made via a care co-ordination centre, which can be accessed by patients, GPs and other health professionals.

A number of specialist community nursing services are provided across the county at outreach clinic settings with patients also being seen in their own homes, if appropriate. A number of these specialist nurses are non-medical prescribing (NMP) who work closely with consultant colleagues.

The speech and language therapy service is provided from four locations and patients' homes. It links into the six different localities to ensure joined up working.

The dietetic service is provided from 17 locations and patients' home and includes a home enteral feed service.

This was the first inspection of community adult services since the trust was awarded the contract for the provision of the service in 2017.

Our inspection of West Suffolk Foundation Trust was announced. Prior to our inspection we reviewed data we held about the service along with information we requested from the trust.

During the inspection we spoke with 21 members of staff including nurses, therapists, health care assistants and non-clinical staff. We spoke with 7 patients and their relatives, reviewed 21 patient records and considered other pieces of information and evidence to come to our judgement and ratings.

Community health services for adults

Summary of this service

We rated the service as good because:

- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff checked patients had enough to eat and drink. Managers monitored the effectiveness of the service. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Good ●

We rated as good because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Community health services for adults

- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However, we also found:

- Staff had not completed mandatory training in line with the trust's 90% mandatory training target.

Is the service effective?

Requires improvement 

We rated effective as requires improvement because:

- Staff did not record patient pain levels required to monitor the effectiveness of pain-relieving medicines or identify patients that required an increase in their pain-relieving medicines.
- The service did not always provide care and treatment based on national guidance and evidence-based practice. Staff did not document objective pain scores to monitor the effectiveness of pain management.
- Managers had not completed annual staff appraisals in line with the trust's completion target of 90%.

However, we also found:

- Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery. They worked with other agencies to support patients who could not cook or feed themselves.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good 

We rated caring as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal and cultural needs.

Community health services for adults

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good ●

We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Good ●

We rated well-led as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Community health services for adults

- All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

Areas for improvement

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

Community health services for children and young people

Good 

Key facts and figures

Community paediatric services consist of eight core paediatric services which operate as part of an integrated model of delivery primarily to children and young people with medical, developmental, neuro-disabling and cognitive disabilities and longer-term health conditions.

A service specification reflects an integrated working framework and evidences a personalised approach to the delivery of care that is responsive to the complexity of children, young people and their families' needs.

The services are:

1. Paediatric medical team (seven locations)
2. Paediatric physiotherapy team (22 locations)
3. Paediatric occupational therapy team (five locations)
4. Paediatric speech and language therapy team (24 locations)
5. Children's community nursing team (five locations)
6. Community audiology (three locations)
7. Child and family clinical psychology service (four locations)
8. Suffolk communication aids resource centre (based at Thomas Wolsey School)

The trust's integrated therapies team also provides paediatric dietetics at seven locations plus home enteral feed service and a physiotherapy musculoskeletal service.

(Source: Community Routine Provider Information Request (RPIR) – CHS Context; Routine Provider Information Request (RPIR) – Sites)

We inspected the service on the 24 September 2019 and 25 September 2019. The inspection was announced (staff knew we were coming), to ensure that everyone we needed to talk to was available. As part of the inspection, we visited the Bury St Edmunds child development centre, the Ipswich child development centre, St Helen's House and the Allington clinic.

During the inspection, we spoke with 26 staff of various grades, including consultants, nurses, health visitors, occupational therapists, physiotherapists, audiologists, speech and language therapists, nursery nurses and administrative staff. We spoke with eight children and young people and/or their family members, observed care and treatment and looked at eight patient's care records. We also reviewed minutes of meetings, performance information about the service and other relevant data.

This was our first inspection of the service.

Summary of this service

We rated this service as good because:

Community health services for children and young people

- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Staff did not always complete the mandatory training required to ensure they maintained their knowledge and skills.
- Patient information systems were not integrated and made it difficult for staff to maintain contemporaneous records. Data was not always available to enable staff to manage performance effectively.
- Facilities for audiology assessments in the Ipswich child development centre did not meet national standards.

Is the service safe?

Good 

We rated safe as good because:

- Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe at three of the four locations we inspected. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

Community health services for children and young people

- Staff kept detailed records of children and young peoples' care and treatment. Patient records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, children, young people, their families and visitors.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However,

- The service provided mandatory training in key skills to all staff, but managers did not always make sure everyone completed it.
- Although staff knew how to recognise, and report abuse they were not always up to date with this training.
- Staff did not always complete records to show cleaning had been completed.
- Facilities for audiology assessments in the Ipswich child development centre were not fit for purpose.

Is the service effective?

Good ●

We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of children and young people subject to the Mental Health Act 1983.
- Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.

However,

- Managers did not always check to make sure staff followed guidance.

Community health services for children and young people

Is the service caring?

Good ●

We rated caring as good because:

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.
- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

Is the service responsive?

Good ●

We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

However,

- Trust targets for responding to complaints were not always met.
- Contracted times for health assessments of children in care were not always met.

Is the service well-led?

Good ●

We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Community health services for children and young people

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. Leaders operated effective governance processes, at divisional level.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However,

- The cascade of governance issues through team meetings were not always in place and there was no clinical audit plan for the service.
- Leaders and teams did not always use systems to manage performance effectively. Issues with the accuracy and availability of data, affected managers' ability to manage performance effectively at times. Mandatory training data was not always accurate and managers did not have oversight of compliance with national clinical guidance.
- Patient information systems were not fully integrated, were not accessible and staff could not always access the records they needed.

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.

Community health inpatient services

Good 

Key facts and figures

Information about the sites and teams, which offer services for inpatients at this trust, is shown below:

Location	Team/ward/satellite name	Number of inpatient beds
Newmarket Hospital	Rosemary Ward	19
Glastonbury Court	King Suite	20

(Source: Routine Provider Information Request (RPIR) – Sites tab)

The trust provided the following information about their community inpatients services:

Rosemary Ward, Newmarket Hospital has a bed base of 19 beds and serves the population of West Suffolk in the delivery of reablement care. There was no formalised admission criteria, but patients must be over 18 and registered with a Suffolk GP. In addition, they must be medically optimised for discharge at the point of admission and have either reablement, rehabilitation, end of life or complex discharge planning needs, which cannot be met at home. Some active treatments are also available, if these are not able to be delivered in the patient's own home.

King Suite, Glastonbury Court is a 20 bedded unit within a care home in Bury St Edmunds, which is staffed by the trust's team members. King Suite offers similar care and support as that noted above for Rosemary Ward.

Both areas are nurse-led units with a full multidisciplinary team supporting the delivery of care. This enables patients to regain independence as appropriate or receive end of life care in a comfortable setting if home is not a suitable place of care. Close ties are retained with West Suffolk Hospital and links continue to be made with wider community health teams.

(Source: CHS Routine Provider Information Request (RPIR) – Context CHS)

Care at the community hospitals is delivered by nursing, healthcare and therapy staff. The trust uses the community beds to support improved flow across the local health economy through collaborative working with local GP practices. The ward areas are nurse led and staffed with multidisciplinary teams (MDT) supporting holistic patient care. Medical cover is provided by local GPs with a once weekly consultant ward round.

Each community hospital provides person centred care with the aim of supporting patients to regain functional ability in order to return to their usual place of residence. The hospital teams work with social workers and community nursing and rehabilitation teams to support early discharge where appropriate, or to facilitate transitions into on-going care/nursing homes.

The community inpatient service has not been previously been inspected as a core service.

We carried out an announced inspection from 24 to 25 of September 2019. We visited both inpatient sites during this inspection. During our inspection we spoke with 21 staff including nurses, therapy leads, ward managers, locality leads,

Community health inpatient services

physiotherapy and occupational therapy staff, healthcare assistants, and housekeeping staff. We spoke with 10 patients and viewed 17 sets of patient records and 11 medicine records. We attended a multidisciplinary (MDT) team meeting. We observed mealtimes and patient and staff interactions. We also reviewed data provided by the trust both prior and post our inspection.

Summary of this service

We rated the service as good because:

Staff understood how to protect patients from abuse and assessed and managed patient risks well. The service controlled infection risk well and maintained a clean environment. Staff kept good care records and managed medicines well. The service managed safety incidents well, learned and shared lessons from them. Staff collected safety information and used it to improve the service. However, as no acuity tool was used it was difficult to assess to whether there were enough staff to keep patients safe and mandatory training compliance was inconsistent.

The service followed best practice based on national guidance and ensured staff were competent for their role. Staff ensured that patients had enough to eat and drink and provided pain relief to patients as needed. Staff worked well together for the benefit of patients, gave advice on how to lead healthier lives, and supported them to make decisions about their care. Managers monitored the effectiveness of the service.

Staff treated patients with compassion and kindness, respected their privacy and dignity and provided emotional support to patients and families. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

The service planned care to meet the needs of local people and coordinated care with other services and providers. The service ensured that patients and relatives could give feedback and treated concerns and complaints seriously. However, there was a lack of individualised care and needs.

The service was managed by leaders with the skills and abilities to run the service and who operated effective governance and risk management processes. Staff were clear about their roles and accountabilities and felt respected, supported and valued. Leaders managed services well using reliable information systems and supported staff to develop their skills. Staff were committed to improving services, however not all senior staff were aware how they could find the data they needed, to understand performance, make decisions and improvements.

Is the service safe?

Good ●

We rated safe as good because:

The service had been through a period of high vacancy, but recent appointments had improved staffing numbers. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

- 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.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean.

Community health inpatient services

- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff.

However, we also found:

- The service provided mandatory training in key skills to all staff however, compliance was not always consistent although it was improving.
- Staff did not use an acuity tool to assess the level of care needed which made it difficult to assess whether there were enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

Is the service effective?

Good ●

We rated effective as good because:

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- 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 development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Community health inpatient services

However, we also found:

- Staff were unaware of the monitoring that the trust performed for the effectiveness of care and treatment. They were unable to use the findings to make improvements in outcomes for patients.

Is the service caring?

Good ●

We rated caring as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal and cultural needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good ●

We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- People could access the service when they needed it and received the right care promptly.
- Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However, we also found:

- The service was not inclusive and took little account of patients' individual needs and preferences.

Is the service well-led?

Good ●

We rated well led as good because:

We rated well-led as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

Community health inpatient services

- The division had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders but this did not include the community inpatient service. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear. There was not a strong emphasis on the safety and well-being of staff.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required. However not all senior staff were aware how they could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

However:

- Knowledge, development and support of individuals at ward manager level was not consistent.
- Local processes to collect, analyse and review data to improve performance and patient care were not embedded. Outcome targets were not consistently monitored, and routine audit was not used to monitor patients progress during rehabilitation.

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Personal care

Surgical procedures

Termination of pregnancies

Treatment of disease, disorder or injury

Regulated activity

Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

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

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulated activity

Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Diagnostic and screening procedures

Maternity and midwifery services

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

Diagnostic and screening procedures

Maternity and midwifery services

Personal care

Surgical procedures

Termination of pregnancies

Treatment of disease, disorder or injury

This section is primarily information for the provider

Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

Maternity and midwifery services

Regulation

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

Our inspection team

Fiona Allinson, CQC Head of Hospital Inspections chaired this inspection and Tracey Wickington, CQC Inspection manager led it. An executive reviewer supported our inspection of well-led for the trust overall.

The team included 11 further inspectors, one executive reviewer, 20 specialist advisers, one CQC pharmacist specialist and one CQC clinical leadership fellow and maternity specialist advisor.

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