

South Warwickshire NHS Foundation Trust

Inspection report

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

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

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

Ratings

Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

Summary of findings

Background to the trust

South Warwickshire NHS Foundation Trust provides a range of hospital and community health services to a community of approximately 220,000 in South Warwickshire and the surrounding areas. The trust provides a full range of district general hospital services at Warwick Hospital, community inpatient care at Stratford-Upon-Avon Hospital, Royal Leamington Spa Rehabilitation Hospital and Ellen Badger Hospital. The trust also provides neuro rehabilitation at the Central England Rehabilitation Unit (CERU), based at Royal Leamington Spa Rehabilitation Hospital. Community services for adult's end of life care and children and young people are also provided by the trust.

Registered locations:

- Warwick Hospital
- Stratford-Upon-Avon Hospital
- Royal Leamington Spa Rehabilitation Hospital
- Ellen Badger Hospital

We previously carried out a comprehensive inspection of the trust in March 2016. The overall rating for the trust was 'requires improvement' with three of the five key questions we ask, safe, effective and well-led rated as 'requires improvement'. Caring and responsive were rated as 'good'.

Following the original report, the trust requested a ratings review, which was completed in March 2017. As a result of the ratings review, the acute end of life care service ratings were changed, with responsive and well-led domain ratings changed to good and requires improvement respectively. The overall core service rating remained requires improvement. This did not change the overall inspection rating.

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Good ● ↑

What this trust does

The trust has 538 beds, including seven critical care beds and 43 maternity beds and 57 community inpatient beds.

There are 18 children's beds and 14 special care cots. In total, there are 29 wards that are open overnight.

The trust has five main theatres (plus four day surgery theatres) providing planned and emergency surgical facilities for trauma and orthopaedics, general surgery, urology and gynaecology as well as a wide range of day procedures.

The trust runs 775 outpatient clinics per week and 422 community clinics per week.

The trust employs 4,372 staff (WTE includes bank staff).

The trust is registered to provide the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- Diagnostic and screening procedures.
- Management of supply of blood and blood derived products.
- Family Planning.

Summary of findings

- Maternity and Midwifery services.
- Surgical Procedures.
- Termination of pregnancies.
- Treatment of Disorder, Disease or Injury.

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.

This was a planned inspection. We inspected five core services; urgent and emergency care, medicine, maternity and end of life care (acute and community) services.

What we found

Overall trust

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

- We rated effective, caring, responsive, and well-led as good, and safe as requires improvement. We rated four of the trust's 12 services as good and one as requires improvement. In rating the trust, we took into account the current ratings of the seven services not inspected this time.
- We rated well-led for the trust overall as good.
- Urgent and emergency care overall was rated as requires improvement. Safety remained requires improvement, caring and effective remained good. Responsive went down from outstanding to good. Well-led went down from good to requires improvement. The service did not always adhere to infection prevention and control practices, such as hand hygiene. Systems were not always effective to ensure that equipment was maintained appropriately, that records were always stored securely. The service did not always have enough staff to meet the needs of the patients and there was variable compliance with mandatory training. The service performance was above the England average for the time taken for patients to be seen in the department and the percentage of patients waiting between four and 12 hours from the decision to admit until being admitted. However, data showed that the trusts performance was declining against these targets.

Summary of findings

- Medical services overall were rated as good. Safety remained requires improvement, caring responsive and well-led remained good. Effective improved from requires improvement to good. The service did not always complete patient risk assessments including sepsis, and venous thromboembolism risk assessments, were completed in line with trust policy. However, information about the outcomes of patient's care and treatment, both physical and mental where appropriate, were routinely collected and monitored. There was a strong culture for delivering high-quality care.
- We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. Maternity services overall were rated as good. Safety was rated requires improvement and effective, caring, responsive and well-led was rated good. Risks to patients were not consistently monitored and completed. They service did not always have enough staff to meet demands. However, there was a staffing review underway. The team worked closely with commissioners, the local authority, clinical networks and other stakeholders to plan the delivery of care and treatment for the local population. The service had also been recognised nationally for their partnership model of supervision and their use of electronic maternity records.
- Acute end of life care overall was rated as good. Safety, caring and responsive remained good. Effective had improved from requires improvement to good. Well-led remained requires improvement. The service provided mandatory training in key skills to all staff and made sure everyone completed it. Anticipatory medicines (or medicines prescribed in anticipation of managing symptoms) were prescribed and administered appropriately. The director of nursing, who displayed clear understanding of the End of Life Care (EOLC) service within the trust, represented the service on the board.
- Community end of life care services overall were rated as good. Safety, caring and responsive remained good. Effective had improved from requires improvement to good. Well-led improved from inadequate to requires improvement. A new governance structure had been put into place, which was working well and understood by the different services involved within the relevant directorate. Staff were proud of their work and the quality of service that was delivered to patients and relatives. Anticipatory medicines were prescribed in line with NICE guidance (NG31) and the five priorities of care developed by The Leadership Alliance for the Care of Dying People (LACDP 2014).
- During this inspection, we did not inspect surgery, critical care, services for children and young people or outpatients. We also did not inspect community health services for adults, community health services for children, young people and families, or community health inpatient services. The ratings we published in March 2017 following the previous inspection, are part of the overall rating awarded to the trust this time.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

Are services safe?

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

- Urgent and emergency care remained requires improvement for safety. The service did not always adhere to infection prevention and control practices, such as hand hygiene. Systems were not always effective to ensure that equipment was maintained appropriately. The service did not always have enough staff to meet the needs of the patients and there was variable compliance with mandatory training. Patient's information including electronic records, was not always stored securely increasing the risk of breaches of confidentiality.
- Medical services remained requires improvement for safety. Risks to patients were not consistently monitored and completed. The service did not always complete patient risk assessments including sepsis, and venous thromboembolism risk assessments, were completed in line with trust policy. Patient's information was not always stored securely increasing the risk of breaches of confidentiality.

Summary of findings

- We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. Maternity services were rated requires improvement for safety. Risks to patients were not consistently monitored and completed. Fresh eye' cardiotocography trace reviews, safer surgery checklists and swab counts were not always completed in line with national recommendations and trust policies. They service did not always have enough staff to meet demands. However, there was a staffing review underway.
- Acute end of life care remained good for safety. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service provided mandatory training in key skills to all staff and made sure everyone completed it. Anticipatory medicines (or medicines prescribed in anticipation of managing symptoms) were prescribed and administered appropriately. Staff kept appropriate records of patients' care and treatment.
- Community end of life care services remained good for safety. The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory safety training records was at 100% complete for all Specialist Palliative Care Team (SPCT) members. The service controlled infection risk well. The service prescribed, gave, recorded and stored medicines well.

Are services effective?

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

- Urgent and emergency care remained good for effective. The service provided appraisals and made sure everyone completed this each year. The service met the trust target for the completion of appraisals with 89.1% compliance in August 2017, compared to a trust target of 85%. The service performed better or similar to other trusts in all national audits with the exception of the Royal College of Emergency Medicine, moderate and acute severe asthma audit 2016/17, where they performed worse than other trusts nationally. The service performed better than the England average for patients attending the department within seven days of their last attendance; however, this was worse than the national standard.
- Medical services improved to good for effective. Patients had their needs assessed and their care was planned and delivered in line with evidence-based guidance, standards and best practice. The wards had protected meal times and patients had a choice of meals to meet their individual needs, which included the patients' religious, cultural or other preferences. Information about the outcomes of patient's care and treatment, both physical and mental where appropriate, were routinely collected and monitored. This was done through local and national audits such as the national lung cancer audit, the stroke audit and national diabetes inpatient audit.
- We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. Maternity services were rated good for effective. Women received support and advice for breastfeeding their babies. Breastfeeding initiation rates were better than the national average. Pain was assessed and managed on an individual basis and was regularly monitored by midwifery staff. The service met all national standards for obstetric anaesthesia, including the length of time women waited for an epidural to be sited in established labour. The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Results from the national neonatal audit programme were better than the national average. The trust's perinatal mortality rate was up to 10% lower (better) than the national average. The service had implemented the new model of midwifery supervision, in collaboration with two local trusts.
- Acute end of life care improved to good for effective. Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Staff always had access to up-

Summary of findings

to-date, accurate and comprehensive information on patients' care and treatment. Staff had access to an electronic records system that they could all update. Staff understood their roles and responsibilities regarding the Mental Capacity Act 2005. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms included records of discussions with patients and relatives regarding DNACPR decisions and had been signed by an appropriate senior clinician.

- Community end of life care services improved to good for effective. The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. All SPCT staff had an annual appraisal. Anticipatory medicines were prescribed in line with NICE guidance (NG31) and the five priorities of care developed by The Leadership Alliance for the Care of Dying People (LACDP 2014).

Are services caring?

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

- Urgent and emergency care remained good for caring. Staff involved patients and those close to them in decisions about their care and treatment. Patients were very happy with the care and support they were receiving. Staff provided emotional support to patients to minimise their distress. Patients were very happy with the care and support they were receiving. The CQC Emergency Department Survey 2016 showed that the service scored better than other trusts in two of the 24 questions relevant to caring and about the same as other trusts for the remaining 22 questions.
- Medical services remained good for caring. Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff understood and respected the personal, cultural, social, and religious needs of patients and how these may relate to their care needs.
- We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. Maternity services were rated good for caring. All women we spoke with were positive about the care they had received. Staff provided emotional support to patients to minimise their distress. The service had an established perinatal mental health team, who provided additional care, support and treatment for women with mental health concerns as needed.
- Acute end of life care remained good for caring. Staff within all teams were caring and passionate about providing a dignified and respectful service to patients at the end of life. Chaplaincy, bereavement and mortuary staff were passionate and committed to ensuring patients and their families were cared for with compassion and respect, both before and after death.
- Community end of life care services remained good for caring. Patients and their carers told us they were actively involved in decision making and were given the facts to be able to reach their decision. Staff provided emotional support to patients to minimise their distress. Psychological, religious and spiritual support was available to patients, and bereavement officers were able to signpost relatives to suitable services.

Are services responsive?

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

- Urgent and emergency care went down to good for responsive. The service prioritised patients according to their clinical condition, for example, patients who were distressed or with a mental health condition were seen quickly following triage. People could access the service when they needed it. The service performance was above the England average for the time taken for patients to be seen in the department and the percentage of patients waiting between four and 12 hours from the decision to admit until being admitted. However, data showed that the trusts performance was declining against these targets.

Summary of findings

- Medical services remained good for responsive. The service was responsive to meet patients' individual needs. Male and female patients were cared for separately and there were no mixed sex breaches across the service. Nursing staff had a clear understanding of the individual needs of vulnerable patients and had systems in place to promote safety and effective care for example, the butterfly scheme. The admissions area amalgamated three locations into one access point and was designed to meet the demands of the diverse admission pathways. The environment allowed staff to work flexibly across three clinical areas to meet the demands of patient acuity and numbers.
- We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. Maternity services were rated good for responsive. The trust planned and provided services in a way that met the needs of local people. They worked closely with commissioners, the local authority, clinical networks and other stakeholders to plan the delivery of care and treatment for the local population. Antenatal care was readily and easily accessible to pregnant women and was sensitive to the needs of women and the local community. There was access to specialist support and expertise from doctors, midwives and other healthcare professionals. Bereavement care provision was in place to support families from their initial loss, throughout their time in hospital and return home. Women could access the service when they needed it most of the time. The service performed in line or better than the England average for key performance indicators related to accessing care, such as fetal anomaly screening and antenatal care.
- Acute end of life care remained good for responsive. The trust planned and provided services in a way that met the needs of local people. The ward staff and specialist palliative care team (SPCT) tried to provide flexibility, choice and continuity of care wherever possible. People could access the service when they needed it. Waiting times from treatment and arrangements to admit, treat and discharge patients were in line with good practice. Data produced by the trust showed that the specialist palliative care team saw 99% of referrals the same or next working day. The SPCT had good working relationships with hospital staff and their community colleagues. This ensured that care and treatment was coordinated with other services and providers.
- Community end of life care services improved to good for responsive. Data produced by the trust showed that the specialist palliative care team saw 99% of referrals the same or next working day. The service took account of patients' individual needs. Staff from all disciplines worked together to meet the needs of patients. Patients were referred to other services for advice and support, where appropriate. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.

Are services well-led?

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. Our rating of well-led improved. We rated it as good overall because:

- Urgent and emergency care went down to requires improvement for well-led. Frequent changes to the local nursing management had caused some instability within the nursing team. Working relationships between doctors and nurses were unclear. There was little verbal communication and no joint handover between nurses and doctors. There were no formal department meetings to improve staff engagement. Performance information from local audits was not used to evaluate or improve the quality of care and treatment. There was limited evidence of regular department audits in infection control practices, environment, hand hygiene and uniform compliance.
- Medical services remained good for well-led. There was a strong culture for delivering high-quality care. Staff felt valued and supported to deliver care to the best of their ability. The service had processes including a divisional risk register, which detailed the actual and potential risks and any controls or actions required to mitigate those risks
- We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. Maternity services were rated good for well-led. The service had a vision of what it wanted to achieve and workable plans to turn it into action. The vision and strategy was developed with involvement from staff, patients

Summary of findings

and key groups representing the local community. The team was committed to improving services by learning from when things go well and when they go wrong, promoting, training, research and innovation. The service worked collaboratively with local trusts to improve maternity care provision for the local population. They had also been recognised nationally for their partnership model of supervision and their use of electronic maternity records.

- Acute end of life care remained requires improvement for well-led. The service did not have managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There was no palliative care consultant based at the hospital in post at the time of our inspection. This did not meet national guidelines. However, the director of nursing, who displayed clear understanding of the End of Life Care (EOLC) service within the trust, represented the service on the board. There was also a named non-executive director with responsibility for end of life care. Leaders had not ensured that the referral process for SPCT was understood and embedded.
- Community end of life care services remained requires improvement for well-led. The consultant cover did not meet national guidance for specialist palliative care. . However, a new governance structure had been put into place, which was working well and understood by the different services involved within the relevant directorate. This was an improvement since our last inspection.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in maternity, and community and acute end of life care services.

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

Areas for improvement

We found areas for improvement including 10 breaches of legal requirements that the trust must put right. We found 18 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 three requirement notices to the trust. Our action related to breaches of 10 legal requirements in three core services.

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

What happens next

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

Outstanding practice

We found examples of outstanding practice in maternity services:

Summary of findings

- The service received national recognition for their electronic maternity records system. The system enabled healthcare professional's real-time access to women's maternity notes. This meant staff had access to up-to-date patient information and could make informed decisions on patient care, management and treatment. Women could also have access to their maternity records via an electronic device.
- In collaboration with two local trusts, the service had established a partnership model of midwifery supervision. This collaborative model aimed to build personal and professional resilience, support revalidation and enhance the quality of care for women and babies. They received national recognition for this work and were shortlisted for the Royal College of Midwives 2018 Partnership Working award.
- The service had established a perinatal psychology mental health team. Women with severe and enduring mental health needs could be referred to this service pre-pregnancy for psychological interventions and support. During pregnancy, the team also saw women with needle phobia, anxiety, depression and/or trauma from a previous birth. Following birth, any woman with attachment disorders and anxiety could be referred for psychological support.

We found an example of outstanding practice in acute end of life care services:

- The chaplaincy, bereavement office and mortuary staff provided a responsive, compassionate and highly efficient service for patients and their relatives.

We found an example of outstanding practice in community end of life care services:

- A new service was launched in November 2017 to provide specialist overnight care for people in North Warwickshire who are approaching the end of their lives. Working in partnership, the trust and a local hospice developed a rapid response service that assessed patients and provided the care and support required between 10pm and 8am. The service was staffed by nurses and healthcare assistants who had received the necessary training to meet the care needs of people approaching the end of their lives.

Areas for improvement

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

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

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

- Ensure that staff are compliant with safe storage and administration of medicines in medical care services.
- Ensure that midwifery specific training compliance is in line with trust targets.
- Ensure that daily checks of emergency equipment, controlled medicines and medicine storage temperatures are completed in line with trust requirements and that there is a system in place for ensuring daily checks are completed, in maternity services.
- Ensure fresh eye cardiocography trace reviews, safer surgery checklists and swab counts are completed in line with trust and national guidance in maternity services.
- Ensure that mandatory training compliance is in line with trust targets in the emergency department.
- Ensure the completion of the patient risk assessment documentation, including venous thromboembolism risk assessments and sepsis screening, are completed in line with local policy throughout the trust.

Summary of findings

- Ensure that staff are compliant with effective infection control and prevention techniques in the emergency department and medicine care services.
- Ensure that equipment daily checked are completed and that there is a system in place for ensuring that this is completed in the emergency department.
- Ensure that staffing numbers are appropriate to clinical demands, including the provision of a suitably qualified children's nurse in the emergency department.
- Ensure that patient records, including electronic, are stored securely in the emergency department and medicine care services.

Action the trust SHOULD take to improve:

- Ensure staffing levels meet the recommended midwife to birth ratio, so that patient acuity needs are met and one-to-one care in established labour is consistently achieved.
- Ensure staffing levels enable labour ward coordinators to be supernumerary.
- Ensure all staff have up-to-date competencies, as required for their role in maternity services.
- Ensure all women who attend the maternity assessment suite are seen and reviewed in a timely manner.
- Ensure all temperature sensitive medicines and warmed intravenous fluids are stored safely and in line with guidance in emergency department and medicine services.
- Ensure there is a formal, recorded handover between nurses and doctors in the emergency department.
- Ensure there is a standardised process for the training, monitoring and recording of staff competencies in urgent and emergency care specific skills.
- Ensure patients' pain is monitored and recorded regularly in urgent and emergency care.
- Ensure that patient baseline assessments, such as nutritional scores are recorded as soon as possible after the decision to admit the patient to hospital.
- Ensure that patients are aware of whom (role) they are talking to in the emergency department.
- Clinical audits such as infection control and patient record audits are completed regularly to monitor staff performance and compliance, with results shared with the emergency department team.
- Ensure there is a formal, standardised emergency department team meeting that keeps staff informed of development plans and shared learning.
- Ensure the emergency department is represented at governance meetings.
- Ensure that all equipment is within test date and has the appropriate sticker indicating when last checked throughout the trust.
- Ensure that compliant with the completion of food and fluid charts in medicine services.
- The trust should ensure that face-to-face specialist palliative care consultant support is available to patients and that there is a system in place for measuring the responsiveness of the acute and community end of life care service.
- The trust should ensure that ward staff follow the trust's procedures when making a referral to the specialist palliative care team for a patient assessment for acute end of life care services.

Summary of findings

Is this organisation well-led?

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

We rated well-led at the trust as good because:

- The trust board had the appropriate range of skills, knowledge and experience to perform its role. Most of the executives had been in an executive post for a number of years. However, it was noted that others in senior management roles had changed bringing fresh ideas and challenge to the stable leadership team.
- The trust had a vision for what it wanted to achieve and each year developed objectives and plan to achieve this. The trust values were well established and understood by staff.
- Leaders across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff survey results had been positive for a number of years.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The trust had effective structures, systems and processes in place to support the delivery of its strategy including sub-board committees, divisional committees and team meetings.
- The clinical governance committee had a clear and manageable remit and was effective in monitoring and improving quality.
- Arrangements with partners were governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care.
- The trust generally had effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected.
- There was a systematic programme of internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken.
- The trust collected, analysed, managed and used information well to support its activities.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations.
- The trust was committed to improving services by learning from when things go well and when they go wrong. For example, the trust had an effective serious incident reporting policy and procedures that included promotion of learning.

However,

- Some issues identified at the last inspection had not been successfully addressed or improvements sustained. For example, documentation of risk assessments in medical services.
- Despite the trust's information governance processes, access to electronic systems were not always secure in the emergency department.

Summary of findings

- The trust did not always engagement closely with bereaved families and carers, to ensure they were meeting the requirements from NHS National Quality Board guidance on Learning from Deaths (2017).

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018

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

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement →← Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Requires improvement →← Mar 2018	Requires improvement →← Mar 2018
Community	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Requires improvement →← Mar 2018	Good →← Mar 2018
Overall trust	Requires improvement →← Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018

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 Warwick Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↓ Mar 2018	Requires improvement ↓ Mar 2018	Requires improvement ↓ Mar 2018
Medical care (including older people's care)	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018
Surgery	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Critical care	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Maternity	Requires improvement Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Services for children and young people	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Requires improvement Mar 2017	Good Mar 2017
End of life care	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018
Outpatients	Good Mar 2017	N/A	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Overall*	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Mar 2017	Good Mar 2017	Good Mar 2017	Outstanding Mar 2017	Good Mar 2017	Good Mar 2017
Community health services for children and young people	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Requires improvement Mar 2017	Good Mar 2017
Community health inpatient services	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Community end of life care	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Requires improvement ↑ Mar 2018	Good ↑ Mar 2018
Overall*	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018

*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

South Warwickshire NHS Foundation Trust provides a range of hospital and community health services to a community of approximately 220,000 in South Warwickshire and the surrounding areas. The trust provides a full range of district general hospital services at Warwick Hospital.

This includes urgent and emergency care, critical care, maternity beds and children's inpatient services. There are five main theatres (plus four day surgery theatres) providing planned and emergency surgical facilities for trauma and orthopaedics, general surgery, urology and gynaecology as well as a wide range of day procedures. The trust runs 775 outpatient clinics per week and trust employs 4,372 staff. From June 2016 to May 2017, there were 5,571 inpatient admissions (+6% compared to the same time 2015/16), and 70,989 accident and emergency department attendances (+5% compared to the same time 2015/16).

The trust is registered to provide the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- Diagnostic and screening procedures.
- Management of supply of blood and blood derived products.
- Family Planning.
- Maternity and Midwifery services.
- Surgical Procedures.
- Termination of pregnancies.
- Treatment of Disorder, Disease or Injury.

We inspected four core services:

- Urgent and emergency care.
- Medical care.
- Maternity care.
- End of life care.

Summary of acute services

Requires improvement   

Our rating of these services stayed the same. We rated them as requires improvement because:

Summary of findings

- We rated, effective, caring and responsive as good, and safe and well-led as requires improvement. In rating acute health services, we took into account the current ratings of the four services not inspected this time.
- Urgent and emergency services overall rating went down from good to requires improvement. Medicine and end of life care services overall rating improved from requires improvement to good.
- Urgent and emergency care overall was rated as requires improvement. Safety remained requires improvement, caring and effective remained good. Responsive went down from outstanding to good. Well-led went down from good to requires improvement. The service did not always adhere to infection prevention and control practices, such as hand hygiene. Systems were not always effective to ensure that equipment was maintained appropriately, that records were always stored securely. The service did not always have enough staff to meet the needs of the patients and there was variable compliance with mandatory training. The service performance was above the England average for the time taken for patients to be seen in the department and the percentage of patients waiting between four and 12 hours from the decision to admit until being admitted. However, data showed that the trusts performance was declining against these targets.
- Medical services overall were rated as good. Safety remained requires improvement, caring responsive and well-led remained good. Effective improved from requires improvement to good. The service did not always complete patient risk assessments including sepsis, and venous thromboembolism risk assessments, were completed in line with trust policy. However, information about the outcomes of patient's care and treatment, both physical and mental where appropriate, were routinely collected and monitored. There was a strong culture for delivering high-quality care.
- We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. Maternity services overall were rated as good. Safety was rated requires improvement. Effective, caring, responsive and well-led were rated good. Risks to patients were not consistently monitored and completed. The service did not always have enough staff to meet demands. However, there was a staffing review underway. The team worked closely with commissioners, the local authority, clinical networks and other stakeholders to plan the delivery of care and treatment for the local population. The service had also been recognised nationally for their partnership model of supervision and their use of electronic maternity records.
- Acute end of life care overall was rated as good. Safety, caring and responsive remained good. Effective had improved from requires improvement to good. Well-led remained requires improvement. The service provided mandatory training in key skills to all staff and made sure everyone completed it. Anticipatory medicines (or medicines prescribed in anticipation of managing symptoms) were prescribed and administered appropriately. The director of nursing, who displayed clear understanding of the End of Life Care (EOLC) service within the trust, represented the service on the board.

Warwick Hospital

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Key facts and figures

Warwick Hospital is part of South Warwickshire NHS Foundation Trust, which provides a range of hospital and community health services to a community of approximately 220,000 in South Warwickshire and the surrounding areas.

The trust provides a full range of district general hospital services at Warwick Hospital. The hospital has five main theatres providing planned and emergency surgical facilities for trauma and orthopaedics, general surgery, urology and gynaecology as well as a wide range of day procedures. The hospital also provides a critical care unit, maternity and children's services. The trust runs 775 outpatient clinics per week.

From June 2016 to May 2017, there were 5,571 inpatient admissions (+6% compared to the same time 2015/16), 428,559 outpatient attendances and 70,989 accident and emergency department attendances (+5% compared to the same time 2015/16).

During our inspection, we spoke with 141 staff, 51 patients and relatives, checked the environment and reviewed 86 patients' healthcare records.

Summary of services at Warwick Hospital

Requires improvement   

Our overall rating of services stayed the same. We rated them as requires improvement because:

- Risks to patients were not consistently monitored and completed. The hospital did not always complete patient risk assessments. Also fresh eye' cardiocography trace reviews, safer surgery checklists and swab counts were not always completed in line with national recommendations and trust policies.
- Systems and processes did not ensure that medicines were stored, prescribed and administered correctly. However, the hospital took action to rectify issues during our inspection.
- Patient's information including electronic records was not always stored securely in all departments, increasing the risk of breaches of confidentiality.
- The hospital did not always adhere to infection prevention and control practices, such as hand hygiene. Systems were not always effective to ensure that equipment was maintained appropriately.

Summary of findings

- The hospital did not always have enough staff in all departments, to meet the demands on the service and there was variable compliance with mandatory training. There was no specialist palliative care consultant based at the hospital, which did not meet national guidelines. However, a specialist consultant was being recruited to the post.

However:

- Staff received training and appraisals of their development to support safe care and treatment. There was good culture of incident reporting and track record on safety. For example, no never events reported since 2016.
- Patients' feedback was positive about the care and services. Staff were proud to work at the hospital and this was demonstrated in consistently good performance in the NHS staff survey results.
- Patients could access care and treatment at the hospital in a timely way. The emergency department performance was above the England average for the time taken for patients to be seen in the department and the percentage of patients waiting between four and 12 hours from the decision to admit until being admitted. However, data showed that the trusts performance was declining against these targets.
- Patients care was planned and delivered in line with evidence-based guidance, standards and best practice. Individual patients' requirements including, physical and mental health needs were met.

Urgent and emergency services

Requires improvement  

Key facts and figures

The Urgent and Emergency Care department (U&EC) at Warwick Hospital provides 24 hour services, seven days per week to the local population.

The service consists of six “see and treat” cubicles, 12 majors’ cubicles, two paediatric cubicles and three resuscitation bays. The department also has an observation ward for five patients who are awaiting decisions regarding admission or discharge following diagnostic procedures.

Patients present to the department either by walking into the reception area or arriving by ambulance via a dedicated ambulance only entrance. Patients who self presented to the department, report to reception who direct them to a clinical area, either to see and treat or the majors waiting room between 9am and 10pm. Between 10pm and 9am all patients are directed to the majors waiting area.

During the inspection, we spoke with 36 members of staff, 15 patients and relatives and reviewed 11 sets of patients’ notes.

The inspection team consisted of two hospital inspectors, a mental health inspector, a specialist advisor (consultant in emergency medicine), and an expert by experience.

Summary of this service

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

- The service had suitable premises and equipment, however, equipment was not always looked after well. We found inconsistencies with equipment checks with gaps in the daily checking of the blood glucose monitor and resuscitation equipment. There were also gaps in the daily checks of equipment and stores in each cubicle.
- The service did not appear to control infection risk well, although there was no evidence of this impacting patient care or causing harm. We saw varied compliance with the use of handwashing, hand sanitising, use of personal protective equipment and cleaning regimes.
- There were periods of understaffing which were not always addressed quickly, resulting in frequent gaps in nursing staffing.
- Systems to manage and share care records and access to patient identifiable information (on computers) were not always secure.
- The service did not follow relevant national guidance around safe management of medicine prescriptions the storage of medicines. This was highlighted during inspection and subsequently the trust took steps to ensure that there were processes in place for the safe storage and recording of medicine prescription use.
- It was unclear if nursing staff had the right skills, or knowledge to do their jobs as there was no formal nursing competencies to ensure that staff were trained to the same level and variable compliance with mandatory training.
- There appeared to be limited participation in multidisciplinary working. Teams were not inclusive of doctors and nurses, although worked cohesively with staff from other departments or specialities. The team did not always work cohesively with gaps in team meetings and limited attendance at governance meetings.

Urgent and emergency services

- There was inconsistent nurse management within the team, which impacted on staff morale. Leaders were not always aware of the issues and challenges in the service.
- Some staff told us that they felt they were not listened to when they raised concerns about staffing levels or competence.
- Doctors told us that there was poor communication between U&EC and speciality doctors.
- The sustainable delivery of quality care was not always monitored, with confusion over responsibilities in ensuring daily tasks were completed.
- When activity was high, patients remained in corridors whilst waiting for cubicles or beds to become available. This meant that they did not always have privacy.
- Ambulances on site waiting time to handover the patient and return to their ambulance was on average 40 minutes, which was higher than the 30 minutes recommended by the Royal College of Emergency Medicine.
- Patients and relatives were confused as to whom they were speaking to or being treated by as there was no consistency with uniforms.

However:

- Patients care and treatment was planned in line with current evidence based guidelines, standards and best practice.
- Information about peoples care and treatment and their outcomes were monitored and the information used to improve care. The service performed similar to or better than the national average in most national audits.
- Consent to treatment was in line with legislation and guidance, including the Mental Health Act 2005. Patients were supported to make decisions.
- Feedback from patients and their loved ones was positive about how they were treated. People were treated with dignity, respect and kindness, supported patients and their loved ones to manage their emotional needs, taking into consideration their personal, cultural and social needs.
- Patients were reviewed by a consultant within 14 hours of admission, which was in line with recommendations.
- Patients could access the right care at the right time. Patients were prioritised according to their clinical condition and care and treatment was coordinated with other providers.
- The trust performed similar to or better than other trusts nationally in all national targets.
- The service performance was above the England average for the time taken for patients to be seen in the department and the percentage of patients waiting between four and 12 hours from the decision to admit until being admitted. However, data showed that the trusts performance was declining against these targets.
- Staff knew their responsibilities for escalating concerns and reporting incidents.
- Although there was limited evidence that there was any shared learning.
- Patient's nutritional needs were met, with oral diet provided to patients who were in the department for long periods.
- Patients were generally positive about the service and the care they received.
- People could access the service when they needed it. Waiting times from treatment and arrangements to admit, treat and discharge patients were in line with good practice.

Urgent and emergency services

Is the service safe?

Requires improvement ● → ←

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

- The service provided mandatory training in key skills to all staff and provided guidance to ensure that everyone completed it. However, there was variable compliance with mandatory training, with four out of eight topics being achieved for nursing staff and one out of eight for doctors.
- Service data showed that doctors were not complaint in any of the mandatory safeguarding training topics. However, staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service did not appear to control infection risk well, although there was no evidence of this impacting patient care or causing harm. We saw varied compliance with the use of handwashing, hand sanitising, use of personal protective equipment and cleaning regimes.
- The service had suitable premises and equipment, however, equipment was not always looked after well. We found inconsistencies with equipment checks with gaps in the daily checking of the blood glucose monitor and resuscitation equipment. There were also gaps in the daily checks of equipment and stores in each cubicle.
- National guidelines around the safe storage of medicines were not always followed. There were not clear processes for the safe storage or recording of medicines and patient prescriptions in the department.
- Patients identifiable information was not always kept securely which meant they were at risk of being read by unauthorised people.
- The service did not have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. We saw that staffing levels were regularly lower than recommended establishment.
- There was limited communication between nurses and doctors, with no joint handovers and key tasks for patient care being written on white boards. It was therefore unclear if patients received their planned care or treatment in a timely manner
- Although there was a system in place to flag patient specific needs within the patients' electronic record, it was unclear if this was kept up to date and accurately reflected individual patient needs.
- Patients were not routinely triaged within 15 minutes of arrival in the department, which was not in line with the Royal College of Emergency Medicine (RCEM) guidance.

However, we also found:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. We saw that incidents were acted upon, however, due to there being no documented team meeting minutes; it was unclear if learning was shared across the team.

Urgent and emergency services

- The service performed better than the England average for the median time to treatment and similar to the England average for the completion of initial assessment.

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 of its effectiveness.

- Patient's pain was well managed during inspection; however, there was some evidence to suggest that this was not always well managed.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- The service met the trust target for the completion of appraisals with 89.1% compliance in August 2017, compared to a trust target of 85%.
- Staff worked in an organised manner to ensure the safe assessing, planning and delivery of care. However, there appeared to be minimal communication between nurses and doctors.
- Staff identified patients who may need additional support in relation to their clinical condition.
- The service performed better or similar to other trusts in all national audits with the exception of the Royal College of Emergency Medicine, moderate and acute severe asthma audit 2016/17, where they performed worse than other trusts nationally.
- The service performed better than the England average for patients attending the department within seven days of their last attendance; however, this was worse than the national standard.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- There were no standardised U&EC specific nursing competencies in use, which meant that there was no standardised approach to assessing nursing staff competence and skills.
- There was no formal, standardised handover between nursing and medical staff, which meant that there was no evidence to confirm shared goals, sharing of information or learning.
- Malnutrition screening tools were not regularly completed as part of the initial nursing assessment for all patients planned to be admitted to hospital, which meant that actions taken to address any nutritional needs could be delayed.

Is the service caring?

Good   

Urgent and emergency services

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

- Staff cared for patients with compassion. The majority of feedback from patients confirmed that staff generally treated them well and with kindness. Staff were aware of and understood the need to respect personal, cultural, social and religious needs of patients, and we saw these taken into consideration when completing care.
- The service Friends and Family Test performance (% recommended) was generally better than the England average from October 2016 to September 2017.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients were very happy with the care and support they were receiving.
- Staff provided emotional support to patients to minimise their distress. Patients were very happy with the care and support they were receiving. The CQC Emergency Department Survey 2016 showed that the service scored better than other trusts in two of the 24 questions relevant to caring and about the same as other trusts for the remaining 22 questions.

However:

- Patients and their relatives were confused as to whom they were speaking to due to a lack of standardised uniformed for nurses and doctors or explanation of their role.

Is the service responsive?

Good ● ↓

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

- The trust planned and provided services in a way that met the needs of local people. Facilities were appropriate to needs.
- The service took account of patients' individual needs. We saw that patient needs were assessed and appropriate equipment used to ensure patients safety.
- The service prioritised patients according to their clinical condition, for example, patients who were distressed or with a mental health condition were seen quickly following triage. Where appropriate, staff referred patients to the mental health team prior to the end of their treatment to prevent delays in discharge.
- People could access the service when they needed it. Waiting times from admission to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- Nursing staff worked collaboratively to ensure the flow of patients through the department.
- There were processes in place to ensure that individual patients mental health needs were assessed and referral to and review from the service was timely.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results. It was unclear if lessons learnt from complaints were shared locally with the team, as there was no evidence to support discussions at team meetings or handovers.
- The service performed better than the England average for the median time to treatment and similar to the England average for the completion of initial assessment.

However:

Urgent and emergency services

- We saw that when ambulances attended the department, they were waiting on site for up to 40 minutes to handover the patient and return to their ambulance. This was longer than the 30 minutes recommended by the Royal College of Emergency Medicine.
- The service did not always meet the national guidance for the assessment, treatment and either transfer or discharge of patients.
- Trust wide bed capacity issues meant that there were often delays in transferring patient to a ward. This meant that when activity was high, there were patients waiting in the corridors either to be seen or for transfer.

Is the service well-led?

Requires improvement ● ↓

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

- The directorate did not consistently have managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Frequent changes to the local nursing management had caused some instability within the nursing team. The ward manager's post was vacant with the recruited ward manager planned to commence post in February 2018. In the interim, staff were being supported by the head of nursing for emergency medicine.
- Managers across the service did not always promote a positive culture that supported and valued staff.
- Working relationships between doctors and nurses were unclear. There was little verbal communication and no joint handover between nurses and doctors.
- The service had taken steps to address concerns raised by staff to CQC relating to staffing numbers, training and support. However, during inspection, not all of these issues had been resolved.
- Clinical audits information was unclear and there was limited evidence of regular department audits in infection control practices, environment, hand hygiene and uniform compliance. When asked for a copy of the audit calendar, the service provided us with a copy of the national audits, which they were participating in.
- We saw that there were no formal departmental team meetings for nurses and doctors. Nursing staff spoke about and recorded any key messages or information at the start of each duty, but there was no similar process for doctors.
- Speciality doctors reported poor communication between U&EC doctors and speciality doctors, although there was little evidence to support this.
- The service collected, analysed, managed and used information well to support all its activities. Although electronic systems were not always secure.
- The practice associated with staff leaving access cards in computers was not recognised as a risk by staff we spoke with. Nurses told us that time taken to "log on" to computers meant that they had agreed to leave computers accessible.
- There was poor U&EC representation at the emergency medicine directorate meetings.
- The service used a systematic approach to improving the quality of its services however it was not clear how quality was monitored and learning shared across the team.

However:

Urgent and emergency services

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action. We did not see a department specific strategy. However, leads were clear on how the department could develop.
- There were some systems for identifying risks, planning to eliminate or reduce them.
- Communication across nursing staff was effective.
- The service engaged well with patients and staff to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Staff were generally positive about working in the department and the team.

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)

Good  

Key facts and figures

Warwick Hospital is part of the South Warwickshire NHS Foundation Trust and is situated within Warwick. The medical care service at the trust provides care and treatment for geriatric medicine, respiratory medicine, stroke care, endocrinology, haematology, oncology and general medicine. There are 295 medical inpatient beds located across 15 wards.

The trust had 25,317 medical admissions from July 2016 to June 2017. Emergency admissions accounted for 11,322 (45%), 549 (2%) were elective, and the remaining 13,446 (53%) were day case.

Medical services at Warwick Hospital are managed by two divisions; the emergency care division and the elective care division. The emergency care division are responsible for the acute admissions unit (AAU), clinical decisions unit (CDU), ambulatory care, cardiology (including cardiac catheter laboratory) gastroenterology, elderly care, stroke services, diabetes and respiratory medicine. The elective care division are responsible for endoscopy, cancer, and haematology services.

During the inspection, we spoke with 42 members of staff including nurses, doctors, pharmacists, therapists, administrators and housekeepers. We spoke with eleven patients and relatives. We observed interactions from patients and staff, considered the environment and looked at 34 care records and 46 medicine charts. We also reviewed data provided by the trust.

The inspection team consisted of three hospital inspectors, a mental health inspector, three specialist advisors and an expert by experience.

Summary of this service

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

- Staff knew their responsibilities for escalating concerns and reporting incidents. The service planned for emergencies and staff understood their roles if one should happen.
- 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 had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Bank and agency staff were used to fill gaps in rotas.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Most complaints were responded to within the timeframe specified in the trust guidelines.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

Medical care (including older people's care)

However:

- Medical records were not always stored securely. Records were not locked away and could be accessed by members of the public.
- Safety systems were in place but were not monitored. Leaders did not ensure effective action was taken to improve compliance.
- Care rounds and risk assessments were not always formally documented in patient records.
- The service did not always control infection risk well. Staff did not always keep themselves, equipment and the premises clean. Control measures to prevent the spread of infection were not always followed.
- The average length of stay for all medical patients at Warwick Hospital was higher than the England average.
- The trust strategy and the medicine service strategies were not well known by staff in the medical division. Progress against the strategies was not monitored.

Is the service safe?

Requires improvement ● → ←

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

- The service did not always look after its equipment appropriately. Equipment was not always maintained annually to ensure it was safe for use.
- The service did not always control infection risks well. Staff did not always follow the trust infection prevention and control policy, including the hand hygiene policy that stated hands must be decontaminated before and after every patient contact.
- Safety systems were in place but were not monitored. Care rounds and risk assessments were not always formally recorded. Staff did not keep appropriate records of patients' care and treatment.
- There were inconsistencies in the secure storage of medical notes and records on some wards were accessible to members of the public.
- The monitoring and checking of medicine room and refrigerator temperatures continued to be a concern. There were still areas where this was not always regularly undertaken and we could not be assured that medicines were stored safely or that staff understood what action to take if the temperatures were not safe for medicine storage.
- Processes and procedures to manage the administration of patient's medicines were not always followed. Patients did not always receive their medicines as prescribed. There were errors or omissions within prescription charts and some patients did not receive their medication on time.
- The service had high vacancy rates particularly in nursing staffing and the gaps filled with temporary staff. Leaders within the service and at trust board level monitored this closely.

However;

- Most staff had completed their mandatory training and the trust was within its target for training in seven out of eight modules.
- Staff took a proactive approach to safeguarding and focussed on early identification.
- Emergency drug and equipment trollies were easily assessable, checked regularly and stored securely.

Medical care (including older people's care)

- Staff identified themselves clearly using their nursing and medical registration numbers when writing in patient's notes.
- Staff recognised safety incidents and reported them appropriately. Incidents were investigated and lessons learned were shared within the service.

Is the service effective?

Good  

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

- Patients had their needs assessed and their care was planned and delivered in line with evidence-based guidance, standards and best practice
- We saw that wards had protected meal times and patients had a choice of meals to meet their individual needs, which included the patients' religious, cultural or other preferences.
- Information about the outcomes of patient's care and treatment, both physical and mental where appropriate, were routinely collected and monitored. This was done through local and national audits such as the national lung cancer audit, the stroke audit and national diabetes inpatient audit. Mortality audits were carried out.
- The service ensured staff were competent for their roles. Managers appraised staff's work performance through use of an annual appraisal system. Most staff told us that they had received an appraisal within the past year.
- All necessary staff were involved with the assessing, planning and delivery of patient care. Staff across the medical service, which included therapists and clinicians, worked together as a team to benefit patients.
- Staff from different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff across the medical service used the "Making Every Contact Count" approach to promote health and well-being in Warwickshire.
- Staff showed a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Patient records showed that best interest decision making and mental capacity assessment paperwork had been completed comprehensively.

However, we also found:

- Patient pain scores were not routinely recorded on nursing assessment documentation.
- Patients daily care records were not always fully complete. This included diet and fluid intake charts.
- Not all wards had robust stock rotation systems and we found food supplement items that were out of date on one ward.

Is the service caring?

Good   

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

Medical care (including older people's care)

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff understood and respected the personal, cultural and social and religious needs of patients and how these may relate to their care needs.
- Staff provided emotional support to patients and their relatives.
- Staff involved patients and those close to them in 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 was responsive to meet patients' individual needs. Male and female patients were cared for separately and there were no mixed sex breaches across the service.
- Nursing staff had a clear understanding of the individual needs of vulnerable patients and had systems in place to promote safety and effective care for example, the butterfly scheme.
- The acute admissions worked closely with the Outpatient Parenteral Antibiotic Therapy service to ensure patients received their antibiotics at home when required.
- The admissions area amalgamated three locations into one access point and was designed to meet the demands of the diverse admission pathways. The environment allowed staff to work flexibly across all three clinical areas to meet the demands of patient acuity and numbers.
- Most complaints were handled in line with the trust complaints policy or as agreed by the individual.

However:

- The average length of stay for medical elective and non-elective patients at Warwick Hospital was higher than England average.
- Delayed transfer of care was an area of local and national concern. The service tried to reduce the delay by involving social workers to support complex discharges.

Is the service well-led?

Good   

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

- The service had managers at all levels with the right skills and abilities to provide high quality sustainable care.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated effectively.
- There was a strong culture for delivering high-quality care. Staff felt valued and supported to deliver care to the best of their ability.

Medical care (including older people's care)

- The service had processes including a divisional risk register, which detailed the actual and potential risks and any controls or actions required to mitigate those risks

However:

- Most staff were unaware of the trust strategy and did not understand how their role contributed to achieving the strategy.
- The governance systems did not always promote the delivery of high quality person centred care. Known concerns were not always acted upon such as infection control practices and the management of medicines.

Areas for improvement

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

Maternity

Good 

Key facts and figures

South Warwickshire NHS Foundation Trust provides maternity services to women living in South Warwickshire and surrounding areas. Inpatient maternity services are provided solely at the Warwick Hospital site. Outpatient maternity services are provided on the Warwick Hospital, Stratford Hospital and Ellen Badger Hospital sites. There are also eight community midwifery teams based at various locations across South Warwickshire.

The maternity service provides consultant and midwife-led antenatal, intrapartum and postnatal care. The labour suite has seven delivery rooms including one with birthing pool, two dedicated obstetric theatres, one bereavement suite, one-bedded maternity assessment suite, 33-bedded joint antenatal and postnatal ward (Swan Ward), an antenatal assessment unit and screening services. Community midwifery services are provided at local GP practices, children's centres or at the patients' home address.

From July 2016 to June 2017, the service delivered 2,653 babies. Of these, 57% were normal (non-assisted deliveries), which is slightly lower than the England average (60%). The total caesarean section rate was 28%, which was in line with the England average.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We visited labour suite, theatres, Swan Ward, antenatal clinic, antenatal assessment unit, and the maternity assessment suite. We spoke with 21 women and their relatives, 34 members of staff and reviewed 31 medical records as part of the inspection.

The inspection team consisted of one CQC hospital inspector, one CQC mental health inspector, two specialist advisors (consultant obstetrician and midwife), and an expert by experience.

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 good because:

- Women were overwhelmingly positive about their care and treatment. They were treated with kindness, compassion, dignity and respect. Women felt involved in their care and were given an informed choice of where to give birth. Actions were taken to improve service provision in response to complaints and feedback received.
- Staff had real-time access to women's electronic maternity records, and could make informed decisions on patient care, management and treatment. The service received national recognition for their implementation and use of electronic maternity records. We found records were stored securely and patient confidentiality was protected.
- All staff understood their responsibilities to safeguard patients from abuse and neglect, and had appropriate training and support. The service worked well with other healthcare professionals and agencies to ensure the needs of vulnerable women were met.
- Staff understood their responsibilities to raise concerns and report patient safety incidents. There was a robust governance and risk management framework in place to ensure incidents were investigated and reviewed in a timely way. Learning from incidents was shared with staff and changes were made to the delivery of care because of lessons learned.

Maternity

- Women's care and treatment was planned and delivered in line with current evidence-based guidance. There was an effective system in place to ensure staff were aware of updated guidelines. National and local audits were carried out and actions were taken to improve care and treatment when needed. The service performed better than the national average for perinatal mortality rates and neonatal audit standards.
- The service managed medicines and women's pain well. They met the national standards for obstetric anaesthesia. Women were encouraged to self-administer medicines where appropriate, and were empowered and supported to manage their own health, care and wellbeing.
- Managers appraised staff's work performance and held supervision meetings with them to provide support and encourage improvement. The service received national recognition for its partnership model of midwifery supervision.
- Service provision met the needs of local people. They worked closely with commissioners, clinical networks and service users to plan and improve the delivery of care and treatment for the local population.
- Leadership was strong, supportive and visible. The leadership team understood the challenges to service provision and actions needed to address them. There was a positive culture, which was focused on improving patient outcomes and experience. Staff were committed and proud to work at the trust.
- The service had a vision of what it wanted to achieve and clear objectives to ensure it was met. The vision and strategy was developed with involvement from staff and patients and reflected national recommendations for maternity care provision.

However:

- We found 'fresh eye' cardiotocography trace reviews, safer surgery checklists and swab counts were not always completed in line with national recommendations and trust policies.
- Midwifery specific training compliance was generally below the trust target, particularly for medical staff and blood transfusion training.
- Midwifery staffing levels generally did not meet patient acuity levels within the service. The midwifery to birth ratio was worse than the trust threshold and national recommendations. Women did not always receive one-to-one care in established labour. We reported these concerns following our previous inspection in March 2016. We also found the labour ward coordinator was generally not supernumerary. The trust was taking action to address midwifery staffing levels.
- There were inconsistencies in the monitoring of emergency equipment to ensure it was safe and effective for patient use.
- Women who attended the maternity assessment suite were not always reviewed in a timely manner.

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 it as requires improvement because:

Maternity

- Risks to patients were not consistently monitored and completed. We found 'fresh eye' reviews of cardiotocography traces, surgical safety checklists and swab counts were not always completed in line with national recommendations and trust policies. However, the service planned for emergencies and staff understood their roles if one should happen.
- Compliance with maternity specific mandatory training, such as cardiotocography interpretation, was generally below the trust target, particularly for medical staff. Furthermore, midwives compliance with blood transfusion training was significantly below the trust target. The trust did take immediate action to address this.
- Emergency equipment was not always checked on a daily basis.
- Midwifery staffing levels generally did not meet patient acuity levels within the service. The midwife to birth ratio was higher (worse) than the trust threshold and nationally recommended workforce ratio. Women did not always receive one-to-one care in established labour. Furthermore, the labour ward coordinator was generally not supernumerary, which was not in line with national recommendations. However, the trust had recognised midwifery staffing was a risk and actions had been taken to mitigate this risk.

However:

- The service provided mandatory training in key skills to all staff. Mandatory training compliance within the maternity service was generally higher than the trust target. This was an improvement to what we found on our previous inspection in March 2016.
- 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 collected safety information and shared it with staff, patients and visitors. They used control measures to prevent the spread of infection.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Staff had access to patient information and could make informed decisions on patients care, management and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and wider service. This was an improvement from our previous inspection.

Is the service effective?

Good ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The service used current evidence-based guidance and quality standards to inform the delivery of care and treatment. There was an effective process in place to ensure guidelines were updated and reflected national guidance. Local and national audits were completed and actions were taken to improve care and treatment when indicated.
- Women received support and advice for breastfeeding their babies. Breastfeeding initiation rates were better than the national average.

Maternity

- Pain was assessed and managed on an individual basis and was regularly monitored by midwifery staff. The service met all national standards for obstetric anaesthesia, including the length of time women waited for an epidural to be sited in established labour.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Results from the national neonatal audit programme were better than the national average. The trust's perinatal mortality rate was up to 10% lower (better) than the national average.
- The service had implemented the new model of midwifery supervision, in collaboration with two local trusts. However, some staff did not have up-to-date competencies in cardiotocography assessment and newborn life support.
- The multidisciplinary team worked together to benefit patients. Doctors, midwives and other healthcare professionals supported each other to provide good care.
- Out-of-hours services were available to women 24 hours a day, seven days a week. Women could self-refer to the hospital via the emergency department or directly to the maternity unit.
- Patients who used maternity services were supported to live healthier lives and manage their own health, care and wellbeing.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005 and the Mental Health Act 1983. They knew how to support women experiencing mental ill health and those who lacked the capacity to make decisions about their care.

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 cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- All women we spoke with were positive about the care they had received.
- From October 2016 to September 2017, the trust's family and friends test results were generally similar to the England average.
- Staff provided emotional support to patients to minimise their distress.
- The maternity service had an established perinatal mental health team that included psychology, psychiatry and specialist perinatal mental health nursing staff, who provided additional care, support and treatment for women with mental health concerns as needed.
- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Good ●

Maternity

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 trust planned and provided services in a way that met the needs of local people. They worked closely with commissioners, the local authority, clinical networks and other stakeholders to plan the delivery of care and treatment for the local population.
- Antenatal care was readily and easily accessible to pregnant women and was sensitive to the needs of women and the local community.
- There was access to specialist support and expertise from doctors, midwives and other healthcare professionals. Bereavement care provision was in place to support families from their initial loss, throughout their time in hospital and return home.
- Women could access the service when they needed it most of the time. The service performed in line or better than the England average for key performance indicators related to accessing care, such as fetal anomaly screening and antenatal care.

However:

- From January to November 2017, the trust suspended maternity services on 10 occasions because of staffing shortages or capacity issues.
- Women who attended the maternity assessment suite were not consistently assessed and reviewed in a timely manner.

Is the service well-led?

Good ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated well-led as good because:

- The maternity service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Staff told us they felt well supported by managers and specialist midwives and were confident to raise any concerns they had.
- The service had a vision of what it wanted to achieve and workable plans to turn it into action. The vision and strategy was developed with involvement from staff, patients and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

Maternity

- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting, training, research and innovation. The service worked collaboratively with local trusts to improve maternity care provision for the local population. They had also been recognised nationally for their partnership model of supervision and their use of electronic maternity records.

However:

- We were not assured there were effective governance processes in place at ward level, because emergency equipment, storage temperatures of medicines and controlled drugs were not always checked daily.

Outstanding practice

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

- The service received national recognition for their electronic maternity records system. The system enabled healthcare professional's real-time access to women's maternity notes. This meant staff had access to up-to-date patient information and could make informed decisions on patient care, management and treatment. Women could also have access to their maternity records via an electronic device.
- In collaboration with two local trusts, the service had established a partnership model of midwifery supervision. This collaborative model aimed to build personal and professional resilience, support revalidation and enhance the quality of care for women and babies. They received national recognition for this work and were shortlisted for the Royal College of Midwives 2018 Partnership Working award.
- The service had established a perinatal mental health service, which included psychology, psychiatry and specialist perinatal mental health nursing staff. Women with severe and enduring mental health needs could be referred to this service pre-pregnancy for psychological interventions and support. During pregnancy, the team also saw women with needle phobia, anxiety, depression and/or trauma from a previous birth. Following birth, any woman with attachment disorders and anxiety could be referred for psychological support.

Areas for improvement

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

End of life care

Good  

Key facts and figures

South Warwickshire Foundation NHS Trust had an integrated approach to working with patients at the end of their life, therefore there were no allocated beds or wards for end of life care patients. Instead, patients were cared for on medical wards.

The specialist palliative care team (SPCT), which consists of specialist nurses, provide advice, assessment and treatment to patients across all clinical areas within the hospital. The SPCT also supports ward staff to deliver care to patients at the end of life.

The SPCT was available five days a week, from 9am to 5pm, Monday to Friday. The team provided advice and face-to-face contact for patients with complex palliative care needs and in addition provided weekends and bank holidays advice and face-to-face review of patients with urgent and complex palliative care needs. Outside of these hours, advice was provided by the local hospice via telephone or in person if required.

The SPCT received 2274 referrals across the integrated service between April 2016 and March 2017, 90% of these being for patients with a diagnosis of cancer.

A bereavement team provided support to relatives from Monday to Friday 8am to 4pm and a chaplaincy service was available to patients, relatives and staff, 24 hours a day, seven days a week. The director of nursing had responsibility for end of life care within the executive team.

The service was previously inspected in March 2016. Concerns identified during this inspection included a lack of individualised end of life care planning documentation; a lack of a clear vision or a strategy for end of life care services and concerns around the documentation of patients' mental capacity on a third of the do not attempt cardio-pulmonary resuscitation (DNACPR) documentation we reviewed.

We completed a short notice inspection of the end of life care service on 5, 6 and 7 December. We visited five wards, including medical wards, surgical wards and accident and emergency. We also visited the mortuary and the chapel. We spoke with four patients and three visiting relatives. We spoke with 29 members of staff including medical and nursing staff, allied health professionals, the SPCT, portering, mortuary and chaplaincy staff. We reviewed 10 patient care records, 11 Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms and information including policies, procedures and audits.

Summary of this service

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

- There had been a focus on continuous improvement across the service since our last inspection. There was now improved governance in end of life care, with a clear structure of accountability and audits and outcome measures in place.
- There was a new governance structure in place that was understood by staff. There was an end of life care steering group that had trust wide representation and received regular audits and updates from various ongoing work streams.
- Appropriate measures were in place to keep patients safe from avoidable harm. Incidents and safety monitoring results were collated and shared to improve the service.

End of life care

- Risk assessments and care planning for patients at the end of life had improved since the last inspection.
- Medicines were managed and prescribed appropriately and equipment was available to patients at the end of their life and equipment was well maintained.
- There was good team working across the service. Local managers supported their staff in their roles, with chances for professional development offered. Staff received the right additional training and support to care for patients at the end of life.
- Patients were provided with compassionate and person centred care, which took account of their individual differences and needs. Relatives and friends were involved in care planning wherever appropriate and recognised as part of the caring team.

However:

- There was a variable approach on the wards to the criteria for making referrals to the specialist palliative care and end of life team. Not all patients referred to the team met the criteria for assessment by the specialist palliative care team.
- There was no specialist palliative care consultant based at the hospital, which did not meet national guidelines. The trust was in the process of recruiting a specialist consultant to the post.

Is the service safe?

Good   

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory safety training records was at 100% complete for all Specialist Palliative Care Team (SPCT) members.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. There were clear protocols for the staff in the mortuary to follow for cleaning the premises and equipment.
- The service prescribed, gave, recorded and stored medicines well. Anticipatory medicines (or medicines prescribed in anticipation of managing symptoms) were prescribed and administered appropriately.
- Staff kept appropriate records of patients' care and treatment. The service had implemented a number of changes since our last inspection to support the improvement of care for patients 'receiving end of life care. The individual plan of care for the dying person had been introduced. The plan of care aims to involve patients and those that are important to them in all discussions and decisions about their care and to work with them to develop care plans that take account of their wishes and preferences as far as they wish to.

However:

- The service did not have managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. We found there were no palliative care consultants in post based at the hospital at the time of our inspection. This meant staff depended on specialist advice from a consultant based in the community, meaning there could be a delay in patient care. The trust was in the process of recruiting a specialist consultant to the post.

End of life care

Is the service effective?

Good ● ↑

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Guidelines were easily accessible on the trust intranet page and staff were able to demonstrate ease of access.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. All SPCT staff had an annual appraisal.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities regarding the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms included records of discussions with patients and relatives regarding DNACPR decisions and had been signed by an appropriate senior clinician.

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Staff within all teams were caring and passionate about providing a dignified and respectful service to patients at the end of life. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and their carers told us they were actively involved in decision making and were given all the facts to be able to their decision.
- Staff provided emotional support to patients to minimise their distress. Psychological, religious and spiritual support was available to patients, and bereavement officers were able to signpost relatives to suitable services.
- Chaplaincy, bereavement and mortuary staff were passionate and committed to ensuring patients and their families were cared for with compassion and respect, both before and after death.

End of life care

Is the service responsive?

Good ● → ←

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

- The trust planned and provided services in a way that met the needs of local people. The ward staff and specialist palliative care team (SPCT) tried to provide flexibility, choice and continuity of care wherever possible.
- People could access the service when they needed it. Waiting times from treatment and arrangements to admit, treat and discharge patients were in line with good practice. Data produced by the trust showed that the specialist palliative care team saw 99% of referrals the same or next working day. The SPCT had good working relationships with hospital staff and their community colleagues. This ensured that care and treatment was coordinated with other services and providers.
- The service took account of patients' individual needs. Staff from all disciplines worked together to meet the needs of patients. Patients were referred to other services for advice and support, where appropriate.
- The chaplaincy team provided a flexible service to meet individuals' spiritual, religious, and social needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. All complaints relating to end of life care were reviewed by the SPCT and discussed at the end of life strategy group meeting.

However:

- There was a variable approach on the wards to the criteria for making referrals to the SPCT. Not all staff were familiar with the revised SPCT referral form and not all patients referred to the team met the criteria for assessment by the team. We were therefore not assured ward staff were always able to distinguish between palliative care and end of life care needs.

Is the service well-led?

Requires improvement ● → ←

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

- The service did not have managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. However, the director of nursing, who displayed clear understanding of the End of Life Care (EOLC) service within the trust, represented the service on the board. There was also a named non-executive director with responsibility for end of life care. This was an improvement since our last inspection
- There was no palliative care consultant in post based at the hospital at the time of our inspection. This did not meet national guidelines.
- Leaders had not ensured that the referral process for SPCT was understood and embedded.

However:

End of life care

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. A new governance structure had been put into place, which was working well and understood by the different services involved within the relevant directorate. Action plans were in place that were monitored and reported on.
- Staff were proud of their work and the quality of service that was delivered to patients and relatives. Staff reported being aware of those involved within end of life care teams, and felt supported to carry out their work with patients at the end of life.

Outstanding practice

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

- The chaplaincy, bereavement office and mortuary staff provided a responsive, compassionate and highly efficient service for patients and their relatives.

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

South Warwickshire NHS Foundation Trust provides acute and community NHS health services across Warwickshire and school nursing services in Coventry.

The trusts' community healthcare services include:

- Adult Community Teams
- Community Tissue Viability
- Continence
- District Nursing
- Diabetes
- End of Life Care
- Family Nurse Partnership
- Falls Service
- Health Visiting
- HomeFirst
- Neighbourhood Teams
- Palliative Care Nurse Specialists
- Parkinson Disease Nurse Specialists
- Rheumatology
- School Nursing
- Stroke Outreach

The trust provides community inpatient care at Stratford-upon-Avon Hospital, Royal Leamington Spa Rehabilitation Hospital and Ellen Badger Hospital. The trust also provides neuro rehabilitation at the Central England Rehabilitation Unit (CERU), based at Royal Leamington Spa Rehabilitation Hospital. Community services for adult's end of life care and children and young people are also provided by the trust.

We inspected community end of life care services.

Summary of community health services

Good   

Summary of findings

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

- We rated safe, effective, caring and responsive as good, and well-led as requires improvement. In rating community health services, we took into account the current ratings of the three services not inspected this time.
- We rated community end of life care as good for safe, effective, caring and responsive, and requires improvement for well-led. Our overall rating of this service improved from requires improvement to good. Safety, caring and responsive remained good. Effective had improved from requires improvement to good. Well-led improved from inadequate to requires improvement. A new governance structure had been put into place, which was working well and understood by the different services involved within the relevant directorate. Staff were proud of their work and the quality of service that was delivered to patients and relatives. Anticipatory medicines were prescribed in line with NICE guidance (NG31) and the five priorities of care developed by The Leadership Alliance for the Care of Dying People (LACDP 2014).

However:

- The consultant cover did not meet national guidance for specialist palliative care.

Community end of life care

Good  

Key facts and figures

South Warwickshire NHS Foundation Trust had an integrated approach to working with patients at the end of their life, therefore there were no allocated beds or wards for end of life care patients. Instead, patients were cared for on medical wards.

The specialist palliative care team (SPCT), which consists of specialist nurses, provide advice, assessment and treatment to patients across all clinical areas within the hospital. The SPCT also supports ward staff to deliver care to patients at the end of life.

The SPCT was available five days a week, from 9am to 5pm, Monday to Friday. The team provided advice and face-to-face contact for patients with complex palliative care needs and in addition provided weekends and bank holidays advice and face-to-face review of patients with urgent and complex palliative care needs. Outside of these hours, advice was provided by the local hospice via telephone or in person if required.

The SPCT received 2274 referrals from April 2016 to March 2017 across the integrated service, 90% of these being for patients with a diagnosis of cancer.

The service was previously inspected in March 2016. Concerns identified during this inspection included a lack of individualised end of life care planning documentation; a lack of a clear vision or a strategy for end of life care services, concerns around infection control practices and low mandatory training figures for staff.

We completed a short notice inspection of the end of life care service on 4 and 5 January 2018. We visited two community specialist palliative care teams and two community care teams. We spoke with six patients and three relatives. We spoke with 15 members of staff across the service including managers, specialist palliative care nurses and community nurses. We reviewed 22 patient care records, nine Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms and information including policies, procedures and audits.

Summary of this service

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

- There had been a focus on continuous improvement across the service since our last inspection. There was now improved governance in end of life care, with a clear structure of accountability and audits and outcome measures in place.
- Appropriate measures were in place to keep patients safe from avoidable harm. Incidents and safety monitoring results were collated and shared to improve the service.
- Risk assessments and care planning for patients at the end of life had improved since the last inspection. Comprehensive, patient assessments were completed which identified physical, mental and social needs. Patient records were clearly written and patients and those close to them were involved in their care.
- Medicines were managed and prescribed appropriately and equipment was available to patients at the end of their life and equipment was well maintained.
- There was good team working across the service. Local managers supported their staff in their roles, with chances for professional development offered. Staff received the right additional training and support to care for patients at the end of life.

Community end of life care

- Patients were provided with compassionate and person centred care, which took account of their individual differences and needs. Relatives and friends were involved in care planning wherever appropriate and recognised as part of the caring team.

However:

- The consultant cover did not meet national guidance for specialist palliative care.

Is the service safe?

Good ● → ←

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory safety training records was at 100% complete for all Specialist Palliative Care Team (SPCT) members.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. There were clear protocols for the staff in the mortuary to follow for cleaning the premises and equipment.
- The service prescribed, gave, recorded and stored medicines well. Anticipatory medicines (or medicines prescribed in anticipation of managing symptoms) were prescribed and administered appropriately.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. The service had implemented a number of changes since our last inspection to support the improvement of effective care for patient receiving end of life care. The individual plan of care for the dying person had been introduced. The plan of care aims to involve patients and those that are important to them in all discussions and decisions about their care and to work with them to develop care plans that take account of their wishes and preferences as far as they wish to.

However:

- The consultant cover did not meet national guidance for specialist palliative care.

Is the service effective?

Good ● ↑

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Guidelines were easily accessible on the trust intranet page and staff were able to demonstrate ease of access.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. All SPCT staff had an annual appraisal.

Community end of life care

- Anticipatory medications were prescribed in line with NICE guidance (NG31) and the five new priorities of care developed by The Leadership Alliance for the Care of Dying People (LACDP 2014).
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms included records of discussions with patients and relatives regarding DNACPR decisions and had been signed by an appropriate senior clinician.

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Staff within all teams were caring and passionate about providing a dignified and respectful service to patients at the end of life. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and their carers told us they were actively involved in decision making and were given all the facts to be able to their decision.
- Staff provided emotional support to patients to minimise their distress. Psychological, religious and spiritual support was available to patients, and bereavement officers were able to signpost relatives to suitable services.

Is the service responsive?

Good ● ↑

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

- The trust planned and provided services in a way that met the needs of local people. The ward staff and specialist palliative care team tried to provide flexibility, choice and continuity of care wherever possible.
- People could access the service when they needed it. Arrangements to admit, treat and discharge patients were in line with good practice. Data produced by the trust showed that the specialist palliative care team saw 99% of referrals the same or next working day. The SPCT had good working relationships with hospital staff and their community colleagues. This ensured that care and treatment was coordinated with other services and providers.
- The service took account of patients' individual needs. Staff from all disciplines worked together to meet the needs of patients. Patients were referred to other services for advice and support, where appropriate.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. All complaints relating to end of life care were reviewed by the specialist palliative care team (SPCT) and discussed at the end of life strategy group meeting.

However:

Community end of life care

- There was a variable approach on the wards to the criteria for making referrals to the specialist palliative care and end of life team. Not all patients referred to the team met the criteria for assessment by the specialist palliative care team.

Is the service well-led?

Requires improvement ● ↑

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

- The service did not have managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. However, the director of nursing, who displayed clear understanding of the End of Life Care (EOLC) service within the trust, represented the service on the board. There was also a named non-executive director with responsibility for end of life care. This was an improvement since our last inspection.
- The consultant cover did not meet national guidance for specialist palliative care.
- Leaders had not ensured that the referral process for SPCT was understood and embedded.

However,

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. A new governance structure had been put into place, which was working well and understood by the different services involved within the relevant directorate. Action plans were in place that were monitored and reported on.
- Staff were proud of their work and the quality of service that was delivered to patients and relatives. Staff reported being aware of those involved within end of life care teams, and felt supported to carry out their work with patients at the end of life.

Outstanding practice

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

- A new service was launched in November 2017 to provide specialist overnight care for people in North Warwickshire who are approaching the end of their lives. Working in partnership, the trust and a local hospice developed a rapid response service that assessed patients and provided the care and support required between 10pm and 8am. The service was staffed by nurses and healthcare assistants who had received the necessary training to meet the care needs of people approaching the end of their lives.

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

Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

Mrs Bernadette Hanney, Head of Hospital Inspections led this inspection. Executive reviewers and governance specialist advisors supported our inspection of well-led for the trust overall.

The team included two inspection managers, seven inspectors, two executive reviewers, eight specialist advisers, and one expert by experience.

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. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.