

# Royal Cornwall Hospitals NHS Trust

## Inspection report

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






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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

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

Royal Cornwall Hospitals NHS Trust provides care to around 450,000 people across Cornwall and the Isles of Scilly, which can more than double during holiday periods.

The trust provides its services from three main locations: Royal Cornwall Hospital, Truro; St Michael's Hospital, Hayle; West Cornwall Hospital, Penzance. It also provides some services, including outpatient, maternity, imaging and sexual health, from community locations across Cornwall and the Isles of Scilly.

The trust is a teaching hospital trust, working with the University of Exeter Medical School and the University of Plymouth (nursing and dental faculties).

The hospital has seen significant and ongoing periods of instability at board level over the last few years. Since the first comprehensive inspection in January 2014 there had been three chief executives in post, two of those on an interim basis. A permanent chief executive was appointed in April 2016 and stood down in July 2018. This post was replaced by an interim Chief Executive in July 2018. A new chair was appointed in January 2017 but stood down from the role in May 2018. An acting chair was appointed into the role in May 2018.

## Overall summary

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

## What this trust does

The Royal Cornwall Hospitals NHS Trust is the principal provider of acute care services in the county of Cornwall.

The trust has a total of 777 beds across various core services. This includes 706 general and acute beds, 45 maternity beds and 26 critical care beds.

There are 4,502 whole time equivalent (WTE) staff working for the trust. These comprise of 586 medical staff, 1,099 nursing staff and 2,817 categorised as other staff groups.

The trust provides several services, including:

- Urgent and emergency care
- Maternity services
- Outpatient services
- Sexual Health
- Medicine
- Surgery
- Critical Care
- Diagnostic services
- End of Life
- Children and Young people services.

# Summary of findings

## 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.

Between 4 and 6 September 2018 we inspected ten of the core services provided by this trust at its main site, Royal Cornwall Hospital, and across two of its other locations, West Cornwall Hospital and St Michael's Hospital.

We inspected 10 core services provided by this trust because the trust is in special measures and at our last inspection we rated the trust overall as inadequate.

We also inspected the well-led key question for the trust overall. We summarise what we found in the section headed Is this organisation well-led? We inspected the well-led key question between 25 and 27 September 2018.

## What we found

### Overall trust

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

- We rated safe, effective and responsive as requires improvement. Well-led was rated inadequate and caring was rated good.
- Royal Cornwall Hospital was rated requires improvement. West Cornwall Hospital and St Michael's Hospital were rated good.

### Royal Cornwall Hospital

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

- We rated safe, effective, responsive and well-led as requires improvement. Caring was rated good.
- Urgent and emergency care remained the same and was rated as requires improvement. Safe and responsive remained the same and were rated requires improvement. Effective and caring stayed the same and were rated good. Well-led improved and was rated good.
- Medicine improved since our last inspection and was rated requires improvement. Safe and well-led improved and were rated requires improvement. Effective improved and was rated good. Caring remained the same and was rated good. Responsive stayed the same and was rated inadequate.
- Surgery had improved since our last inspection and was rated as requires improvement. Safe and responsive had improved since our last inspection and were rated requires improvement. Effective and well-led remained the same and were rated as requires improvement. Caring stayed the same and was rated good.

# Summary of findings

- Critical care services remained as good overall. Safe went down one rating since our last inspection and was rated as requires improvement. Effective, caring and well-led remained the same as our last inspection and both were rated good. Responsive went up one rating and was rated good.
- Maternity services were rated as requires improvement. Safe and well-led were rated requires improvement. Effective, caring and responsive were rated good.
- End of life services had gone up one rating since our last inspection and were rated requires improvement. Safe had stayed the same and was rated requires improvement. Effective, responsive and well-led had improved and were rated requires improvement. Caring remained the same and was rated good.
- Outpatient services were rated as requires improvement. Safe, responsive and well-led were rated requires improvement. Caring was rated good. Effective was not rated.
- Diagnostic imaging was rated outstanding. Responsive and well-led were rated outstanding. Safe and caring were rated good. Effective was not rated.
- Children and young people's services remained the same and were rated good. Safe remained the same and was rated as requires improvement. Effective, caring, responsive and well-led remained the same and were rated good.

## West Cornwall Hospital

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

- We rated effective, caring, responsive and well-led as good. We rated Safe as requires improvement.
- Urgent and emergency care had not been rated before. Safe, effective, caring, responsive and well-led were rated good.
- Medicine stayed the same since our last inspection and was rated as good. Safe went down one rating to requires improvement. Effective, responsive and well-led remained the same and were rated as good. Caring went down one rating from outstanding and was rated as good.
- Surgery remained as good overall. Safe stayed the same and was rated requires improvement. Effective, caring, responsive and well-led stayed the same and were rated as good.
- Outpatients was rated as good overall. Safe, caring, responsive and well-led were all rated as good. Effective was not rated.

## St Michael's Hospital

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

- We rated safe, effective, caring, responsive and well-led as good.
- Medicine was rated as good. Safe, effective, caring, responsive and well-led were all rated as good.
- Surgery remained good overall. Safe, effective, responsive and well-led stayed the same and were rated good. Caring went down and was rated as good.
- Outpatients was rated good overall. Safe, caring, responsive and well-led were rated good. Effective was not rated.

## Community services

- Sexual health services remained the same and were rated good. Safe, effective, caring, responsive and well-led all remained the same and were all rated good.

# Summary of findings

## Are services safe?

Royal Cornwall Hospital

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

- In children and young people's services, compliance with mandatory training and safeguarding training was below the trust's target. Children remained at risk due to the high dependency unit not being visible from the nursing station. Staff did not understand the decision-making requirements and risk assessment processes for children. However, there were sufficient levels of qualified staff to provide safe care and treatment to children. Effective handovers ensured staff managed risks to children and young people.
- In medicine, the delivery of the safer placement policy did not ensure patient safety or dignity. The electronic early warning system had connectivity problems which impacted on staff being able to collect information and maintain records of patient observations in one place. Patients were being moved and discharged both during the day and overnight. This was not always appropriate for patients who had dementia or who lived alone. The service faced challenges due to the chronic shortage of nursing and medical staff. Staffing establishment had not been reviewed despite the use of escalation beds on the medical wards. However, individual patient risks were assessed, managed and monitored and there was a strong incident reporting culture.
- In diagnostic imaging, some areas of the environment and some equipment needed updating. However, staff were compliant with mandatory training to enable them to carry out their roles safely. Infection risks were managed, and the storage, management and administration of medicines ensured the safety of patients. Incidents were reported, investigated and shared across the team and wider system.
- In end of life care the mortuary post mortem room posed a health and safety risk to staff. There were infection control risks due to staff not being able to clean all the equipment adequately and drainage of fluids was not adequate. Equipment was outdated and unsafe. Treatment escalation plans were not always completed and did not always contain the required information. Medical staffing levels did not meet nationally recommended guidance. However, most staff were up to date with mandatory training, staff responded appropriately to changing risks of patients and the management and administration of medicine ensured the safety of patients.
- In critical care, not all staff were compliant with mandatory training and training data available to the service leads was not reliable. Equipment was not regularly maintained and there was a backlog of routine maintenance and servicing of equipment in the department. Risks to patient were not always adequately assessed, for example bedrails were used on the unit with no corresponding risk assessments completed. However, standards and protocols for infection control were followed by staff and there were systems to ensure the safe management of clinical waste. Staff were alerted to safety risks on the unit at the start of each shift and had a good understanding of what constituted a risk in their clinical area. There was a hospital-wide approach to identify deteriorating patients, with the outreach team confident to recognise and treat sepsis. Staff levels and skill mix ensured the safety of patients on the unit and individual patient records were written and managed in a way which kept patients safe.
- In urgent and emergency care, the emergency department was frequently crowded and the layout did not always keep patients safe. Patients were not always assessed within 15 minutes and processes for patient monitoring were not always followed. Systems and processes to assess and manage individual patient risk were not always followed and records were not maintained in a way which kept patients safe. However, processes for incident reporting and investigation were transparent and learning was identified when things went wrong. The department was well equipped, equipment was maintained and there were sufficient levels of nursing and medical staff to ensure patient safety. Standards of hygiene and cleanliness were maintained, and medicines were also well managed.
- In outpatients, the service was not compliant with the trust's mandatory training target and unable to demonstrate compliance with level three child safeguarding training. Infection risks had not been adequately addressed since our

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previous inspection. Aspects of the environment were not suitable to enable staff to carry out their role safely and posed a risk of patient harm. Patient records were not always completed in a timely way and harm had occurred to patients due to a delay in letters being sent to GPs. Patients continued to come to harm despite a renewed process to manage waiting lists and review the most at-risk patients. However, there were systems and processes to protect patients from hospital acquired infections. Some environmental issues identified in the previous inspection had been addressed and emergency equipment was well maintained.

- In maternity services, not all staff in the department were compliant with the trust's mandatory training target and not all staff understood the abduction policy and processes. Improvements were required to make sure all daily, weekly and monthly equipment checks had been documented as completed. Clear instructions and effective cleaning were required to reduce infection risks at Penrice birthing centre and Helston birth centre. Not all risk assessments were actioned in a timely way and processes to ensure staff received feedback regarding incidents were not always followed. Learning and actions from perinatal mortality and morbidity were not always documented to evidence debate, discussion and attendance. However, there were sufficient numbers of medical staff and the trust had increased the number of midwives to ensure patient safety. There was evidence of improvements in the completion of patient records. Systems and processes to report incidents and near misses were adhered to and there was evidence duty of candour had been adhered to.
- In surgery, compliance with mandatory training and safeguarding training was below the trust's target. Staffing had not improved since our previous inspection and there were several vacancies and high use of agency staff. Some theatre suites posed an infection control risk due to damaged flooring and it was unclear when equipment in the department has last been serviced. There was no formalised process or system used to accurately calculate and risk stratify patients receiving surgery and whether there was a requirement for intensive care following their surgery. The full theatre team were not always present for the surgical safety checklist and the surgeon's preoperative checklist was not always completed and recorded prior to the patient leaving the ward. However, individual patient risk was considered, and staff were clear how these risks would be managed. Patient care records were completed and comprehensive. Medicines were managed and stored appropriately, and staff understood their responsibilities to report safeguarding concerns.

## West Cornwall Hospital

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

- In urgent and emergency care, in addition to their mandatory training, staff completed further training to carry out their role to ensure the safety of the patient. Areas were visibly clean, and equipment was maintained. There were adequate staff to manage the safe care and treatment of patients and staff safely managed individual patient risks. There were strong processes for incident reporting and learning was encouraged when things went wrong. However, not all staff had completed a refresher of their mandatory training and triage times were not monitored in the department.
- In medicine, patients were protected from abuse and avoidable harm and incidents were reported and thoroughly investigated. The premises and equipment were maintained and there were systems and processes to manage infection control risks. Staffing levels were adequate to ensure safe delivery of the service. However, the service was not compliant with the trust's target for mandatory training and the management, storage and administration of medicines was not always in line with trust policy and national guidance. Individual patient records were not always well maintained, nursing documentation was not always completed and did not demonstrate the effectiveness of care and treatment.
- In surgery, staffing levels and skill mix ensured patient safety and were based on the needs of the service. Comprehensive records of patient care and treatment were maintained, and staff followed safety guidelines and the safer surgery checklist. Nursing staff understood their responsibilities to report safeguarding issues and concerns.

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However, there was inconsistent management for patients who deteriorated post operatively. Consultants did not always visit patients following their theatre list and not all consultants were available to be contacted once they had left the hospital. The management and storage of medicines did not ensure patient safety and sterile equipment returning from the sterilising department was not packaged properly and at risk of damage.

- In outpatients, compliance with mandatory training met the trust's target and infection prevention and control policies were followed to ensure patient safety. The storage and management of medicines kept patients safe and there were adequate staffing numbers and skill mix to cover the pre-arranged clinics. However, not all staff had completed the correct level of safeguarding training. Systems to trace prescriptions were not always effective and the storage of patient records did not always ensure patient confidentiality once the department had closed for the day. The layout of the department was not always accessible to all patient groups.

## St Michael's Hospital

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

- In medicine, incidents were reported, investigated and lessons shared with the team and wider service. Patients were protected from abuse and avoidable harm. Infection control risks were managed. Medicines were managed, stored and administered safely. However, staff in the department were not compliant with mandatory training. Equipment was not regularly maintained and there was a lack of storage space for equipment. Patient records were not always appropriately maintained.
- In surgery, staffing levels ensured the safe running of the service. The surgical safety checklist was routinely used, and staff had received additional training to manage patients who deteriorated post-operatively. Staff understood the importance of sepsis and the need to manage this to ensure patient safety. Medicines were stored securely, and infection control risks were managed to protect patients from healthcare associated infections. Equipment was regularly maintained. However, mandatory and safeguarding training for the service was not compliant with the trust's target and a small amount of equipment on the wards was found to be out of date.
- In outpatients, staff were compliant with safeguarding training. There was adequate staffing and skill mix to safely manage outpatient clinics. Infection control and medicines were safely managed. However, not all staff had received the correct level of child safeguarding training and the traceability system for prescriptions was unclear.

## Community services

- In sexual health services, there was a risk staff were not always protected from infection risks due to the incorrect cleaning materials being used to clean up spillages of bodily fluids. Individual patient records did not always accurately reflect conversations, advice and treatment provided by the service. However, staff received training to provide services to adults and children and the environment and facilities ensured the safety of patients. Risks to patients were identified and managed, and staffing levels and skill mix ensured the safe care and treatment of patients attending the service. The storage, management and administration of medicines ensured the safety of patients and systems and processes ensured patients were protected from healthcare associated infection. Action and learning was taken when incidents occurred.

## Are services effective?

### Royal Cornwall Hospital

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

- In children and young people's services, the lack of alignment of record systems impacted on the service's ability to provide effective treatment. Additional training in mental health was limited and staff did not always feel confident to



# Summary of findings

manage children with complex mental health conditions. However, care and treatment was based on best practice evidence-based guidelines with performance being benchmarked to identify areas of the service which required improvement. Staff were also engaged with reviewing performance and were encouraged to review outcomes and make improvements to the service where required.

- In medicine, discharge planning was inconsistent and was impacting on patient flow. Staff handovers did not routinely include information regarding the psychological and emotional needs of the patient and those close to them. Staff were not confident in completing documentation regarding mental capacity and not all staff had received their annual appraisal. However, care and treatment had been developed in line with national guidance and the effectiveness of care and treatment was assessed through regular audit. Staff worked effectively across other healthcare disciplines and other agencies to provide effective care for patients.
- In diagnostic imaging, the most current evidence-based techniques and technologies were used to deliver care and treatment. Staff were competent to carry out their role and were actively engaged to monitor and improve quality and outcomes. Collaborative working both internally and externally was strong and staff understood their roles and responsibilities in relation the Mental Capacity Act 2005.
- In end of life care, not all patients deemed to be end of life were identified, particularly those patients in their last year of life. Documentation for end of life care records was variable, with not all patients having their preferred place of care documented in their records. Audit compliance with treatment escalation plans remained poor and continued to challenge the trust. There was a lack of data to review patient outcomes and advanced care planning training was not available to staff, meaning staff did not feel confident to discuss and plan this with patients. However, care and treatment was delivered in line with national guidance and staff working within the specialist palliative care and end of life team had the skills and knowledge required for their role. There was strong multidisciplinary working both internally and externally with other organisations to assess, plan and deliver care and treatment to patients at the end of their lives.
- In sexual health services, audit was carried out to ensure care and treatment was compliant with legislation and best practice guidelines. Outcome data was collected to ensure the service was effective for patients. Staff worked collaborative both internally and externally to provide care and treatment for patients. Patients were supported to manage their pain and provided with information to support a healthier lifestyle. Consent to care and treatment was sought in line with legislation.
- In critical care, there were gaps in allied healthcare professional input into the multidisciplinary team and there was limited resource to provide specialist advice for patients with complex nutritional needs. Critical care performance in the National Emergency Laparotomy Audit from 1 December 2017 to 28 February 2018 was worse than average and not all critical care nurses had received an appraisal. However, patient care and treatment was delivered in line with nationally recommended guidance. Care and treatment plans were developed in line with National Institute for Health and Care Excellence guidance on admission to the unit, with patients' physical and emotional needs featuring as part of the assessment. The unit participated in audit to identify areas which required improvement, staff were competent to provide safe care to patients and were encouraged to develop their knowledge and skills.
- In urgent and emergency care, audits demonstrated the management of pain was poor and Royal College of Emergency Medicine audit results were not consistently positive. Staff did not always understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, care and treatment was based on national best practice guidance, training was provided to ensure staff were competent to carry out their roles and multidisciplinary working was strong to optimise care and treatment for patients. The department also prompted patients' independence if the environment was safe to do so.



# Summary of findings

- In outpatients, patients continued to wait long periods of time to access care and treatment. However, care and treatment was based on nationally recognised guidance. Staff were competent in their roles and worked closely with other professionals to share their skills and knowledge. Staff worked together to optimise care and treatment for patients and there was strong multidisciplinary working in the pain clinic to effectively manage pain.
- In maternity services, improvements were needed to improve access and the provision of community-specific guidelines and guidance to support mothers with infant feeding. Work was also required to ensure guidance for the emergency evacuation of the birthing pool was up to date with current practical training. However, pregnant women had their needs assessed and were managed in line with national guidance. All staff contributed to an audit plan to benchmark and improve services and patient outcomes were within expected or better than expected ranges compared to other services. There was strong multidisciplinary working between staff in the department and care and treatment was provided to women at all stages of their pregnancy in a timely way. Staff in the department had the skills and competencies to work in all areas and support women with both high and low risk pregnancies. Staff also understood and followed the relevant consent and decision-making requirements of legislation and guidance.
- In surgery, completion of consent forms varied, and patients were not always given enough time to make an informed decision. Discussion and communication around resuscitation decisions was not routinely discussed and competency frameworks were not always used to ensure staff were competent and had the skills they required to carry out their role. This was further impacted by the high numbers of medical outliers on the surgical wards, which staff did not feel competent to care for. Appraisal rates for the department were below the trust's target for all staff groups. However, the effectiveness of treatment was reviewed through local and national audit and outcomes were generally within the expected range when benchmarked nationally. The multidisciplinary team worked together to optimise care and treatment for patients and nutrition, hydration and pain were assessed on admission and managed throughout the patient's stay on the surgical ward.

## West Cornwall Hospital

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

- In urgent and emergency care, information and protocols were displayed in the resuscitation room to support staff. Staff underwent additional training to make sure they had the necessary knowledge and skills to carry out their role. Staff also completed training in the Mental Capacity Act 2005. However, the department did not participate in the Royal College of Emergency Medicine audits and not all staff in the department had received their annual appraisal.
- In medicine, national guidance was used to support the delivery of care and treatment and staff were able to access further advice from specialist nurses if required. Staff supported patients to meet their nutrition and hydration needs and multidisciplinary working on the unit and with staff in the community functioned well. However, nursing care plans were not individualised and lacked detail about how to care for the individual patient's needs. There was no structured clinical supervision for nurses. Mental capacity assessments for patients were not always completed when there was a requirement to do so.
- In surgery, audit was used to review and monitor the effectiveness of care and treatment and collected outcomes were in the expected range when benchmarked nationally. Teams worked together to optimise treatment for patients and staff were competent to provide treatment for patients within the boundaries of their role. Consent was sought in line with national guidance and pain, nutrition and hydration were managed for patients during their stay. However, not all staff had received their annual appraisal.
- In outpatients, care and treatment was based on national guidance and best practice standards. Additional in-house training was provided to staff to ensure they were competent to carry out their role in different speciality clinics. There was effective multidisciplinary working and staff understood the consent and decision-making requirements under the Mental Capacity Act 2005. However, patient outcome data collected from each clinic was not used effectively to identify where improvements to the service could be made.

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## St Michael's Hospital

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

- In medicine, national guidance was used to support the delivery of care and treatment and a small amount of patient outcome data was collected for national comparison. Multidisciplinary working was well established, and staff understood consent and decision-making requirements under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, there was no formal supervision for staff and monitoring of nutrition was not always effective to identify associated health implications.
- In surgery, outcomes were collected and monitored through national audit to identify the effectiveness of care and treatment for patients. Staff worked effectively to optimise treatment for patients and staff had the knowledge and skills to carry out their role competently. Enhanced training was provided to give staff the skills to manage patients who may deteriorate post-operatively. Staff supported patients to improve their health and wellbeing to be in an optimal position for surgery. However, not all staff had received their annual appraisal.
- In outpatients, care and treatment was delivered in line with national guidance. In-house training ensured staff were competent to work across all the different speciality clinics located in the department. There was strong multidisciplinary working across the department. However, compliance against evidence-based guidance was not always audited. No patient outcome data was collected from the various outpatient clinics to identify areas which were working well and areas which required improvements.

## Are services caring?

### Royal Cornwall Hospital

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

- In children and young people's services, children and their parents were treated with kindness and compassion. Children and young people were encouraged to ask questions and take an active role in their care and treatment and be as independent as possible.
- In medicine, staff were supportive and compassionate to patients and those close to them. The provision of emotional support was considered and included during staff handovers.
- In diagnostic imaging, patients were treated with compassion and were actively involved in decision making about their care and treatment. Staff were aware of the emotional impact care and treatment had on individual patients' wellbeing and worked to support patients emotionally.
- In the end of life service, patients were positive about the care and treatment they had received. Counselling and psychological support were accessible for patients and the bereavement service provided supportive and compassionate care. Patients were involved with decision making about their care and treatment, staff supported patients emotionally and understood the impact their diagnosis and care and treatment had on their wellbeing.
- In sexual health services, care was compassionate and empathetic towards patients. Patients were provided with additional emotional support or signposted to the best service to help them. Patients took an active role in making informed choices regarding their care and treatment.
- In critical care, staff took the time to build relationships with patients and were compassionate towards them. Staff worked hard to alleviate patients' fears and anxieties and provided emotional support to patients and those close to them. Patients and their relatives were involved in discussions regarding care and treatment and were kept informed about treatment plans.
- In urgent and emergency care, staff were described as attentive and caring by patients. Staff were compassionate with patients and spoke in a way which both adults and children could understand. This engaged patients and helped

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to relieve their fears and anxieties. The positive relationships between nurses and ambulance staff demonstrated a positive impact on patient anxiety when attending the department. However, patients' privacy and dignity were not always respected, particularly during busy periods. Patients regularly waited for staff to respond to requests or concerns and call bells were sounding for prolonged periods of time in the department.

- In outpatient services, patients were treated with compassion, dignity and respect. We observed positive interactions between patients and staff and patients spoke highly of the care they received. Staff explained information clearly to patients and supported them to make their own decisions. Additional support was provided to patients when staff had to break bad news.
- In maternity, patients were positive about the care and treatment they received from the department and sensitive and compassionate care was provided to patients who experienced miscarriage or still birth. Women spoke positively of the emotional support they received and felt both they and their partners had received good communication from staff on the unit and had been involved with their care.
- In surgery, patients were treated with kindness and respect. The multidisciplinary team interacted positively with patients and emotional support was provided. Staff communicated with patients so they could understand their care and treatment. However, some patients felt the amount of communication and updates they received about their care and treatment could be improved.

## West Cornwall Hospital

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

- In urgent and emergency care, nurses reassured patients when they were upset or distressed and worked hard to reduce patients' anxieties before, during and after treatment. The department had scored better than the England average on the NHS Friends and Family Test between July 2017 and July 2018.
- In medicine, staff interacted with patients in a kind and compassionate way and respected their personal, cultural and religious needs. Staff supported patients emotionally to relieve their anxieties and patients were supported to understand their care and treatment, including the risks and benefits.
- In surgery, people were treated with kindness and respect and patients were positive about the care and treatment they received. Staff interacted positively with patients and provided emotional support when required. Staff made sure they communicated with patients in a way they could understand. However, there was limited capacity for single sex care in the treatment centre recovery area.
- In outpatients, there was a patient-centred culture and patients were treated compassionately. Staff explained information to patients in a way they could understand and gave them opportunities to ask questions and be involved in their care and treatment.

## St Michael's Hospital

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

- Overall, staff remained caring. However, we did not see evidence to demonstrate this was 'above and beyond'.
- In medicine, patients were treated with compassion and emotionally supported by staff. Patients were involved in decision making processes regarding their care and treatment and staff kept patients well informed.
- In surgery, patients were positive about their experiences on the surgical wards and interactions between staff and patients were positive. Staff supported patients emotionally and communicated with patients in a way they could understand.

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- In outpatients, a patient-centred culture ensured patients were treated compassionately and respected. Staff understood the importance of involving patients in their care and treatment, ensured they communicated in ways patients could understand and encouraged them to ask questions.

## Are services responsive?

Royal Cornwall Hospital

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

- In children and young people's services, services had been designed to meet the needs of children and young people. The service reflected the needs of children and young people in the local population and systems and processes ensured each child's individual needs were met.
- In medicine, systems to enable patient flow through the hospital were not always effective due to demand outweighing capacity. Bed management plans had not been fully confirmed despite winter pressures already being evident. Capacity issues in the service were having an impact on the surgical division. However, individual patient need was assessed on admission and there were systems to ensure patients who required additional support received this.
- In diagnostic imaging, patients were given a choice as to where and when they accessed care and treatment. The service met the needs of the individual patients accessing it and those of the local population. Waiting times were well-managed and the clear majority of patients were seen within national standards.
- In end of life care, the service was unable to meet the demands of the local population due to the lack of facilities, space and medical cover. Patients were not always supported to make informed choices about their care. Facilities were not available for patients of different religions and there was no evidence of learning from complaints or how this information was used to improve services. However, systems and processes were followed to determine at what point care and treatment was withdrawn. The service had a good relationship with the local hospice to ensure patients who had identified this as their preferred place of care could access this in a timely way.
- In sexual health, patients were not provided with information about how they could make a complaint. However, complaints received by the services were listened and responded to. Services were personalised to the individual and planned and delivered to meet the needs of the local population. Patients could access treatment in a timely way and they were provided with a choice of locations and times at which they could access care and treatment.
- In critical care, patient admissions to the unit were sometimes delayed due to other services not consistently predicting post-surgery critical care needs for patients. The resolution of the one complaint received by the unit had not met with the trust's timeframes. However, the service was looking to develop to meet the unmet needs of patients. Performance was better than the national average for numbers of non-clinical transfers, and non-delayed out-of-hours discharges from the wards. Patients' individual needs were met, for example patients with sensory loss and patients with complex emotional and mental health problems.
- In urgent and emergency care, the facilities available to the department were not always appropriate for the needs of the service being delivered. Demand frequently impacted on the availability of clinical space to assess and treat patients. Systems to promote patient flow were not always effective and the department consistently failed to meet Department of Health standards for admitting or discharging patients within four hours. During busy periods patients had to wait in the corridor, which did not ensure their comfort or privacy. However, there were pathways to stream patients into primary care services and access to support for adults and children with mental health problems was available. The number of patients leaving the department before being assessed and receiving treatment was better than the England average and complaints were taken seriously, investigated and learning shared with all staff.

# Summary of findings

- In outpatient services, referral to treatment (RTT) was variable and still not meeting national standards. Facilities were not always appropriate for the services which were being delivered. Patient confidentiality was not always maintained, and the number of car parking bays did not meet demand. Patients did not always receive communication about follow up appointments. The trust's plan to run additional clinics to reduce speciality waiting lists was not always possible in practice. However, patients were given a choice about the location they could access care and treatment. There were systems and processes to notify staff if patients required additional support and staff had access to a mental health and learning disability team who could provide additional support and advice if required. The cancer services team had systems and processes to ensure patients were not at risk of breaching cancer waiting times and there had been an increase in the number of clinics to improve patient flow and reduce waiting time into the service.
- In maternity, staff were not familiar with the abduction policy. Learning and actions taken following complaints was not always documented clearly and the investigation process was not compliant with timeframes set out in the trust's policy. However, maternity services delivered reflected the needs of the local population and there were systems to ensure the flow of patients through the department. The service was designed to meet women's individual needs. There were processes to support women with mental health needs and a bereavement suite which could be used by women and their relatives who had experienced a loss.
- In surgery, winter pressures had impacted on the delivery of surgical services meaning a high number of elective patients had been cancelled. There were a high number of patients who had waited longer than 52 weeks for their surgery in some specialities and medical outliers on surgical wards impacted the flow of patients within the hospital. Escalation facilities on Newlyn Unit were not an appropriate environment for patients due to the lack of hygiene facilities and bays were not dementia friendly to support the needs of patients attending the department with dementia. However, changes were being made to the delivery of the orthopaedic service to benefit the local population and staff were aware of understanding patients individual needs to ensure they received personalised care. There were systems and processes to monitor theatre efficiency, despite the still being unused theatre sessions and emergency patients were being seen in line with key performance indicators.

## West Cornwall Hospital

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

- In urgent and emergency care, complaints were investigated thoroughly, and lessons were shared with staff. Patients had access to mental health services and additional information and support to ensure their individual needs were met. However, the emergency department's facilities were not always appropriate to deliver the care and treatment required to patients.
- In medicine, services were planned and delivered to meet the needs of the local population and patients could access the service when they needed it. Discharge planning was timely and waiting times to admit, treat and discharge patients were in line with national averages. However, some patients remained in hospital even when they were medically fit for discharge due to internal and external factors impacting on their timely discharge.
- In surgery, care was individualised and responsive to patients' needs. Patients had their needs assess and planned for as part of the pre-operative assessment stage. Services were accessible and coordinated to account for the needs of individuals. The average length of stay for patients in the department was lower compared to the England average. However, there were a high number of patients waiting 52 weeks or longer for urology surgery and complaints were not always responded to in a timely way.
- In outpatients, the service reflected the needs of the local population and brought care closer to home for patients. Individual patient need was met, and alternative arrangements were made if required. The 'did not attend' rate was better than the England average for the department.

# Summary of findings

## St Michael's Hospital

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

- In medicine, services met the rehabilitation needs of the local population. Access to the service was timely and the majority of waiting times for treatment and discharge were in line with good practice. However, some medically fit patients had their discharge delayed due to waits for suitable accommodation.
- In surgery, individualised care and treatment was provided for patients. This was assessed and planned as part of the pre-operative assessment. Services were accessible to meet the needs of individual patients and those in vulnerable circumstances. Action had been taken to improve patient access to services and changes to the infrastructure of St Michael's Hospital were being made to support this. There were good processes for monitoring theatre efficiency. However, patients did not always have access to care and treatment in a timely way. This was due to patients waiting 52 weeks or longer for their surgery in trauma and orthopaedics.
- In outpatients, the service provided brought care closer to patients in their community. Reasonable adjustments were made to meet the individual needs of patients attending outpatient clinics and the 'did not attend' rate was better than the England average.

## Are services well-led?

### Royal Cornwall Hospital

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

- In children and young people's services, leaders had the skills and experience to carry out their role. Risks within the service were understood and managed and the governance and culture were used to drive and improve the delivery of high quality care. There was a high level of staff satisfaction due to them being well respected and valued members of the team.
- In medicine, leadership from ward to board was not always evident. There had been much change with board leadership and staff were tired of the instability. Staff felt their pride in the work they carried out was undermined by the higher-level management instability. Staff and managers did not feel empowered to make changes and did not feel listened to by the board. There was no clear direction for staff to enable them to effectively manage patients with mental health problems. However, leadership at ward and unit level was mostly strong and staff were familiar with the local vision and strategy. Assurance systems ensured services were monitored to enable improvements to be made to services. Realtime data was available around performance, safety and quality to identify risk and areas requiring service improvement.
- In diagnostic imaging, leadership was inclusive and effective at all levels. The service was committed to system-wide collaboration, and the strategy and objectives, while challenging, were achievable. Staff were proud to work for the organisation and there was a positive working culture. There was a common focus on improving the quality and sustainability of care and people's experiences. Leaders strived to deliver and motivate staff. Performance was regularly reviewed and there was continual learning to ensure staff had the skills to use systems and processes effectively.
- In end of life services, the leadership was not adequate to support staff to care for patients in the last year of their life. The mortuary services lacked investment and we were not assured there was sufficient oversight or management of the issues faced by the department. The end of life risk register did not provide assurance that risks were being managed and mitigated and there was no systematic programme of audit to monitor quality safety or performance of



# Summary of findings

the service and to identify areas which required improvements. There was also little engagement with the public to gain feedback to drive service improvement. However, staff felt the leadership was visible and that leaders worked collaboratively with them. Staff were encouraged to develop their skills and the specialist palliative end of life care team were highly regarded among staff for their support and guidance.

- In sexual health, the leadership ensured the delivery of high quality care and treatment and there were clear responsibilities, roles and systems of accountability which supported good governance and management. Risk was effectively identified and managed, and staff felt respected and valued. Patients, staff and external partners were engaged and involved to improve the quality of the service provided.
- In critical care, not all risks affecting the delivery of safe care were identified, monitored and managed effectively. However, the leadership team was held in high regard by the staff and divisional management. Leaders were visible and had the knowledge and skills to lead the service. There were effective governance structures to support the delivery of good quality, sustainable services and reliable pathways to escalate concerns and to provide accountability for performance. Leaders understood the challenges to quality in the service and identified actions to address these. A programme of audit helped leaders to manage performance of the service. The culture centred on the needs of patients and staff wellbeing was highly prioritised. Feedback from patients was encouraged to drive service improvements.
- In urgent and emergency care, leaders understood the challenges to quality and sustainability within the department and were enthusiastic and energetic about the actions identified to address them. Staff felt the addition of two new members of staff and a regular governance meeting had improved the culture of the department and staff were motivated to play their role in the governance of the unit. There was a culture of strong support from senior doctors in the department. The governance structure ensured accountability for the safe delivery of the service and there was oversight and management of risk within the department. The department worked well to encourage learning, continuous improvement and innovation through quality improvement projects.
- In outpatient services, not all leaders had the skills, knowledge, experience and integrity they needed to lead their departments. There was a variable level of understanding of both the acute processes for governance and how they integrated into the wider health economy. Staff were not engaged with the governance of the service. Some nursing staff spoke unfavourably of senior leadership and their style of management and a culture of intimidation and fear remained in several outpatient departments. Leaders were not always visible and approachable, and some staff felt disengaged from the board and felt they had to manage issues alone. However, there was improved oversight and management of risks to patients. Some teams worked collaboratively, resolved conflicts quickly and constructively and shared responsibility to deliver good quality of care. There was an improving governance framework to support the delivery of quality patient care and there were procedures to maintain clinical governance and risk management. Governance procedures to monitor waiting lists, waiting times, frequency of cancelled clinics and RTT timelines for patients were improving but still had room to progress. The outpatient transformation programme had been re-started to better address the challenges faced by the departments.
- In maternity, the impact of changes across the senior leadership team were being felt and not all staff felt leaders were effective. There were mixed reports regarding the culture in the department with regards to communication and leadership styles. Governance processes also needed to be embedded within the department to ensure a safe and high-quality service was delivered. However, improvements had been made to how risks were identified, monitored and managed and senior staff demonstrated they had the knowledge, skill and experience to carry out their role. Leaders of the department felt supported by the trust board and this was demonstrated by an agreement at board level to increase the numbers of governance and risk-related midwifery posts. A recently introduced 'improve well' smartphone application had been introduced to the department to enable staff to put forwards ideas for service improvement.



# Summary of findings

- In surgery, governance processes were still in the early stages and needed to embed. There was no focus on sepsis as part of surgical governance. Management and oversight of the risk register was unclear and did not provide assurance around effective risk management. There was a gap in medical leadership due to longstanding clinical director vacancies. However, leaders for the surgical department were clear about divisional priorities and were committed to ensuring sustainable improvements were made. Staff were proud to work for the trust and felt engaged and involved with surgical governance appropriate to their level and role.

## West Cornwall Hospital

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

- In urgent and emergency care, leadership of the services was strong, and the risks, quality and sustainability of the service were understood. There were supportive relationships between staff and an open and transparent approach when things went wrong.
- In medicine, the leadership team had the skills and qualifications to carry out their role effectively. There was a positive culture where staff felt valued and supported and the staff were aware of the trust's vision. A systematic approach to governance was used to improve the quality of services and develop standards of care where required. The department liaised well with patients, staff, the public and local organisations to provide a streamlined and well-managed service for patients. There was a drive to improve the service by learning from when things went wrong, and the service was due to trial a new initiative to help improve delayed transfers of care.
- In surgery, leaders were clear about the priorities for the division and the need to ensure sustainable improvements. Staff felt supported by leaders and there was a positive culture within the service. However, it was unclear whether leaders had the capacity and capability to deliver and drive high quality care. Management posts continued to be covered on an interim basis and staff felt senior leaders were not visible. Staff did not feel engaged or involved with the developments within the service. Management and oversight of risk was unclear and reporting of incidents and management of risk relating to post-operative consultant cover needed improving.
- In outpatients, the governance framework ensured the delivery of good quality care and there were processes to identify and manage risks effectively. Staff spoke highly of the culture and the team. However, staff felt there was a lack of integration between the department and the outpatient department at the main Royal Cornwall Hospital site.

## St Michael's Hospital

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

- In medicine, staff were supported to carry out their role and felt supported by their managers. Managers were capable of leading the service and had recognised accreditations and qualifications to ensure their competence in their leadership role. Governance processes were used to improve the quality of services and risks to the service were managed appropriately. The unit was involved in trust-wide working groups to develop a strategy for patients with spinal injuries and were proud of how proactive they were to improve services.
- In surgery, leaders were visible and approachable and had the capacity and capability to deliver high quality care. Leaders were clear about the future priorities and the development of surgical services at St Michael's Hospital. Quality and performance was monitored to identify areas for improvement. Staff felt engaged with the governance of the surgical division at an appropriate level for their role. However, the oversight and management of risk within the service was unclear.

# Summary of findings

- In outpatients, systems and processes to identify and manage risk were understood and there was a programme of audit to monitor quality and compliance with systems and processes in the department. Staff spoke highly of their local manager and felt there was a positive working culture in the department. However, there was a lack of oversight of safety, quality and performance from senior managers. Some staff felt they worked in silo at the hospital with limited involvement with the wider organisation.

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## Ratings tables

The ratings tables in our full report show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also considered factors including the relative size of services, and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice:

Royal Cornwall Hospital – Urgent and emergency care, Critical care and Diagnostic imaging

West Cornwall Hospital – Medicine

St Michael's Hospital – Surgery

Community services – Sexual health

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

## Areas for improvement

We found areas for improvement including 47 breaches of legal requirements the trust must put right. We found 117 things 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 seven requirement notices to the trust. This meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of nine legal requirements at a trust-wide level and 38 across 10 core services at three locations

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

## What happens next

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

## Outstanding practice

Sexual Health

# Summary of findings

- The service had developed and implemented a dedicated quality assurance programme for microscopy for the clinical staff. This had been recommended by the British Association for Sexual Health and HIV for other services to follow.
- The service received recognition in July 2018 for achieving first place nationally in an audit of the delivery of emergency contraception. Data included in the sexual and reproductive health profiles produced by Public Health England showed the service provided double the national average of long-acting reversible contraceptives (LARC). These are methods of birth control that provide effective contraception for an extended period without requiring user action. They include injections, intrauterine devices (IUDs) and subdermal contraceptive implants.

## Diagnostic imaging

### Royal Cornwall Hospital

- There was an innovative solid waste management and recording system in the nuclear medicine department, designed by one of the medical physics experts. The same physicist had designed a bespoke system to check for radioactive contamination of staff hands. This was automated and ran individual staff reports.
- The radiologists' daily huddle attended by all the consultant radiologists, including radiologists in training, would not be unusual on wards or in operating theatres, but within radiology it was very unusual. The radiologists considered it an important part of their working day, which did not occur in other imaging departments they had worked in.
- The monthly clinical audit meeting was well run and inclusive. Progress and actions emerging from audits were minuted and shared. While this practice was not necessarily unusual in other areas of healthcare, the multidisciplinary nature of the meeting and the learning and service improvement that arose from the audits was commendable.
- The local induction packs for each clinical area and for the administrative team were superbly put together, providing structure and detailed training in all areas, along with competence assessments.
- Children were well supported in the MRI scanning area. There was a play specialist, a play scanner, and an electronic tablet that allowed children to hear the noises the scanner would make and to play music.

## Critical Care

### Royal Cornwall Hospital

- The risk of patients dying was lower (better) than average. Hospitals submit data to compare the actual number of patient deaths with the expected number of patient deaths, based on risks that are predicted at the time of admission. This calculates a score known as the risk adjusted acute hospital mortality ratio. For Royal Cornwall Hospital critical care service, this score was two standard deviations lower (better) than the national average for all units nationwide.
- The team showed extraordinary commitment to fundraising for the unit. Staff had worked together to raise over £24,000 in 70 days.

## Surgery

### St Michael's Hospital

- The enhanced recovery after surgery programme at St Michael's Hospital was delivered through a seamless multidisciplinary framework. Therapy, nursing and medical staff worked together to improve outcomes for patients.

# Summary of findings

Data showed a 7% increase in patients mobilising on the day of their surgery when compared with the previous year. We observed the multidisciplinary team working together to support, educate and empower patients to improve their recovery. The team at St Michael's Hospital worked together to continually review and find ways to improve patient outcomes.

## Medicine

### West Cornwall Hospital

- To celebrate National Dementia Day, staff had arranged a dinner for dementia inpatients, their relatives and carers on the ward. This was at no cost to the patients or relatives.

## Urgent and Emergency Care

### Royal Cornwall Hospital

- Allied healthcare professionals in the Acute Early Intervention Team had a positive impact on patient admissions and reduced length of stay due to interventions at the front door.
- A same day emergency care unit had streamed patients away from the emergency department, improving capacity within the service.

## Areas for improvement

### Action the trust MUST take to improve:

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

#### Overall trust (well-led)

- Introduce a structured and supportive board development programme that enables the board to operate effectively.
- Ensure there is coherent organisational strategy document that clearly outlines how the trust's vision will be achieved, including timelines, resource implications and a financial plan. This must be used as the overarching strategy for the organisation to which other strategies are aligned.
- Accurately record discussion, debate, decisions and actions from board meetings and sub-board committees in comprehensive and structured minutes.
- Urgently introduce a strong governance framework that clearly links 'the board to the ward'. This needs to be clear to staff so risks, concerns and other issues can be easily escalated, and the board can understand where areas need their attention. The board must be confident they are receiving adequate assurances through the governance systems.
- Strengthen the information received by the board in relation to the quality and safety of the service. Data must be presented for the whole organisation, be clear and easy-to-use, and provide a holistic and integrated trust-wide position of key performance measures, actions and key responsibilities for delivery.
- Improve processes for complaint handling to ensure complaints are managed within required timescales and to a consistently good standard.
- Strengthen the board's oversight of audit, and ensure audits are used for assurance and to identify areas requiring improvement.
- Urgently review how the Patient Administration System will be supported beyond the contract end date and subsequently replaced.

# Summary of findings

- Improve compliance with mandatory training across the trust.

## Urgent and emergency care

### Royal Cornwall Hospital

- Make sure medical and nursing staff have time to complete mandatory training and safeguarding training.
- Ensure risk assessments are completed to keep patients safe. This includes the safety checklist.
- Make sure the mental health assessment room meets the quality standards described by the Psychiatric Liaison Accreditation Network 2007.
- Ensure patients attending the emergency department do not wait longer than 15 minutes for initial assessment or one hour for their treatment to begin.
- Ensure patients are admitted, transferred or discharged within four hours of arriving in the emergency department.

## Medicine

### Royal Cornwall Hospital

- Ensure the winter plan for 2018 is in place and suitable to meet patients' needs.
- Ensure all patients admitted to the wards have access to the equipment they need and are managed with privacy and dignity.
- Ensure staff receive appropriate support and training improve compliance with mandatory and safeguarding training.
- Ensure all emergency equipment checks are completed daily in line with national guidance.
- Ensure there are sufficient staff with the right skills experience and competencies to meet all patients' needs.
- Ensure the consistent safe monitoring of a deteriorating patient, including sepsis management. Electronic recording must be suitable for purpose and not place patients at risk.

### West Cornwall Hospital

- Ensure staff receive appropriate support and training improve compliance with mandatory and safeguarding training.
- Administer medicines in accordance with the trust policy and national standards.

### St Michael's Hospital

- Ensure staff receive appropriate support and training improve compliance with mandatory and safeguarding training.

## Surgery

### Royal Cornwall Hospital

- Ensure the nursing workforce is well established and sustainable, without the need to mitigate with the high use of agency.
- Formalise competency assessments to ensure surgical staff are skilled and competent in their area of work. This is required on an ongoing basis and not just at the time of induction, to include substantive staff and agency staff.
- Consider how nursing staff are competent to care for and treat medical outliers on surgical wards.
- Ensure patients are provided with sufficient time and information to make an informed decision about their surgery. Surgical consent forms, where possible, should be completed prior to the day of surgery, and re-signed on the day of surgery by a healthcare professional to confirm the consent.

# Summary of findings

## West Cornwall Hospital

- Ensure syringes containing medicines or other substances used in ophthalmology theatres are clearly labelled.
- Ensure there is consistent consultant input and advice for patients who deteriorate post-operatively and that all patients are reviewed medically following surgery.

## Outpatients

### Royal Cornwall Hospital

- Take immediate steps to ensure patients awaiting wet age related macular degeneration ophthalmology procedures and glaucoma service are appropriately risk assessed.
- Take immediate steps to ensure patients waiting follow-up appointments in cardiology and dermatology are appropriately risk assessed.
- Take immediate steps to address the infection prevention and control issues in cardiology, the sunrise centre and ophthalmology.
- Ensure the cardiology office for specialist nurses is fit for purpose.
- Ensure staff are trained in children's safeguarding level three.

### West Cornwall Hospital

- Make sure patient records are stored securely behind locked doors after the outpatient department has closed for the evening.

## Children and Young People

### Royal Cornwall Hospital

- Ensure staff are up-to-date with mandatory and safeguarding training.
- Make sure there is formal documentation of risk assessment and decision-making processes for children and young people with mental health needs.

## Critical Care

### Royal Cornwall Hospital

- Ensure leaders of the service have access to accurate data regarding mandatory training compliance and that staff remain up-to-date with training.
- Ensure medical equipment is regularly maintained and serviced and included on the risk register.

## End of Life

### Royal Cornwall Hospital

- Improve and formalise the processes for identifying all patients at the end of life, not just in the last phases of life, and ensure advanced care planning takes place for these patients.
- Address the post mortem room environment ensuring it meets Human Tissue Authority standards.
- Monitor all mortuary fridge temperatures and connect them to a central alarm system to alert if temperatures fall out of a safe range.
- Employ methods to reliably improve the completion of treatment escalation plans.

# Summary of findings

- Review risk registers to ensure they match service level risk and act to address and mitigate those risks identified.
- Address the issue of consultant staffing levels to ensure they meet demand.

## Maternity

- Ensure all equipment checks are documented and completed as required.
- Make sure any damaged shower, birth pool or infant feeding equipment is replaced or repaired to prevent infection risks.
- Ensure all risk assessments are completed in full and actioned in a timely manner.
- Make sure the emergency birth pool evacuation processes in the community are appropriate and understood by all staff.
- Ensure learning from incidents is shared and that learning and actions from perinatal mortality and morbidity reviews are documented to evidence challenge, debate, discussion and attendance.

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

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

## Overall trust (well-led)

- Seek to stabilise the board through permanent appointments, especially to the roles of Chief Executive and Chair.
- Continue with the review and reduction of the Medical Director's and Chief Nurse's portfolios to allow them to focus on the leadership of these groups.
- Provide training and/or other developmental opportunities for all leaders and managers in the trust so they can perform their roles effectively.
- Clearly articulate the trust's vision in a written statement that can be understood by everyone in the organisation and who uses, or may use, services provided by the trust.
- Continue to develop and embed the positive culture that was starting to emerge.
- Improve the communication and engagement with operational staff as part of organisational change programmes.
- Continue to deliver clear messages and training about duty of candour to staff to ensure continued compliance with this regulatory requirement.
- Review the relationship arrangements between the Director of Finance and the Chair of the Finance Committee.
- Consider how roles and responsibilities can be made clearer where similar teams are undertaking similar work, for example the Programme Management Office, transformation and service improvement teams.
- Improve engagement and relationships with staff side representatives.
- Strengthen how the trust looks at areas for improvement to ensure a wider view is taken.

## Urgent and Emergency care

### Royal Cornwall Hospital

- Perform additional cleaning in the resuscitation room to ensure cleanliness and infection control standards are met.
- Allow more time for staff to complete their appraisals.



# Summary of findings

- Improve staff awareness of the Mental Capacity Act 2005 and relevant consent and decision-making requirements of this legislation.
- Improve privacy and dignity for patients in the rapid assessment and treatment area and in the corridor.

## Medicine

### Royal Cornwall Hospital

- Continue to recruit to consultant vacancies in the medical and specialities care group should to meet patient demand.
- Continue to implement and monitor the recommendations made following clinical reviews of cardiology and stroke services.
- Include psychological reviews in all ward reviews.
- Review clinical guidelines on the trust intranet to ensure they are all current and reflect the most up-to-date national guidance.
- Review Deprivation of Liberty Safeguards documentation to make sure it is fully completed.
- Review training and competency for medical and nursing staff in undertaking mental capacity assessments.
- Patients should not be moved at night in line with the trusts own policy.
- Answer call bells promptly.
- Make sure cleaning staff are aware of the scope of their role and undertake all the tasks allocated to them.
- Provide staff with feedback from patients' comments and use these to develop services and celebrate success.

### West Cornwall Hospital

- Establish structured and documented clinical supervision for nursing staff.
- Provide regular staff appraisals in accordance with trust policy.
- Complete and record risk assessments correctly.
- Include more detail in and enable personalisation of care plans to meet patients' care needs.
- Complete nursing monitoring documents to measure effectiveness of care and treatment.
- Assess and use pressure relieving equipment correctly to ensure patient safety.
- Complete and file Deprivation of Liberty Safeguards orders correctly.

### St Michael's Hospital

- Establish structured and documented clinical supervision for nursing staff.
- Make sure staff receive an annual appraisal.
- Replace the carpet in the dayroom and dining room with suitable floor covering.
- Properly maintain the assisted bathrooms to correct the issues identified.
- Include more detail in and enable personalisation of care plans to meet patients' care needs.
- Complete nursing monitoring documents to measure effectiveness of care and treatment.

# Summary of findings

- Provide the unit with a proper pharmaceutical waste bin.

## Surgery

### Royal Cornwall Hospital

- Continue to review how to meet referral to treatment time targets across all specialties and reduce the number of patients who wait for over 52 weeks for their surgery.
- Improve training compliance where it is not meeting trust targets. Particularly, manual handling and safeguarding children and adults level two.
- Review the red tag policy in theatres and how this is impacting on infection prevention control.
- Review the environment in Trelawny theatres 10 and 11 and consider the wear and tear of the theatre floors and how this causes a risk to infection control.
- Make sure the expiry of equipment servicing is clear and accurate.
- Consider formalising a process to risk stratify patients receiving surgery, in line with best practice.
- Continue to embed the World Health Organisation surgical safety checklist and ensure the full team are present.
- Proactively consent patients as part of their treatment escalation plan and resuscitation decisions within the surgical division.
- Remind surgeons of their responsibility to complete the preoperative checklist (within the perioperative documentation pack) before the patient leaves the ward to go to theatre. This will confirm the consent form has been checked against the operation list and case notes, the consent form is signed, the patient is marked correctly for their operation, VTE prophylaxis and compression stockings are considered, and blood cross matching considered.
- Improve appraisal rates for all staff groups.
- Communicate with patients regularly and ensure they are updated on what is happening with their care and treatment and their test results.
- Review the appropriateness of the environment on the Newlyn unit for use as an inpatient area at times of escalation and how this meets people's individual needs.
- Consider how to adapt environments to make them more dementia friendly.
- Respond to complaints in a timely manner and in line with trust targets.
- Review the management and oversight of the risk register. Ensure risks are current and clearly recorded so risks can be managed effectively.
- Consider how to focus on sepsis as part of surgical governance to be able to better report on performance and enable learning.

### West Cornwall Hospital

- Review the packaging of equipment from the sterilising department to ensure it is protected from damage when transported to and stored at West Cornwall Hospital.
- Review how single sex care is provided safely in the treatment room recovery.
- Make sure the surgery side/site is clearly recorded in full in theatres.
- Review the system for monitoring single use consumable items to ensure stock is within its expiry date.

# Summary of findings

- Improve appraisal rates for surgery service for all staff groups.
- Review communication with staff relating to performance information, leadership and development of the service.
- Review what should be reported as an incident, particularly in relation to post-operative care and the deteriorating patients.
- Respond to complaints in a timely manner and in line with trust targets.
- Review the management and oversight of the risk register. Ensure risks are current and clearly recorded so risks can be managed effectively.

## St Michael's Hospital

- Improve training compliance where it is not meeting trust targets. Particularly, manual handling and safeguarding children and adults level two.
- Review the system for monitoring single use consumable items to ensure stock is within its expiry date.
- Improve appraisal rates for all staff groups.
- Review the process for monitoring resuscitation equipment on St Joseph's ward, to minimise gaps in daily checks.
- Respond to complaints in a timely manner and in line with trust targets.
- Review the management and oversight of the risk register. Ensure risks are current and clearly recorded so risks can be managed effectively.

## Outpatients

### Royal Cornwall Hospital

- Take further steps to improve the culture within the hospital departments where bullying and harassment are present.
- Improve access facilities within outpatient waiting areas for wheelchair users when clinics are busy.
- Improve the engagement of both staff and the public.
- Improve the procedures used to monitor waiting lists, waiting times and the frequency of cancelled clinics for avoidable reasons.
- Improve the mandatory training compliance of manual handling across the trust sites.
- Ensure the backlog of oncology letters are completed in a timely manner.

### West Cornwall Hospital

- Make sure issues which pose a risk to patient confidentiality are held on the risk register.
- Review the storage of medical records at night to ensure patient confidentiality is maintained.
- Make sure electrical testing is up to date.
- Make sure there is oversight across all waiting areas in the event a patient deteriorates and needs assistance.
- Put in place clear systems and processes for tracing FP10s (prescriptions).
- Establish a system which effectively utilises data collection about patient outcomes from individual clinics to identify areas for service improvement.

# Summary of findings

- Make sure the department becomes more integrated with the wider hospital trust.

## St Michael's Hospital

- Establish a system to collect patient data from individual clinics to identify areas for service improvement.
- Monitor compliance against best practice guidance to optimise care and treatment for patients.
- Establish clear systems and processes for tracing missing FP10s (prescriptions).
- Make sure there is adequate oversight and discussion regarding quality, safety and performance issues at the monthly governance meeting.
- Make sure the department becomes more integrated with the wider hospital trust.

## Sexual Health

- Provide patients with full information on how to make a complaint.
- Put systems in place to reduce the need for patients to attend more than one clinic for their care and treatment.
- Complete nursing and medical records in full to provide detailed information regarding the patient's care and treatment.
- Give access to staff to supplies of single use equipment when required.
- Put systems in place for cleaning the spillage of bodily fluid and disposing of urine in the department.

## Children and Young People

### Royal Cornwall Hospital

- Consider providing additional training in mental health for staff to manage children and young people with complex mental health conditions.

## Diagnostic imaging

### Royal Cornwall Hospital

- Update the estate and equipment so it is suitable for patient care.

## Critical Care

### Royal Cornwall Hospital

- Risk assess the use of bed rails for every patient.
- Make information regarding treatment escalation plan readily accessible and clearly detailed.
- Provide occupational therapist and psychologist assessments and strategies for patients suffering from delirium, in accordance with guidance from the Faculty of Intensive Care Medicine.
- Involve dietitians in the assessment and management of patients who require enteral and parenteral feeding, in accordance with trust policy.
- Use patient diaries consistently.
- Provide patients with an individualised, structured rehabilitation programme, developed by members of a multidisciplinary team when they are discharged.
- Make sure all nursing staff have an annual performance review.

# Summary of findings

- Respond to complaints within the agreed timescales.
- Predict the post-surgery morbidity risk of patients and plan for their critical care needs.
- Continue to reduce the delays to patient discharges.
- Develop local safety standards for invasive procedures.
- Log equipment training dates on the electronic database.
- Provide a nursing care plan for patients with mental health needs, learning disabilities or dementia.
- Regularly audit compliance with the World Health Organisation safety checklist.
- Introduce a practice nurse educator.

## End of Life

### Royal Cornwall Hospital

- Review viewing room facilities in the mortuary and the access for disabled persons.
- Consider options to implement action plans that address the issues raised by audits.
- Consider improving the end of life care documentation to better meet the requirements of national guidance.
- Expedite a formal arrangement for the use of consultants not employed by the trust to mitigate the risks caused by their employment outside the provider.
- Explore ways of delivering advanced care planning training to staff.
- Consider ways to improve facilities for those of different faiths within the mortuary environment.

## 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 inadequate because:

- The board was relatively new and included several interim positions and executive directors in their first posts. While the general functioning of the board appeared to have improved, there was still a risk to the stability of the group with an interim Chief Executive and an acting Chair.
- Board development needed a renewed focus. The board development programme had been limited and had mainly focused on relationship building, rather than a broader range of activities that enabled the board to perform effectively.
- The leadership structures below the board needed strengthening. Divisional leadership capability and capacity varied across the trust, and the hierarchies within the division meant the board was separated by several management layers from the ward in a lot of cases. This had been recognised by the trust and an interim structure was introduced during our inspection. A consultation was launching alongside this with a view to move to seven care groups with a competency-based assessment process to appoint the care group leaders.

# Summary of findings

- Although members of the board were able to talk easily about the trust's vision, this was not understood by all staff we spoke with and was not clearly documented in a vision statement. There were very limited workable plans to explain how the vision would be achieved, including no clear organisational strategy. Some strategies did exist, but without an overarching organisational strategy for these to align to there was no clear support of these from the board. This had been recognised by the trust and two new positions had been created and appointed to: a Director of Strategy and Performance, and a Head of Strategy.
- The trust did not use a systematic approach to continually improve the quality of its services. It did not always safeguard high standards of care by creating an environment in which excellence in clinical care would flourish. Governance structures and processes remained disjointed and disconnected, which had resulted in the board not receiving adequate assurances that services were safe, effective and responsive. Steps were being taken to improve governance processes across the trust, including the appointment of a Director of Integrated Governance, but the impact of these changes were yet to be seen. Good governance was not understood across the trust.
- The trust did not have effective systems for identifying, removing or reducing risks. Processes for recording and managing risks locally were generally understood by staff, but there was limited understanding of how (or resistance) to escalate significant risks to the board. We were given examples of risks being raised within the division but no action being taken. These risks were not escalated to the board, despite the significant impact they were having on staff and patient safety and welfare, and compliance with regulations. Risks that were raised to the board did not always have clear actions in place to mitigate or remove the risk. For example, the trust's outdated patient administration system needed to be replaced and the contract was due to expire soon, yet there was no clear action being taken to manage this.
- The trust's Cost Improvement Programme (CIP) was focused on existing business activity rather than transformational change. There was a risk short-term gains could impact on the longer-term position of the trust or cause other unintended consequences. Only about 40% of the trust's overall CIP target was forecast to be delivered on a recurrent basis, which meant the cost pressures in 2019/20 would be greater. The board had not recognised the amount of savings being created by vacancies being held, and it was apparent there had been no impact assessments submitted to ensure any risks associated with the vacancies were understood and managed.
- Although the trust collected, analysed and managed information to support its activities, this was not always done well or presented in a coherent, easy-to-use way. The trust used 92 electronic systems, many which did not communicate with each other and made central reporting challenging. The integrated performance report was a selection of independent reports and lacked associated performance indicators, actions and key responsibilities.
- Action to improve services following feedback was sometimes limited to a single area where wider application would have a more significant impact.

However:

- Staff talked positively about the new executive team and held them in high regard. We heard many positive comments about the interim Chief Executive, Medical Director and Chief Nurse, and there was a clear message that staff hoped they would bring the stability required at board level. It was still early days, though, and staff were cautious about further changes to the board destabilising this position as had happened in the past.
- The trust promoted a positive culture that supported and valued staff, and the impact of this was starting to be seen. But, it was still too early in the trust's improvement programme for this to be consistently demonstrated and embedded across the trust. Duty of candour processes had been strengthened and staff had a better understanding of their responsibilities.
- There were improved relationships with partners across the health and social care system, but insufficient time had passed to assess how these would impact on joint working strategies.

# Summary of findings

- The trust engaged with patients, staff, the public and local organisations to plan and manage services, and collaborated with partner organisations. There were some good examples of this working well, and other areas that needed strengthening. The trust's patient and family experience team were an extremely positive group and were leading some excellent work to improve the experiences of those using the trust. In addition, the trust's 500-strong team of volunteers assisted with patient engagement and experience, receiving exceptionally positive feedback. But, there was poor engagement from the board with staff side and the consultant forum had stopped.

## Use of resources

The trust was rated as requires improvement for use of resources.

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at .



## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↑ Dec 2018	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↑ Dec 2018	Inadequate ↔ Dec 2018	Requires improvement ↑ Dec 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.

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal Cornwall Hospital	Requires improvement ↑ Dec 2018	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↑ Dec 2018	Requires improvement ↔ Dec 2018	Requires improvement ↑ Dec 2018
West Cornwall Hospital	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018
St Michael's Hospital	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↓ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018
<b>Overall trust</b>	Requires improvement ↑ Dec 2018	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↑ Dec 2018	Requires improvement ↑ Dec 2018	Requires improvement ↑ Dec 2018

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

## Ratings for Royal Cornwall Hospital

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

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Dec 2018	Good Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018
Medical care (including older people's care)	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018
Surgery	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↓ Dec 2018	Requires improvement ↓ Dec 2018
Outpatients	Good Dec 2018	N/A	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018
<b>Overall*</b>	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 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 St Michael's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018
Surgery	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↓ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018
Outpatients	Good Dec 2018	N/A	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018
<b>Overall*</b>	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↓ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 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
Sexual health services	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018
<b>Overall*</b>	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 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.

# St Michael's Hospital

Trelissick Road  
Hayle  
Cornwall  
TR27 4JA  
Tel: 01579335210  
[www.cornwallandislesofscilly.nhs.uk](http://www.cornwallandislesofscilly.nhs.uk)

## Key facts and figures

The Royal Cornwall Hospitals NHS Trust is the principal provider of acute care services in the county of Cornwall. The trust serves a population of around 500,000 people, a figure that can be doubled by holiday makers during the busiest times of year.

St Michael's Hospital is located in Hayle and is one of the three acute hospital locations run by Royal Cornwall Hospital NHS Trust (the others being The Royal Cornwall Hospital, Truro and West Cornwall Hospital, Penzance). St Michael's Hospital provides surgical inpatient care and treatment for patients requiring orthopaedic and breast surgery. The hospital also provides diagnostic and therapy services and a wide range of outpatient clinics including ear, nose and throat (ENT), urology, orthopaedics and audiology. There are X-ray services onsite.

We inspected surgery, medicine, and outpatient services as part of this inspection. We visited St Michaels Hospital on 4 to 6 September 2018.

## Summary of services at St Michael's Hospital

**Good** ● → ←

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

- Medicine was rated as good. Safe, effective, caring, responsive and well led were all rated as good.
- Surgery remained good overall. Safe stayed the same since our last inspection and was rated good. Effective stayed the same and was rated good. Caring went down and was rated as good. Responsive and well led stayed the same since our last inspection and were rated good.
- Outpatients was rated good overall. Safe, caring, responsive and well-led were rated good. Effective was not rated.

# Medical care (including older people's care)

Good 

## Key facts and figures

The medical care service at Royal Cornwall Hospitals NHS Trust provides care and treatment for seven specialties. St Michael's hospital is in Hayle and Marie Therese House is situated in the grounds. It provides 12 specialist inpatient rehabilitation beds for adult patients suffering from neurological disorders such as acquired brain injury, brain tumours, Multiple Sclerosis and Motor Neuron disease.

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

During the inspection, we visited the unit and spoke with six patients and two relatives. We spoke with seven members of staff of various seniorities including the consultant, ward manager, nurses, healthcare assistants and allied health care professionals. We observed interactions between staff and patients. We reviewed four sets of patient records.

## Summary of this service

We rated safe as good because:

- Patients were protected from abuse and avoidable harm. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service monitored infection risks and took appropriate action to prevent cross infection. The environment, equipment and the premises were seen to be clean and well monitored.
- Medicines were managed safely. The service prescribed, administered, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. Stock rotation was not consistently well managed.

However:

- Medical and nursing staff had not completed mandatory training as required in trust policy. The 95% target was not met by nursing staff for 11 mandatory training areas set by the trust.
- The service had suitable premises and equipment, but they did not appear to be maintained effectively and there was a lack of storage for equipment.
- Staff did not always keep appropriate records of patients' care and treatment. Records were not always clear, up-to-date and available to all staff providing care. Trust nursing care plans were too generic, not personalised and lacked detail of how to care for patients.

## Is the service safe?

Good 

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# Medical care (including older people's care)

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## Is the service effective?

**Good** ●

We rated effective as good because:

- National guidance was used to deliver care and treatment to patients. This meant that Policies and guidelines had been developed in line with national policy including the National Institute for Health and Care Excellence (NICE) guidelines.
- Staff supported patients with nutrition and hydration to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff worked with health professionals across all areas to ensure continuity of care to patients. The unit had well established multidisciplinary working practices.
- Staff understood consent and decision-making requirements under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and followed the policies in place for recording of all decisions made.
- Some limited patient outcome data was collected for national comparison.

However:

- Managers but did not always hold supervision meetings with staff to provide support and monitor the effectiveness of the service.
- The monitoring of nutrition was not always effective. Fluid balance charts for several patients had not been completed correctly. This meant that it may not be possible to identified when patients had not had sufficient food and drink and so were not effective to identify any associated health implications.

## Is the service caring?

**Good** ●

We rated caring as good because:

# Medical care (including older people's care)

- Staff cared for patients with compassion and dignity. Feedback from patients confirmed that staff treated them well and with kindness.
- All staff provided emotional support to patients to minimise any distress.
- Staff involved patients and those close to them in decisions about their care and rehabilitation programme. Patients felt involved and included in their own care.
- Staff met with the patient and their families on a regular basis to discuss progress and discharge arrangements.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- The unit planned and provided services in a way that met the needs of local people who required rehabilitation. Appropriate arrangements were made to take account of individual needs of people being discharged who had complex health and social care needs that required special consideration.
- 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.
- The unit had not received any complaints or concerns within the past year.

However:

- However, some patients stayed in the unit past their discharge date even though they were medically fit to be discharged. These patients were waiting for suitable accommodation. The extended delays to discharge meant that patients could not get on with their lives and beds were not available to support new patients needing rehabilitation.

## Is the service well-led?

**Good** ●

We rated well-led as good because:

- The unit had managers with the right skills and abilities to run a service providing high-quality sustainable care. Managers had recognisable or accredited leadership and management qualifications to enable them to do their job.
- Staff felt supported to do their jobs and felt they could raise concerns if necessary. Staff had opportunity to develop professionally and felt supported by their managers.
- The trust used a systematic governance approach to continually improve the quality of its services and safeguard high standards of care.
- Processes were used to look at risks and manage issues and performance. Risk registers described current risks faced by the unit. Marie Therese house had its own risk register which senior staff were aware of. Risks were monitored at governance meetings and actions decided to reduce risk. This was then escalated up to the medical division and further to the board.
- The unit engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

# Medical care (including older people's care)

- The unit was proud of their proactive approach and willingness to participate in trust pilot schemes.
- Staff on the unit were involved in a trust wide working group. The object of the group was to develop a trust-wide strategy for the care of a patient with a spinal injury. This also included two patients from Marie Therese house.

## Areas for improvement

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

# Surgery

Good ● → ←

## Key facts and figures

The surgical division operates across the three hospital sites: Royal Cornwall Hospital, St Michael's Hospital and West Cornwall Hospital.

The division is split into four different directorates; theatres and anaesthetics, general surgery, head and neck, and trauma and orthopaedics. This covers 14 surgical specialties: theatres, pre-operative assessment, gastrointestinal, vascular, urology, breast, trauma & orthopaedics, ears nose and throat, dermatology, audiology, ophthalmology, oral maxillary facial, pain services & anaesthetics.

The service has 19 theatres (two are available 24 hours a day), seven inpatient wards with 182 beds, and three day case units (7am- 10pm).

*(Source: Routine Provider Information Request (RPIR) – Context Acute)*

Surgical services provided at St Michael's Hospital include breast and orthopaedic surgery for elective patients who are pre-assessed against admission criteria. Surgery is provided on both an inpatient and day surgery basis.

There are four operating theatres, one recovery ward and two surgical wards. St Michael's ward is a 24 bedded/seated admissions and day case ward. St Joseph's is a 28-bedded inpatient ward. Care is provided in single sex bays within the wards. The surgical wards are nurse and therapy staff led with a resident medical officer providing 24-hour medical support.

We visited the hospital for one day and one morning and spent time in theatre and on the wards. We spoke with 33 staff including ward nurses, healthcare assistants, theatre and recovery nurses, operating department assistants, theatre and ward managers, reception staff, cleaning staff, physiotherapists, occupational therapists, a resident medical officer, surgeons and anaesthetists. We also observed a multidisciplinary team meeting and a 'joint school' patient education session.

We observed patient care and spoke with five patients on the surgical wards during the inspection. We reviewed five patient records. We reviewed data and information provided by the trust.

## Summary of this service

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

- Nursing staff we spoke with understood and followed the process to report safeguarding concerns, and there was evidence of learning and sharing of good practice.
- Staff followed safety guidelines and the five steps to safer surgery checklist was consistently followed.
- Nurse staffing levels were as planned. This was reviewed using relevant tools to identify appropriate staffing numbers for theatre lists and the acuity of patients on the wards.
- Staff recognised incidents and reported them appropriately. Learning was shared across sites within the trust.
- Staff worked together to deliver effective care and treatment. The multidisciplinary approach ensured a greater proportion of patients were mobilising on the day of surgery when compared with our previous inspection in 2017.

# Surgery

- The service made sure that staff had the skills, knowledge and experience to deliver effective care. Staff received enhanced training to develop their skills in the care of patients who were less medically stable as part of a programme to increase the proportion of patients with access to elective surgery at St Michael's Hospital.
- People were treated with kindness, dignity, respect and compassion. Patients spoken with were positive about the care and treatment they received.
- People received personal care that was responsive to their needs. Staff were aware of the importance of learning about individual needs to provide personalised care.
- The services were delivered, made accessible and coordinated to take account of the needs of different people, including those in vulnerable circumstances.
- There was leadership capacity and capability to deliver high-quality and sustainable care. Staff reported that leaders were visible and approachable.
- Information was used to monitor, manage and report on the quality and performance of the service.

However:

- Mandatory training levels did not meet trust target. These were not met in six out of 11 training modules. Manual handling had particularly poor compliance.
- Safeguarding training compliance level two, for both nursing and medical staff was below target.
- The appraisal rates for medical and nursing staff at St Michael's Hospital were lower than the trust average for the surgical division and below the trust target.
- Patients did not always have access to care and treatment in a timely way. There were a high number of patients who had been waiting for 52 weeks or longer for their surgery for trauma and orthopaedics.
- The timeliness of responding to complaints needed improvement.
- The management and oversight of the risk register was not clear.

## Is the service safe?

Good   

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

- Nursing staff we spoke with understood and followed the process to report safeguarding concerns and there was evidence of learning and sharing of good practice.
- Standards of cleanliness and hygiene were maintained and there were systems to protect people from healthcare associated infections.
- Equipment was subject to regular maintenance to ensure it was safe to use. All equipment we viewed had a clear service due date recorded on it and evidenced maintenance was in date.
- Nurse staffing levels were as planned. This was reviewed using relevant tools to identify appropriate staffing numbers for theatre lists and the acuity of patients on the wards.
- Staff followed safety guidelines and the five steps to safer surgery checklist was consistently followed.

# Surgery

- Ward staff had received additional training in managing patients whose condition deteriorated post operatively in line with the trust's plans to develop a higher care bay from the autumn.
- Staff had a good understanding of sepsis protocols and the use of the sepsis bundle.
- Medicines were well managed and stored securely. There was an open culture for reporting medicines incidents and staff carried out regular audits of stock medicines.
- Staff recognised incidents and reported them appropriately. Learning was shared across sites within the trust.
- Staff kept detailed records of patients' care and treatment. Records were completed comprehensively and included up-to-date information that was readily available to all staff providing care.

However:

- The trust mandatory training target had not been reached for surgical nursing staff in six out of 11 mandatory training modules. Manual handling training compliance was significantly lower than the target at 52.5%. This was recognised as a trust wide issue and was being addressed at the time of our inspection.
- Safeguarding training compliance level two, for both nursing and medical staff was below target. Compliance for nursing staff was at 77.5% and for medical staff 80% for adults and 20% for children.
- Single use needles were found to be out of date on the inpatient ward. These were taken out of circulation by managers and staff responsible for stock checks were alerted to the issue.

## Is the service effective?

Good   

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

- The effectiveness of care and treatment was reviewed through local and national audit. Outcomes were collected and monitored and were within expected range when benchmarked nationally. St Michael's Hospital had a lower than expected risk of readmission for elective admissions when compared to the England average.
- Staff worked together in a structured and coordinated way to deliver effective care and treatment and improve patient outcomes. Multidisciplinary team working was prioritised, with medical, nursing and therapy staff working together to ensure that care and treatment was seamless. Patient outcomes were reviewed and improved as part of the enhanced recovery after surgery programme. A greater proportion of patients were mobilising on the day of surgery when compared with our previous inspection in 2017.
- Nutrition and hydration, and pain, were assessed on admission and regularly managed during a patient's stay.
- The service made sure that staff had the skills, knowledge and experience to deliver effective care. Staff received enhanced training to develop their skills in the care of patients who were less medically stable as part of a programme to increase the proportion of patients with access to elective surgery at St Michael's Hospital.
- People were supported to improve their health. Patients were supported to be as fit as possible for surgery by providing information and guidance to educate patients ahead of their elective surgery.
- Consent to care and treatment was sought in line with legislation and guidance.

However:

# Surgery

- The appraisal rates for medical and nursing staff at St Michael's Hospital were lower than the trust average for the surgical division and below the trust target.

## Is the service caring?

Good ● ↓

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

- Staff were found to be caring, but we did not see any evidence of outstanding care during our inspection.
- People were treated with kindness, dignity, respect and compassion.
- Staff supported patients to be mobile and independent post-operatively.
- Patients spoken with were positive about the care and treatment they received.
- Positive interactions with patients were observed from the multidisciplinary team.
- Friends and family test results (a measure of the proportion of patients who would recommend the service to their friends and family) were consistently high for both surgery inpatients and day patients.
- Emotional support was provided to patients.
- Staff communicated with patients in a way in which they could understand.

## Is the service responsive?

Good ● → ←

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

- People received personal care that was responsive to their needs. Staff were aware of the importance of learning about individual needs to provide personalised care. We observed several examples of how information was used to improve patient's experience of care.
- Individual patients had their needs assessed and planned for as part of the pre-operative assessment processes, including an assessment against the admission criteria for St Michael's Hospital.
- The services were delivered, made accessible and coordinated to take account of the needs of different people, including those in vulnerable circumstances. There were suitable arrangements for people in need of translation services and for those with a learning disability.
- The service was taking action to improve people's access to care and treatment in a timely way. Changes to the infrastructure of St Michael's Hospital were being made to improve access to increasing numbers of patients to the benefit of the local population.
- The average length of stay for all elective patients at St Michael's Hospital was lower when compared to the England average.
- There were good processes for monitoring the theatre efficiency.

However:

# Surgery

- Patients did not always have access to care and treatment in a timely way. There were a high number of patients who had been waiting for 52 weeks or longer for their surgery for trauma and orthopaedics.
- The timeliness of responding to complaints needed improvement.

## Is the service well-led?

Good ● → ←

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

- There was leadership capacity and capability to deliver high-quality and sustainable care. Staff reported that leaders were visible and approachable.
- The leadership team were clear about the priorities for the division and were keen to make changes which were sustainable to ensure improvements. There were clear plans in place for the development of surgical services at St Michael's Hospital.
- Information was used to monitor, manage and report on the quality and performance of the service. There was evidence of improved performance relating to a reduced length of stay and early mobilisation of elective orthopaedic patients.
- Staff spoken with were proud to work for the trust and serve the local community.
- Staff said they felt engaged and involved with the surgical governance at an appropriate level relevant to their role. Clinical staff had been involved in St Michael's Hospital development days.

However:

- The management and oversight of the risk register was not clear.

## Outstanding practice

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

## Areas for improvement

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



# Outpatients

Good 

## Key facts and figures

St Michael's Hospital in Hayle is a registered location of Royal Cornwall Hospitals NHS Trust. It provides a range of outpatient services. We visited the service and spent time in the general outpatient's area, and the pre-operative assessment clinic. There is one main outpatient department within St Michael's Hospital accommodating outpatient services.

Between March and August 2018, a total of 14,977 patients were seen in the department. Of these patients, 3,854 were new patient appointments, with 11,123 being follow up appointments.

There is a central outpatient booking team which supports most of the specialties. Outpatient services were last inspected in July 2017 when safe, caring, responsive and well led domains were all rated as good. We do not hold sufficient evidence to rate the effective domain.

## Summary of this service

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

We rated it as good because:

- The hospital provided a safe service to patients and made sure they were protected for avoidable harm and abuse. Staff had completed mandatory training to enable them to provide safe care, records were well maintained, medicines were managed safely, and infection prevention and control practices adhered to.
- There was strong multidisciplinary working between staff in the department and in-house training was provided to ensure staff were competent in their role.
- There was a strong patient centred culture. Staff were respectful and treated patients compassionately. Staff recognised when they need to provide emotional support and how to involve patients and those close to them in their care.
- Services met the needs of the population and the individuals attending clinics. This included how patients could make a complaint.
- The lead nurse had the knowledge and skills to lead the department and understood the challenges to provide good patient care at a local level. Risk was understood and managed, and staff spoke of a positive culture and felt valued.

However:

- Patient outcomes were not collected to identify areas for service improvement.
- Compliance against national guidance in the pre-assessment clinic was not always reviewed to ensure care and treatment was optimised for patients.
- The governance framework for the hospital did not provide oversight of quality, safety or performance of the outpatient department. Some staff felt they worked in silo and were not part of the wider organisation.

# Outpatients

## Is the service safe?

**Good** ●

We rated the service as good because:

- There was 100% compliance with mandatory training.
- Patients were protected from abuse and avoidable harm.
- Infection prevention and control procedures were followed, and the environment was clean and organised.
- There was adequate numbers and skill mix among staff to cover safely staff clinics.
- Records were managed and stored safely and securely to maintain confidentiality.
- There was safe storage, management and administration of medicines in the department.

However:

- Not all staff had received the correct level of child safeguarding training required for their role and responsibilities.
- Systems to ensure the traceability of FP10s were not effective.

## Is the service effective?

We do not currently rate outpatients for effective.

- National guidance was used to deliver care and treatment to patients.
- Staff were competent in their role within the department and in-house training was provided to support staff to develop their knowledge and skills.
- Staff spoke highly of the multi-disciplinary working within the department.
- Staff understood consent and decision-making requirements under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

However:

- Compliance against evidence-based guidance was not audited at the pre-assessment clinic to identify compliance with the guidance available.
- No patient outcome data was collected in the outpatient department.

## Is the service caring?

**Good** ●

We rated caring as good because:

- There was a patient centred culture and staff treated patients with compassion, dignity and respect.
- Staff ensured patients understood the information they received in clinic and gave patients the time and opportunity to ask questions.

# Outpatients

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- Services provided reflected the needs of the local population and brought care closer to home for patients.
- The service made reasonable adjustments for patients and worked hard to meet the needs of the individuals attending clinics.
- Information was available about how to make a complaint.
- The 'did not attend' rate was better than the England average

## Is the service well-led?

**Good** ●

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

- There were systems and processes to identify and manage risk which all staff clearly understood and were aware of.
- There was a programme of audit to monitor quality and compliance with systems and processes in the department.
- Staff were clear about the vision for the hospital and demonstrated the organisational values in their day to day work.
- Staff spoke highly of their local manager and felt there was a positive working culture in the department.

However:

- There was a lack of oversight of safety, quality or performance of the outpatient department from senior managers.
- Some staff felt they worked in silo at the hospital with limited involvement with the wider organisation.

## Areas for improvement

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

# West Cornwall Hospital

St Clare Street  
Penzance  
Cornwall  
TR18 2PF  
Tel: 01736753234  
www.rcht.nhs.uk

## Key facts and figures

The Royal Cornwall Hospitals NHS Trust is the principal provider of acute care services in the county of Cornwall. The trust serves a population of around 500,000 people, a figure which can be doubled by holiday makers during the busiest times of the year.

West Cornwall Hospital is a registered location of Royal Cornwall Hospitals NHS Trust and is located in Penzance. It provides medical inpatient, day surgery, urgent care and outpatient services. This was an announced inspection of West Cornwall Hospital. We inspected surgery, medicine, urgent care and outpatient services as part of this inspection. We visited West Cornwall Hospital on 4 to 6 September 2018.

## Summary of services at West Cornwall Hospital

**Good** ● → ←

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

- Urgent and emergency care has not been rated before. Safe, effective, caring, responsive and well led have all been rated good.
- Medicine has stayed the same since our last inspection and was rated as good. Safe was found to be worse and went down one rating to requires improvement. Effective remained the same and was rated as good. Caring went down one rating from outstanding and was rated as good. Responsive and well led remained the same as our last inspection and were rated as good.
- Surgery remained as good overall. Safe stayed the same since our last inspection and was rated requires improvement. Effective, stayed the same and was rated as good. Caring stayed the same since our last inspection and was rated good. Responsive and well-led both also both stayed the same since our last inspection and were rated good.
- Outpatients was rated as good overall. Safe, caring, responsive and well led were all rated as good. Effective was not rated.

# Urgent and emergency services

Good 

## Key facts and figures

West Cornwall Hospital's Urgent Care Centre (UCC) is led by an acute GP team supported by emergency care middle grades and nurse practitioners operating 24 hours a day seven day a week. This is open for patients needing urgent medical care for injuries and conditions such as minor burns and scalds, simple fractures to the arms and legs, cuts, urinary infections and minor falls. It has direct admitting rights to two onsite medical wards and daily acute GP clinics.

We inspected the whole core service. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

A team of two inspectors spoke with 11 staff and looked in 11 patient records. We also reviewed audit data and policies and processes.

## Summary of this service

We rated this service as good because:

- Safe, effective, caring, responsive and well-led were all rated good.

## Is the service safe?

Good 

We rated safe as good because:

- All emergency nurse practitioners and GP's had additional training such as intermediate life support and advanced paediatric life support training.
- Standards of cleanliness were found to be mostly maintained during the inspection.
- We found the urgent care centre was well equipped and all equipment checked was well maintained.
- All records were all completed, accurate and were legible.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Processes for incident reporting were linked with Royal Cornwall Hospital. The process was transparent and encouraged learning when something went wrong.
- Staff were good at responding to patient risk and we saw examples where patients were transferred to Royal Cornwall Hospital effectively.

However:

- Triage times at West Cornwall Hospital were not monitored.
- Although all medical and registered nursing staff had received initial mandatory training and safeguarding training, not all had received refresher training.

# Urgent and emergency services

## Is the service effective?

**Good** ●

We rated effective as good because:

- In addition to computerised protocols, there was information displayed in the resuscitation room regarding the management of critical conditions.
- We checked 11 records and found that all patients had a pain score completed.
- Staff working at the urgent care centre had additional competencies for reading X-rays and triage.
- All staff had completed Mental Capacity Act training.

However:

- The unit did not participate in Royal College of Emergency Medicine audits.
- Not all staff had completed appraisals.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Nurses were frequently reassuring patients if they were distressed or upset and were able to give clear information to alleviate anxieties before, during and after procedures.
- From July 2017 to June 2018 the trust's urgent and emergency care friends and family test performance (% recommended) was consistently better than the England average.
- The results of the CQC Emergency Department Survey 2016 showed that the trust scored about the same as other trusts in all 24 questions relevant to caring.

However:

- Privacy and dignity was not always maintained during triage as we saw on multiple occasions the door was not closed.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- Access to the adult mental health liaison service was positive.
- Patients had access to information leaflets
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

# Urgent and emergency services

However:

- At West Cornwall Hospital the facilities were not wholly appropriate for care provided.

## Is the service well-led?

**Good** ●

We rated well-led as good because:

- Nursing and medical leadership in the urgent care centre was positive and had a grip on the services provided.
- Leaders understood the challenges to quality and sustainability within the department and were enthusiastic and energetic about the actions identified to address them.
- Staff were clear about the vision and strategy for the urgent care centre.
- Strong and supportive relationships were demonstrated and there was an open and honest approach when things went wrong.
- There was evidence of managerial oversight of risks and performance.

# Medical care (including older people's care)

Good ● → ←

## Key facts and figures

The medical care service at Royal Cornwall Hospitals NHS Trust provides care and treatment for seven specialties. Medical services provide both inpatient and outpatients services with clinics at the main hospital sites and peripheral sites. Day case activity for West Cornwall Hospital included endoscopy and renal dialysis. There are 54 medical inpatient beds located at West Cornwall hospital, located on two medical wards.

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

During the inspection, we visited the two inpatient wards. We spoke with five patients, 21 staff including a matron, doctors, nurses, healthcare assistants, ward clerk and allied health care professionals. We observed interactions between staff and patients. We reviewed 15 sets of patient records, attended board rounds (a daily multidisciplinary meeting) and observed ward rounds.

## Summary of this service

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

- Effective, caring, responsive and well-led were rated good. Safe was rated as requires improvement.

## Is the service safe?

Requires improvement ● ↓

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

- Mandatory training was not completed to the standard required by trust policy. This included safeguarding training. The target was not met for any of the four safeguarding training modules for which medical staff in medicine were eligible.
- The use of some pressure relieving equipment did not ensure patient safety. The pressure relieving mattresses on beds were not set for the correct weight of several patients. This meant the patient did not have the full benefit of the pressure relieving properties of the mattress.
- Medicines were not always recorded and stored safely. Medicines were not always administered in accordance with the trust policy and national standards.
- Staff did not always keep appropriate records of patients' care and treatment. Records were not always clear, up-to-date and available to all staff providing care. Trust nursing care plans were not personalised and lacked detail of how to care for patients. Staff assessed and responded to patient risks, however, these were not always recorded correctly.
- Nursing documents were not always completed and did not measure effectiveness of care and treatment. For example, fluid balance charts were not always completed or added up to identify if further action was needed.

However:



# Medical care (including older people's care)

- Patients were protected from abuse and avoidable harm. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Duty of candour was undertaken appropriately.
- Staff followed trust policies on infection prevention and control and used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and they were maintained well.
- There were adequate storage facilities for consumables and equipment.
- 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.
- Records were managed and stored safely and securely to maintain confidentiality. Secure systems meant staff moving between wards could access notes easily.
- Areas of safety and security on the ward were well managed. Fire exits were clearly marked and were not blocked. Laptop computers used for electronic prescribing and dispensing of medicines were locked when not in use.

## Is the service effective?

Good   

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

- National guidance was used to deliver care and treatment to patients. Managers checked to make sure staff followed guidance.
- Staff knew how to access specialist nurses for advice, this meant that specialist support and advice was sought when necessary to support patient care.
- The wards provided support to patient living with dementia and provided activities to stimulate patients. This included a memory café weekly, held in the dayroom on a ward.
- Staff supported patients with nutrition and hydration to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service adjusted for patients' religious, cultural and other preferences.
- Multi-disciplinary working within the unit and the community was well established and functioned well. Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However:

- Trust nursing care plans were not personalised and lacked detail of how to care for patients. Nursing documentation was not always completed correctly to include completed risk assessments and did not measure effectiveness of care and treatment.
- There was no structured, documented clinical supervision with nursing staff to provide support and monitor the effectiveness of the service. Managers appraised staff's work performance but did not meet the trust target for appraisal rates.
- Mental capacity assessments were not always completed when identified as required.

# Medical care (including older people's care)

## Is the service caring?

Good  

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

- Staff understood and respected personal, cultural, social and religious needs of people, how these related to care needs and took these into account. Medical and nursing staff provided emotional support to patients to allay their distress.
- Patients living with dementia who required direct staff observation were able to move freely around the ward. The wards were secured for patient's safety.
- Staff talked to patients in a kind and compassionate way and maintained patient's privacy and dignity. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise any distress. Volunteers and staff took extra time to talk with patients.
- Patients were supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences. 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 trust planned and provided services in a way that met the needs of local people. Patients could be admitted directly from home which meant patients were looked after closer to home.
- People could access the service when they needed it. Waiting times and arrangements to admit, treat and discharge patients were in line with national averages.
- Staff knew how to access specialist services and advice for patient's.
- Discharge planning started on the patient's arrival to the wards. Discharge coordinators ensured discharges, especially complex discharges, were planned and timely.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- Some patients stayed in hospital past their discharge date even though they were medically fit to be discharged.

## Is the service well-led?

Good   

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

# Medical care (including older people's care)

- Managers had leadership and management qualifications to enable them to do their job. Staff felt supported to do their jobs and felt they could raise concerns if necessary.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us they felt valued and supported in their work.
- Staff were aware of the trust vision. West Cornwall hospital was working on their own individual vision and values.
- The trust used a systematic governance approach to continually improve the quality of its services and maintaining and developing standards of care.
- West Cornwall Hospital engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- West Cornwall Hospital was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. The hospital was about to trial an initiative to help with delayed transfers of care.
- Varied nurse recruitment strategies were being explored. Development of staff was to be provided through education, apprenticeships and trainee assistant practitioner nurses.

## Outstanding practice

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

## Areas for improvement

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

# Surgery

Requires improvement  

## Key facts and figures

The surgical division operates across the three hospital sites: Royal Cornwall Hospital, St Michael's Hospital and West Cornwall Hospital.

The division is split into four different directorates; theatres and anaesthetics, general surgery, head and neck, and trauma and orthopaedics. This covers 14 surgical specialties: theatres, pre-operative assessment, gastrointestinal, vascular, urology, breast, trauma & orthopaedics, ears nose and throat, dermatology, audiology, ophthalmology, oral maxillary facial, pain services & anaesthetics.

The service had 19 theatres (two are operational 24 hours a day), seven inpatient wards with 182 beds, and three day case units (7am- 10pm).

*(Source: Routine Provider Information Request (RPIR) – Context Acute)*

Surgical services provided at West Cornwall Hospital include ophthalmology, urology, gynaecology and general surgery for elective day case patients who are pre-assessed against admission criteria.

There are two operating theatres, one recovery ward and one 16 bedded nurse led day case ward. The ward is split into eight bedded male and female sides. Some minor surgical procedures were also completed in the treatment centre.

We visited the hospital for one day and spent time in theatre and on the surgical unit. We also visited the treatment centre. We spoke with 20 staff including ward nurses, healthcare assistants, a trainee assistant practitioner, theatre and recovery nurses, operating department assistants, a theatre/ward manager, reception staff, cleaning staff, treatment centre nurses, surgeons and anaesthetists.

We observed patient care and spoke with three patients on the surgical unit during the inspection. We reviewed seven patient records. We reviewed data and information provided by the trust.

## Summary of this service

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

- The process for managing patients whose condition deteriorated post-operatively was inconsistent and staff reported continued delays and added pressure on nursing staff because of this.
- Staff told us not all consultants visited patients following completion of theatre lists and while staff told us that some consultants could be contacted once they had left the hospital, this was not consistent.
- Medicines were not consistently used safely. We observed the use of unlabelled syringes in the ophthalmology theatre presenting a risk of the wrong medicine being injected.
- Sterile equipment returned from the sterilising department was not always packaged appropriately to protect from damage.
- The appraisal rates for nursing and support staff at West Cornwall Hospital were below the trust target.
- There was limited capacity for single sex care in the treatment centre recovery area.
- There were a high number of patients who had been waiting for 52 weeks or longer for their urology surgery.

# Surgery

- The timeliness of responding to complaints needed improvement.
- The management and oversight of the risk register and performance were not clear. Ward staff reported that they did not have access to performance data.
- Leadership capacity and capability to deliver high-quality and sustainable care was unclear. The theatre and ward manager posts continued to be covered on an interim basis and staff reported that trust leaders were not visible.

However:

- Skill mix and overall staffing numbers were based on service needs. Bank and agency were used minimally.
- Nursing staff we spoke with understood and followed the process to report safeguarding concerns and there was evidence of learning and sharing of good practice. Nursing staff were compliant with completion of all safeguarding training modules.
- Staff kept detailed records of patients' care and treatment. Records were completed comprehensively and included up-to-date information that was readily available to all staff providing care.
- The effectiveness of care and treatment was reviewed through local and national audit. Outcomes were collected and monitored and were within expected range when benchmarked nationally. West Cornwall Hospital had a lower than expected risk of readmission for elective admissions when compared to the England average.
- The multidisciplinary team were involved and worked together to deliver the most effective care and treatment to patients.
- People were treated with kindness, dignity, respect and compassion. Patients spoken with were positive about the care and treatment they received.
- People received personal care that was responsive to their needs. Staff were aware of the importance of learning about individual needs to provide personalised care.
- The services were delivered, made accessible and coordinated to take account of the needs of different people.
- Staff reported they felt supported by local leaders and managers.
- There was a positive culture and team approach within the service.

## Is the service safe?

**Requires improvement** ● → ←

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

- The process for managing patients whose condition deteriorated post-operatively was inconsistent and staff reported continued delays and added pressure on nursing staff because of this. However, we did not see evidence of this in incident reports.
- Staff told us not all consultants visited patients following completion of theatre lists and while staff told us that some consultants could be contacted once they had left the hospital, this was not consistent.
- Medicines were not consistently used safely. We observed the use of unlabelled syringes in the ophthalmology theatre, presenting a risk of the wrong medicine being injected.

# Surgery

- Staff working in the treatment room recovery had safety concerns for patients who they may not be able to monitor closely. To protect the dignity of patients by caring for them in a single sex area staff told us they had been told that some patients may need to recover in a side room area where they would not be visible to staff.
- Sterile equipment returned from the sterilising department was not always packaged appropriately to protect from damage.

However:

- Skill mix and overall staffing numbers were based on service needs. Bank and agency were used minimally.
- Nursing staff we spoke with understood and followed the process to report safeguarding concerns and there was evidence of learning and sharing of good practice. Nursing staff were compliant with completion of all safeguarding training modules.
- Equipment was well maintained. Resuscitation equipment was in good working order and records showed that regular checks had been undertaken to ensure the equipment was ready for use in an emergency.
- Staff kept detailed records of patients' care and treatment. Records were completed comprehensively and included up-to-date information that was readily available to all staff providing care.
- Staff followed safety guidelines and the five steps to safer surgery checklist.

## Is the service effective?

Good   

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

- The effectiveness of care and treatment was reviewed through local and national audit. Outcomes were collected and monitored and were within expected range when benchmarked nationally. West Cornwall Hospital had a lower than expected risk of readmission for elective admissions when compared to the England average.
- Nutrition and hydration, and pain, were assessed on admission and regularly managed during a patient's stay.
- The multidisciplinary team were involved and worked together to deliver the most effective care and treatment to patients.
- The service made sure that staff had the skills, knowledge and experience to deliver effective care. Competency frameworks were used to ensure staff had the correct skills and were signed off as competent.
- People were supported to improve their health. Patients were supported to be as fit as possible for surgery by providing information and guidance to educate patients ahead of their elective surgery.
- Consent to care and treatment was sought in line with legislation and guidance.

However:

- The appraisal rates for nursing and support staff at West Cornwall Hospital were below the trust target.

## Is the service caring?

Good   

# Surgery

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

- People were treated with kindness, dignity, respect and compassion.
- Patients spoken with were positive about the care and treatment they received.
- Positive interactions with patients were observed from the multidisciplinary team.
- Friends and family test results (a measure of the proportion of patients who would recommend the service to their friends and family) were consistently high.
- Emotional support was provided to patients.
- Staff communicated with patients in a way in which they could understand.

However:

- There was limited capacity for single sex care in the treatment centre recovery area.

## Is the service responsive?

**Good** ● → ←

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

- People received personal care that was responsive to their needs. Staff were aware of the importance of learning about individual needs to provide personalised care.
- Individual patients had their needs assessed and planned for as part of the pre-operative assessment processes, including an assessment against the admission criteria for West Cornwall Hospital.
- The services were delivered, made accessible and coordinated to take account of the needs of different people.
- The average length of stay for all elective patients at West Cornwall Hospital was lower when compared to the England average.
- There were good processes for monitoring the theatre efficiency.

However:

- There were a high number of patients who had been waiting for 52 weeks or longer for their urology surgery.
- The timeliness of responding to complaints needed improvement.

## Is the service well-led?

**Requires improvement** ● ↓

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

- Leadership capacity and capability to deliver high-quality and sustainable care was unclear. The theatre and ward manager posts continued to be covered on an interim basis and staff reported that trust leaders were not visible.
- Staff were unclear how these changes were to affect surgical services at West Cornwall Hospital and did not feel involved in the developments of the service.

# Surgery

- The management and oversight of the risk register and performance were not clear. Ward staff reported that they did not have access to performance data.
- Reporting of incidents and management of risk relating to post-operative consultant cover needed improvement.

However:

- The leadership team were clear about the priorities for the division and were keen to make changes which were sustainable to ensure improvements.
- Staff reported they felt supported by local leaders and managers.
- There was a positive culture and team approach within the service.

## Areas for improvement

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



# Outpatients

Good 

## Key facts and figures

Outpatient services are delivered by Royal Cornwall Hospitals Trust (RCHT) across several sites (RCHT and community) and delivered by the clinical divisions.

West Cornwall Hospital in Penzance is a registered location of Royal Cornwall Hospitals NHS Trust. It provides a range of outpatient services. There is one main outpatient department within West Cornwall Hospital, accommodating several speciality services.

Between March and August 2018, a total of 19,392 patients were seen in the department. Of these patients, 6,214 were new patient appointments, with 13,178 being follow up appointments. There is a central outpatient booking team which supports most of the specialties.

Outpatient services were last inspected in July 2017 when safe, caring, responsive and well-led domains were all rated as good. We do not hold sufficient evidence to rate the effective domain.

## Summary of this service

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

We rated this service as good because:

- The hospital provided a safe service to patients and made sure they were protected for avoidable harm and abuse. There were safe levels of staffing to cover clinics who had completed mandatory training to enable them to provide safe care, records were well maintained, and infection prevention and control practices adhered to.
- Staff were competent to carry out their role and we saw examples of good multidisciplinary working between staff in the department.
- Patients were treated with dignity and respect and there was a strong patient centred culture. Staff recognised when they need to provide emotional support and how to involve patients and those close to them in their care.
- Services met the needs of the population and the individuals attending clinics. Reasonable adjustments were made for patients with physical disabilities where possible. There was information available for patients to make a complaint.
- Risk was understood and managed, and the governance framework made sure aspects of quality and safety were regularly reviewed. Staff felt valued and respected and said there was a positive, open working culture. The governance framework supported the delivery of good quality care and risk was understood and managed.

However:

- Electrical testing was not up to date and there was a risk a deteriorating patient may go unnoticed in one area of the one small area of the waiting room not covered by the cameras.
- The storage of patient records did not always ensure patient confidentiality.
- Accessibility was a challenge to some patient groups due to the ageing building, layout and facilities
- Patient outcome data was not always effectively utilised to identify areas for service improvement.

# Outpatients

- Staff were not familiar with the trusts vision or values and they did not feel part of the wider organisation.

## Is the service safe?

**Good** ●

We rated safe as good because:

- Staff were compliant with mandatory training.
- People were protected from abuse and avoidable harm.
- Infection prevention and control policies and procedures were adhered to.
- Storage management and administration of medicines kept patients safe.
- There was adequate numbers and skill mix amongst staff to safely cover outpatient clinics.
- Staff understood their responsibility to raise safety incidents and received feedback about incidents which had been reported.

However:

- Not all staff had received the correct level of child safeguarding training required for their role and responsibilities.
- Systems to ensure the traceability of FP10s were not effective.
- Not all equipment had received up to date electrical checks.
- The storage of patient records did not always ensure patient confidentiality.
- The ageing building and the lay out of the department made accessibility for some patient groups challenging.

## Is the service effective?

We do not currently rate outpatients in effective.

- Care and treatment was delivered based on relevant evidence-based best practice guidance and standards.
- In-house training was provided to ensure staff were competent in their role in the department.
- Multidisciplinary working was strong across the department
- Staff understood consent and decision-making requirements under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

However:

- Patient outcome data was collected from each clinic, but not used effectively to identify areas where improvements could be made.

## Is the service caring?

**Good** ●

# Outpatients

We rated caring as good because:

- There was a patient centred culture and staff treated patients with compassion, dignity and respect.
- Staff ensured patients understood the information they received in clinic and gave patients the time and opportunity to ask questions.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- Services provided reflected the needs of the local population and brought care closer to home for patients.
- The service met the needs of individuals attending the department and where possible made it accessible to all patient groups. If this was not possible, alternative arrangements were always made.
- Overall, the 'did not attend' rate was better than the England average.
- Information was available about how to make a complaint.

## Is the service well-led?

**Good** ●

We rated well-led as good because:

- The governance framework ensured the delivery of good quality care.
- Staff were complimentary of their local line managers and the support they provided.
- Staff were proud of their team and spoke highly of the working culture.
- There were systems and processes to identify and manage risk which all staff clearly understood and were aware of.

However:

- Staff were not familiar with the trusts vision or values.
- There was a lack of integration between West Cornwall Hospital and the main Royal Cornwall Hospital site.

## Areas for improvement

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

# Royal Cornwall Hospital

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## Key facts and figures

Royal Cornwall Hospitals NHS Trust is the main provider of acute hospital and specialist services for most of the population of Cornwall and the Isles of Scilly, approximately 500,000 people. The population served more than doubles during busy holiday periods. The trust employs approximately 5,000 staff and has a budget of approximately £380 million.

The trust delivers care from three main sites – Royal Cornwall Hospital, Truro; St Michael’s Hospital, Hayle; and West Cornwall Hospital, Penzance. The trust also provides outpatient, maternity and clinical imaging services at community hospitals and other locations across Cornwall & the Isles of Scilly.

The trust has four clinical divisions: medicine; surgery; clinical support and cancer services; women, children and sexual health.

## Summary of services at Royal Cornwall Hospital

**Requires improvement** ● ↑

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

- Urgent and emergency care remained the same and was rated as requires improvement. Safe and responsive remained the same and were rated requires improvement. Effective and caring stayed the same and were rated good. Well-led improved and was rated good.
- Medicine improved since our last inspection and was rated requires improvement. Safe and well-led improved and were rated requires improvement. Effective improved and was rated good. Caring remained the same and was rated good. Responsive stayed the same and was rated inadequate.
- Surgery had improved since our last inspection and was rated as requires improvement. Safe and responsive had improved since our last inspection and were rated requires improvement. Effective and well-led remained the same and were rated as requires improvement. Caring also stayed the same and was rated good.
- Critical care services remained as good overall. Safe went down one rating since our last inspection and was rated as requires improvement. Effective, caring and well-led remained the same as our last inspection and were rated good. Responsive went up one rating and was rated good.

# Summary of findings

- Maternity services had improved since our last inspection and were rated as requires improvement. Safe and well-led had improved and were rated requires improvement. Effective and responsive had improved and were rated good. Caring stayed the same and we rated it good.
- End of life services had gone up one rating since our last inspection and were rated requires improvement. Safe had stayed the same and was rated requires improvement. Effective, responsive and well-led had improved and were rated requires improvement. Caring remained the same and was rated good.
- Outpatient services were rated as requires improvement. Safe, responsive and well-led were rated requires improvement. Caring was rated good. Effective was not rated.
- Diagnostic imaging was rated outstanding. Responsive and well-led were rated outstanding. Safe and caring were rated good. Effective was not rated.
- Children and young people's services remained the same and were rated good. Safe remained the same and was rated as requires improvement. Effective, caring, responsive and well-led also remained the same and were rated good.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

The Royal Cornwall Hospital emergency department is open 24 hours a day, seven days a week. It treats patients with serious and life-threatening emergencies and those with minor injuries that need prompt treatment, such as lacerations and suspected broken bones.

The emergency department has 22 cubicles for majors, a dedicated paediatric area and minor injuries area as well as triage facility, an eight-bedded clinical decision unit and a three-bay resuscitation room. The emergency department is an accredited trauma unit and part of the Peninsula Trauma Network.

We inspected the whole core service. Our inspection was announced (staff knew we were coming) to ensure everyone we needed to talk to was available.

A team of three inspectors and two specialist advisors spoke with 47 staff and 15 patients. We looked in multiple sets of patient notes at different times of the day throughout the inspection and reviewed audit data and policies and processes.

## Summary of this service

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

- Systems to assess risks to patients did not always keep patient safe as they were not utilised well. This included the patient safety checklist.
- Demand for services frequently outstripped capacity. Patients were consistently waiting over 15 minutes for triage and were waiting over four hours for either discharge or admission to an inpatient ward.
- The design and layout of the department did not always keep people safe due to patients frequently waiting in the corridor.
- Patients' privacy and dignity were not always respected, particularly when the department was busy. Call bells were also not answered in a timely way.
- Not all medical and nursing staff had received the most up to date training in safeguarding or mandatory training.
- Royal College of Emergency Medicine audit results were not consistently positive.
- Staff did not always understand relevant consent and decision-making requirements.
- Some staff were not engaged or enthusiastic about the safety checklist.

However:

- The department was clean, medicines were managed well, and equipment was checked and maintained.
- The service provided care and treatment in accordance with evidence-based guidance.
- There were enough staff with the right qualifications, skills, training and experience. They had appropriate competence and support to develop.
- All patients we spoke with told us they received care and treatment from attentive and caring staff. Friends and family and CQC emergency department survey results were positive.

# Urgent and emergency services

- Leaders understood the challenges to quality and sustainability.
- There was a structure of governance, which evidenced accountability and quality assurance.

## Is the service safe?

**Requires improvement** ● → ←

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

- Although all medical and registered nursing staff had received initial mandatory and safeguarding training, not all had received refresher training.
- The design and layout of the emergency department did not always keep patients safe as the department was frequently crowded.
- Patients were consistently not assessed within 15 minutes.
- Systems to assess risks to patients did not always keep patients safe. Observations were not always taken, and risk assessments were not undertaken.
- Processes for ongoing monitoring of patients were not always followed, which did not keep patients safe.
- Records, such as safety checklists, were not completed in a way that kept people safe.

However:

- Ambulance handover times were comparable to the England average.
- Standards of cleanliness were found to be mostly maintained during the inspection.
- The emergency department was well equipped, and all equipment checked was well maintained.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Medical staffing numbers had greatly improved since the last inspection.
- Medicines were stored and managed well.
- Processes for incident reporting were transparent and encouraged learning when something went wrong.

## Is the service effective?

**Good** ● → ←

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

- The service provided care and treatment in accordance with evidence-based guidance, including Royal College of Emergency Medicine (RCEM) and National Institute for Health and Care Excellence (NICE) guidelines.
- Most patients we spoke with said they had been offered food or drink while they had been waiting.
- The service provided appropriate training and support to ensure staff were competent for their roles.
- Staff, teams and services worked well to deliver effective care and treatment.

# Urgent and emergency services

- The emergency department supported patients to maintain their independence by encouraging patients to get dressed and get moving in the emergency department if it was safe to do so.

However:

- The management of pain audit scores were poor.
- Royal College of Emergency Medicine audit results were not consistently positive.
- Staff did not always understand relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

## Is the service caring?

**Good** ● → ←

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

- All patients we spoke with told us they received care and treatment from attentive and caring staff.
- Most staff introduced themselves when they approached a patient and were made aware of roles and responsibilities of the healthcare team.
- Receptionists politely greeted patients who self-presented to the emergency department and welcomed patients in a compassionate way.
- It was clear the camaraderie between the ambulance staff and the nursing staff was having a positive impact on the anxieties of patients attending the emergency department.
- Staff spoke with children in a way they could relate to, which engaged them and relieved them of anxieties or worries of being in hospital.
- Staff communicated with patients so they understood their care, treatment and condition.
- From July 2017 to June 2018 the trust's urgent and emergency care friends and family test performance (% recommended) was consistently better than the England average.
- The results of the CQC Emergency Department Survey 2016 showed the trust scored about the same as other trusts in all 24 questions relevant to caring.

However:

- Patients' privacy and dignity were not always respected, particularly when the department was busy.
- We also found some staff took an unnecessary amount of time to respond to patient requests and concerns.
- On regular occasions call bells were sounding for long periods and were being ignored. This was supported with mixed call bell audit results.

## Is the service responsive?

**Requires improvement** ● → ←

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



# Urgent and emergency services

- Facilities and premises were not wholly appropriate for the service.
- Demand for services frequently outstripped the availability of appropriate clinical spaces to assess, treat and care for patients.
- Patients frequently queued in the corridor in the emergency department, where it was difficult to maintain their comfort, privacy and dignity.
- There were systems used to promote flow, but these were not always effective. Increasing demand in the emergency department outweighed the trust's ability to admit or discharge patients.
- The department consistently failed to meet Department of Health standards for admitting or discharging patients within four hours.

However:

- The department had patient pathways in place to stream patients to primary care services.
- Access to the adult mental health liaison service was positive. There were also processes to gain access to children and adolescent mental health services (CAHMS).
- The number of patients who left the department before being seen for treatment was better than the England average.
- The service treated concerns and complaints seriously. They were investigated and learned lessons were shared with all staff.

## Is the service well-led?

**Good** ● ↑

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

- Leaders understood the challenges to quality and sustainability within the department and were enthusiastic and energetic about the actions identified to address them.
- Staff we spoke with were aware of the trust vision and values and were clear of the important role they played in being part of that.
- Staff were enthusiastic about their role to play in governance and felt the introduction of a team governance meeting and appointment of two matrons had improved the culture.
- All medics we spoke with described a strong culture of support from the senior doctors and by the leadership team.
- There was a structure of governance which ensured accountability for the delivery of the safety and quality of the service.
- There was evidence of managerial oversight of risks and performance.
- The trust collected, analysed, managed and used information to support all its activities.
- The department worked well to encourage learning, continuous improvement and innovation through quality improvement projects.

# Urgent and emergency services

## Outstanding practice

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

## Areas for improvement

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

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

The medical care service at Royal Cornwall Hospitals NHS Trust provides care and treatment for seven specialties. There are 378 medical inpatient beds located across three sites.

### **Royal Cornwall Hospital:**

*(Source: Routine Provider Information Request - Sites)*

Medical services provide both inpatient and outpatients services with clinics at the main hospital sites and peripheral clinics.

The trust is registered with CQC at this location for the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Family planning
- Management of supply of blood and blood derived products
- Maternity and midwifery services
- Surgical procedures
- Termination of pregnancies
- Treatment of disease, disorder or injury.

There are 312 medical inpatient beds. The medicine department within the trust is divided into three areas and each has a directorate manager, matron and clinical lead:

- Emergency medicine, including the emergency department, ambulatory care and the Acute Medical Unit (AMU).
- Cardio-respiratory departments
- Speciality medicines, which include neurology, renal services, gastroenterology, endocrinology.

Day-case activity includes endoscopy, renal dialysis, cardiac procedures and diagnostics. There is a medical day unit at Royal Cornwall Hospital, providing infusions and pre/post recovery for interventional radiology.

Inpatient services include cardiology and a coronary care unit (level 2), with an elective and inpatient ward shared with respiratory. There is 24/7 primary percutaneous coronary intervention (PCI) and two catheterisation laboratories. Cardiac surgery is referred to two other trusts in the south west.

There are two elderly care wards, one of which, Tintagel ward, is shared with neurology. There is an independence rehabilitation unit for patients prior to discharge. There is a dedicated stroke ward with two 'hyper acute stroke' beds.

There is one respiratory ward, Wellington Ward, including six higher care beds providing non-invasive ventilation (NIV). Endocrinology and nephrology jointly cover two wards to provide specialist inpatient service. There is one ward for gastroenterology and hepatology patients. The service provides a seven-day gastrointestinal (GI) bleed on call service.

# Medical care (including older people's care)

There are 303 medical inpatient beds. The trust had 58,954 medical admissions from April 2017 to March 2018. Emergency admissions accounted for 20,046 (34%), elective admissions accounted for 1,541 (2.6%) and the remaining 37,367 (63.4%) were day-case.

Admissions for the top three medical specialties were:

- General medicine: 18,970
- Gastroenterology: 15,358
- Clinical oncology: 8,980

An unannounced focused inspection was previously conducted on 4 and 5 January 2017. We reviewed medicine services as continued intelligence had raised concerns with regards to quality and safety of the service.

Inpatient care is provided as follows:

- Phoenix ward: stroke medicine
- Wheal Prosper ward: infectious diseases
- Roskear ward: cardiology
- Wellington ward: respiratory medicine with a six-bedded higher-level care bay for patients who require additional care and support which may include non-invasive ventilation
- Kerensa ward: care of the elderly
- Grenville ward: renal medicine and endocrinology
- Gastro & Liver Unit: gastroenterology and care of the elderly
- Tintagel ward: care of the elderly and neurology
- Coronary care unit: cardiology
- Cardiac investigation unit: inpatient and day case cardiology
- Medicines Assessment Unit

Medical care was provided on Lowen Ward, which is an oncology ward. Although this ward does not fit within the medical services structure at the trust, it was visited as part of this inspection as it sits within the CQC framework of medical care.

There is a discharge lounge which operates Monday to Friday 7.30am to 10pm, excluding bank holidays. The unit can accommodate up to eight seated patients and six patients requiring a bed and aims to improve patient flow in the hospital by freeing up beds once a patient is ready to be discharged. There is also an intermediate care ward, which had been opened for patients who were clinically stable who were awaiting discharge.

During our announced inspection between 4 and 6 September 2018, we visited all the medical wards. We visited the Medical Admissions Unit, the ambulatory care department, the medical day unit, the discharge lounge, the cardiac unit and the intermediate care ward. We also visited outlier patients on Eden Ward and Wheal Coates ward.

This inspection was undertaken by a team of six inspectors, a pharmacy and a mental health inspector, and specialist advisors. We spoke with 61 members of staff, nine patients and five relatives. We looked at 15 sets of patient notes, which included medical, nursing and observation records.

# Medical care (including older people's care)

## Summary of this service

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

- The systems in place to promote flow were not all effective and the increasing demand outweighed the capacity available within the trust. The hospital had problems maintaining flow from admission to timely discharge because of both the increased demand for admission but also because patients were delayed in being discharged.
- Bed management for the winter was of concern. The trust had a provisional winter plan for 2018 currently under review. The plan was not fully agreed and confirmed but the winter pressures were already evident.
- When the hospital was under pressure with surges in demand for inpatient beds, the trust used a system where patients were placed in the centre of ward bays pending an admission bed. They did not have access to equipment or privacy and dignity. This practice was called Safer Placement for Patients; however, this did not ensure a safe and dignified admission for patients.
- Staff used a modified early warning score as part of an electronic observation system to identify patients who had deteriorated. The system had connectivity problems in some areas of the hospital and had to be supported by paper systems. This was problematic for some staff and risked patients' observations not being recorded in a timely manner, or the correct people not being alerted if a patient was deteriorating.
- There was a chronic staffing shortage which resulted in reduced welfare for patients and poor staff morale. There were high vacancy rates on the wards which were covered by agency and bank staff. The staffing establishment had not been increased despite the wards sometimes having to take extra patients.
- There were consultant vacancies in different specialities throughout the medical care group. This meant the consultants were challenged to be present in all areas of their role and some had to prioritise the work they undertook.
- Bed moves and discharges were taking place both during the day and night, despite the trust trying to avoid this. These moves and discharges included patients with dementia or who lived alone.
- Statutory and mandatory staff training compliance did not meet the trust's 95% completion target.
- Staff did not feel the mandatory training in mental health needs, learning disabilities, autism and dementia was sufficient to provide them with the knowledge and skills required to care for these patients.
- Some ward and unit areas were not fully equipped with oxygen and suction for each bed space.
- Delays were seen in the response time to answering patient call bells.
- Complaints were not consistently managed in a timely manner.
- Leadership from the board was not evident to all staff. Several staff expressed the wish for a consistent and visible board leadership, but after numerous changes the ward and unit level staff had become concerned about the instability.
- Staff felt their pride in the role and work they undertook was undermined by the higher-level management instability. None of the staff we spoke with knew who the Chief Executive told us they never saw members of the board on the wards.
- Feedback from patients and relatives was not consistently used for learning or celebration opportunities.

However:

# Medical care (including older people's care)

- Staff showed a kind and supportive attitude to patients and their relatives. We observed staff cared for patients with compassion. They took time to interact with patients and their relatives in a respectful and considerate manner.
- We overheard staff explaining procedures and apologising when a short delay had occurred. Emotional support was considered by staff and was included as part of review and handover information. We observed staff providing emotional support to patients and relatives during their visit to the department.
- There were safeguarding systems, processes and practices in place. They were well understood by staff and used to ensure patient safety.
- There was a strong incident reporting culture at ward and unit level. Staff were encouraged to report incidents and other concerns. But, feedback following this reporting varied.
- Risk assessments were carried out for patients. and risk management plans were developed to meet any identified area of need.
- Medicines were managed and stored safely and the design, maintenance and use of facilities and premises kept people safe.
- The trust had systems and processes to ensure standards of cleanliness and hygiene were maintained.
- Policies and guidelines had been developed in line with national policy and staff assessed patients' nutritional and hydration needs in line with national guidance. Patients' pain was assessed and managed effectively.
- The trust was undertaking a review of falls and how they were being managed. Information gained was being used to reduce the risk of falls.
- Staff had the right skills and knowledge to provide safe care and treatment for patients and worked across healthcare disciplines and with other agencies when required.
- The service regularly reviewed the effectiveness of care and treatment through local and national audit.
- Leadership at a local ward and unit level was mostly strong and enabling. A minority of ward staff felt local leadership did not support them. Ward leaders had the skills, knowledge and experience to lead teams effectively.
- Staff believed they understood the vision and strategy, which included working with each other, compassion, promoting integrity and trust and respect.
- The trust had systems in place that helped manage and monitor quality and assurance. Processes were in place to look at risks at divisional and board level. Real time data around performance, quality and safety was used to review the service provided and to identify areas where further work was required.
- Learning from complaints was shared on wards through staff safety briefs and an overview of complaints was reviewed through the medical services governance board.

## Is the service safe?

**Requires improvement** ● → ←

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

- The practice and policy of Safer Placement for Patients did not ensure a safe admission for patients. Patients were placed in the centre of ward bays pending an admission bed. They did not have access to vital equipment.

# Medical care (including older people's care)

- Staff used a modified early warning score as part of an electronic observation system to identify patients who had deteriorated. The system had connectivity problems in some areas of the hospital and had to be supported by paper systems. This was problematic for some staff and risked patients not having observations recorded.
- Bed moves and discharges were taking place both during the day and night. These moves and discharges included patients with dementia or who lived alone.
- There was a chronic staffing shortage which resulted in a risk to patient care. There were high vacancy rates on the wards which were covered by agency and bank staff. The staffing establishment had not been increased despite the continuous use of escalation beds.
- Delays were seen in responding to patient call bells.
- There were consultant vacancies in different specialities throughout the medical care group. This meant consultants were challenged to be present in all areas of their role and some had to prioritise the work they undertook.
- Staff received regular statutory and mandatory training updates in a range of different subjects, but training compliance did not meet the trust's 95% completion target.
- Staff did not feel the training they received in mental health needs, learning disabilities, autism and dementia was sufficient to provide them with the knowledge and skills required to safely care for these patients.
- Some ward and unit areas were not fully equipped with oxygen and suction for each bed space.

However:

- There were safeguarding systems, processes and practices in place. They were well understood by staff and used to ensure patients safety.
- Risk assessments were carried out for patients and risk management plans were developed to meet any identified area of need.
- Medicines were managed and stored safely. This meant patients had medicines prescribed and administered safely. Medicines were accessible promptly from the pharmacy.
- The trust had systems and processes to ensure standards of cleanliness and hygiene were maintained. We saw wards and units were clean and staff followed trust policies to reduce risks of cross infection.
- The design, maintenance and use of facilities and premises kept people safe. Equipment store rooms were locked to ensure their safety and security and prevent theft, damage or misuse.
- There was a strong incident reporting culture at ward and unit level. Staff were encouraged to report incidents and other concerns. But, feedback following this reporting varied.

## Is the service effective?

**Good** ● ↑

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

- Policies and guidelines had been developed in line with national policy.
- Staff assessed patients' nutritional and hydration needs in line with national guidance.
- Staff assessed and managed patients' pain effectively.

# Medical care (including older people's care)

- The trust was undertaking a review of falls and how there were being managed. The information gained was being used to reduce the risk of falls.
- Staff worked across healthcare disciplines and with other agencies when required.
- Health promotion information and feedback was available for patients.
- The service regularly reviewed the effectiveness of care and treatment through local and national audit.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. But, they told us they lacked confidence in completing the documentation.

However:

- Delays in discharge impacted on patients and the hospitals effectiveness to meet demand.
- Seven-day services were not available in all areas, although medical and health cover was available to support patient care.
- Staff lacked confidence in completing capacity and consent documentation.
- Trust staff did not all receive an appraisal within the trust's target.
- At handover meetings, staff did not routinely refer to the psychological and emotional needs of patients, their relatives and carers.

## Is the service caring?

**Good** ● → ←

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

- Staff showed a kind and supportive attitude to patients and their relatives. We observed staff cared for patients with compassion.
- Staff took time to interact with patients and their relatives in a respectful and considerate manner.
- We overheard staff explaining procedures and apologising when a short delay had occurred.
- Emotional support was considered by staff and was included as part of review and handover information. We observed staff providing emotional support to patients and relatives during their visit to the department.

## Is the service responsive?

**Inadequate** ● → ←

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

- Systems to promote flow were not all effective as the increasing demand outweighed the capacity available within the trust. The hospital had problems maintaining flow from admission to timely discharge because of the increased demand for admission and because patients were delayed in being discharged.
- Bed management for the winter was of concern. The trust had a provisional winter plan for 2018 currently under review. The plan was not fully agreed and confirmed but the winter pressures were already evident.



# Medical care (including older people's care)

- The environment and facilities were not all appropriate for the patients waiting for a bed.
- The capacity issues of the medicine division were having an impact on the surgical division.
- Patients were being discharged out of hours. These discharges included patients with dementia or who lived alone.
- Complaints were not consistently managed in a timely manner.

However:

- Staff and the care systems they followed helped to provide good care to patients in need of additional support.
- Staff assessed patients' individual needs. On admission each patient had an initial assessment and risk review.
- Learning from complaints was shared on wards through staff safety briefs and an overview of complaints was reviewed through the medical services governance board.

## Is the service well-led?

**Requires improvement** ● ▲

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

- Leadership from the board was not evident to all staff we spoke with. Several staff expressed the wish for a consistent and visible board leadership, but after numerous changes the ward and unit level staff were concerned about the ongoing instability.
- Staff felt their pride in the role and work undertaken was undermined by the higher-level management instability. None of the staff we asked knew who the Chief Executive was, and they told us they never saw members of the board on the wards. Ward level staff were not all clear who was leading them and did not consider the board to be part of what they did on a day to day level.
- All staff including leaders told us the biggest challenges were staffing and operational pressures. However, they did not feel empowered to make changes and did not always feel listened to by the board.
- The trust did not have a mental health strategy appropriate for patients with mental illness that the trust board approved and reviewed annually. This meant staff did not have a clear future direction for patients living with mental illness.
- Not all staff were aware of the role of the Freedom to Speak Up Guardian within the trust. This role is there to support staff and enable staff to raise concerns.
- Feedback to staff from patient comments was not consistently used for learning and celebration opportunities.

However:

- Leadership at a local ward and unit level was mostly strong and enabling. A minority of ward staff felt local leadership did not support them. Ward leaders had the skills, knowledge and experience to lead teams effectively.
- Staff told us about their understanding of the vision and strategy, which included working with each other, compassion, promoting integrity and trust and respect.
- Staff felt morale varied between areas and department. Most staff told us they were proud of the work they did but felt staffing constraints impacted on how well they did their jobs and as a result impacted on their morale.

# Medical care (including older people's care)

- There were assurance systems to ensure monitoring of the services was undertaken and appropriate action put in place. The information gathered was used to monitor and manage quality and performance.
- There were processes to look at risks at divisional and board level. Real time data around performance, quality and safety was used to review the service provided and to identify areas where further work was required.

## Areas for improvement

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

# Surgery

Requires improvement  

## Key facts and figures

The surgical division operates across the three hospital sites: Royal Cornwall Hospital, St Michael's Hospital and West Cornwall Hospital.

The division is split into four directorates: theatres and anaesthetics; general surgery; head and neck; trauma and orthopaedics. This covers 14 surgical specialties: theatres; pre-operative assessment; gastrointestinal; vascular; urology; breast; trauma & orthopaedics; ear, nose and throat; dermatology; audiology; ophthalmology; oral maxillary facial; pain services; anaesthetics.

The service has 19 theatres (of which two are available 24 hours a day), seven inpatient wards with 182 beds, and three day-case units (7am- 10pm).

*(Source: Routine Provider Information Request (RPIR) – Context Acute)*

At the Royal Cornwall Hospital there are 13 theatres, two of which are available 24 hours a day. Elective admissions are managed through three admitting areas: surgical admissions lounge, theatre direct and Newlyn unit. Emergency non-elective patients are managed through St. Mawes unit, trauma unit or the emergency department.

Sterile services are also part of the surgical division and provide sterilisation and decontamination services for theatre and ward equipment and sundries.

The specialties within the surgical division provide over 9,000 emergency operations and over 29,000 elective operations each year. Operating takes place across all three hospital sites:

- Royal Cornwall Hospital: 69% of elective and all emergency operations

The trust had 34,294 surgical admissions from April 2017 to March 2018. Emergency admissions accounted for 9,787 (28.5%), day-case accounted for 20,248 (59.0%), and the remaining 4,259 (12.4%) were elective.

*(Source: Hospital Episode Statistics)*

## Summary of this service

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

- There was no formalised process or system used to accurately calculate and risk stratify patients receiving surgery, and their requirement for the intensive care unit after surgery.
- Mandatory training levels did not meet trust target. Compliance was poor for manual handling and safeguarding adults and children level two.
- There were staff vacancies and a high use of agency staff was required to ensure wards and theatres were safely staffed.
- Formalised competency frameworks were not always used to ensure staff had the correct skills and had been signed off as competent.
- There were inconsistencies with obtaining the consent of patients as part of their treatment escalation plan. The approach in place was reactive rather than being proactive.

# Surgery

- The completion of consent forms was variable. Some elective treatment patients were asked about their consent on the day and were not given sufficient time to make an informed decision. There was an incident at the time of our inspection where a patient had consented for the wrong treatment.
- Patients did not always have access to care and treatment in a timely way. There were 11 specialities out of 14 that were failing to meet the referral to treatment time target.
- There were a high number of patients who had been waiting for 52 weeks or longer for their surgery in trauma and orthopaedics and urology.
- Although we had seen improvements in the governance of the surgical division, this was in the early stages and was still in the process of embedding.
- The management and oversight of the risk register was not clear.

However:

- Staff we spoke with understood the processes for identifying safeguarding concerns and their responsibilities to report.
- Patient risk was considered and there were processes to assess and respond to potential or presenting risks. Staff were clear how they would respond to patient observations and how to follow sepsis care bundles.
- The effectiveness of care and treatment was reviewed through local and national audit. Outcomes were collected and monitored, and they were generally within expected range when benchmarked nationally.
- The multidisciplinary team were involved and worked together to deliver the most effective care and treatment to patients.
- People were treated with kindness, dignity, respect and compassion. Patients spoke positively about the care they received, and we observed good quality care being provided to patients.
- The service was being reviewed and changes were being made to the delivery of the orthopaedic service to benefit the surgical division and the local population.
- The leadership team were clear about the priorities for the division and were keen to make changes which were sustainable to ensure improvements.
- Staff felt engaged and involved with the surgical governance at an appropriate level relevant to their role.

## Is the service safe?

**Requires improvement** ● ↑

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

- There was no formalised process or system used to accurately calculate and risk stratify patients receiving surgery, and their requirement for the intensive care unit after surgery.
- The full theatre team were not always present during the World Health Organisation surgical safety checklist.
- The surgeon's preoperative checklist was not always being completed and recorded before the patient left the ward.
- Compliance with mandatory training was below the trust target for seven out of 11 modules for medical staff and below the target for six out of 11 modules for nursing staff.

# Surgery

- Medical and nursing staff compliance with safeguarding adults and children level two was below the trust target.
- There were nursing staff vacancies and a high use of agency staff to ensure wards and theatres were safely staffed. Staffing had not improved since our last inspection.
- Some theatre suites were an infection control risk where areas of the floor were chipped and cracked.
- It was not always clear when equipment was last serviced because stickers on equipment indicated they were overdue a service.
- Staff found the red tag policy used in theatres to be an infection control risk.

However:

- Staff we spoke with understood the processes for identifying safeguarding concerns and their responsibilities to report.
- Patient risk was considered and there were processes to assess and respond to potential or presenting risks. Staff were clear how they would respond to patient observations and how to follow sepsis care bundles.
- Individual care records were well completed. They were comprehensive, clear and legible, and were signed and dated for accountability.
- Medicines were well managed and stored securely. There was an open culture for reporting medicines incidents.

## Is the service effective?

**Requires improvement** ● → ←

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

- The completion of consent forms was variable. Some elective treatment patients had been asked for their consent on the day of their treatment and were not given enough time to make an informed decision. There was an incident at the time of our inspection where a patient had consented for the wrong treatment.
- When talking to staff we found there was not a culture of regularly discussing resuscitation decisions. One patient did not have a treatment escalation plan, although staff had requested it and from review of the patient's medical records it would have been appropriate.
- Formalised competency frameworks were not always used to ensure staff had the correct skills and were signed off as competent.
- A high number of medical outliers on surgical wards meant staff were not always confident or competent to care for and treat patients on the ward.
- The appraisal rates were below the trust target for all staff groups.

However:

- The effectiveness of care and treatment was reviewed through local and national audit. Outcomes were collected and monitored, and they were generally within the expected range when benchmarked nationally.
- Nutrition, hydration and pain were assessed on admission and regularly managed during a patient's stay.
- The multidisciplinary team were involved and worked together to deliver the most effective care and treatment to patients.

# Surgery

## Is the service caring?

**Good** ● → ←

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

- People were treated with kindness, dignity, respect and compassion.
- Patients were mostly positive about the care and treatment they received.
- Positive interactions with patients were observed from the multidisciplinary team.
- Emotional support was provided to patients.
- Staff communicated with patients in a way in which they could understand.

However:

- Some patients felt the amount of communication and updates they received about their care and treatment could be improved.

## Is the service responsive?

**Requires improvement** ● ↑

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

- Patients did not always have access to care and treatment in a timely way. There were 11 specialities out of 14 who were not meeting the referral to treatment time target.
- Winter pressures had affected the delivery of the surgical service and resulted in a high number of elective patients being cancelled. Patients were not always being booked within 28 days of the cancellation.
- There were a high number of patients who had been waiting for 52 weeks or longer for their surgery in trauma and orthopaedics and urology.
- A high number of medical outliers on the surgical bed base impacted on the flow within the hospital for surgical patients.
- The Newlyn unit, a day case admission and recovery area, was used at times of escalation for inpatients. This was not an appropriate environment for patients and there was no bath or showering facilities.
- Bay environments were not routinely adapted to make them more dementia friendly to meet the needs of patients living with a diagnosis of dementia.
- The timeliness of responding to complaints needed improvement.

However:

- The service was being reviewed and changes were being made to the delivery of the orthopaedic service to benefit the surgical division and the local population.
- The needs and choices of different people were considered for patients. Staff were aware of the importance of learning about individual needs to provide personalised care.

# Surgery

- There were good processes for monitoring the theatre efficiency, however there were still unused theatre sessions.
- Emergency patients were being seen in a timely manner in line with key performance indicators.

## Is the service well-led?

**Requires improvement** ● → ←

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

- The management and oversight of the risk register was not clear and did not allow effective risk management.
- Although we had seen improvements in the governance of the surgical division this was in the early stages and was still in the process of embedding.
- There had been two clinical director vacancies for a long period for head and neck and general surgery, this left a gap for medical leadership.
- There was no focus on sepsis as part of surgical governance.

However:

- The leadership team were clear about the priorities for the division and were keen to make changes which were sustainable to ensure improvements.
- Staff were proud to work for the trust and serve the local community.
- Staff felt engaged and involved with the surgical governance at an appropriate level relevant to their role.

## Areas for improvement

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

# Critical care

Good   

## Key facts and figures

The critical care unit (hereafter referred to as the 'unit') offers both intensive and high dependency care through its 15 beds. It admits approximately 1,000 patients a year with all forms of medical and surgical conditions (planned and emergency). Some patients are transferred to other expert centres for specialist treatment, for example, burns care, and ongoing paediatric care.

The critical care service is managed within the surgery, theatres and anaesthetics directorate. The majority (36%) of admissions come from the Emergency Department, 25% from ward areas, 15% from emergency surgery, and 15% from planned surgery. An average of 78 patients were admitted and discharged each month in 2018 with a median average age of 65.

The unit is divided in two distinct areas, the North Side which usually accommodates level three patients, and the South side which usually accommodates Level two patients. The two areas are built to different specifications, the North side having more specialist facilities and therefore more suited to patients with higher medical needs (level three). Wherever possible, staff located male and female patients in separate areas, although this is not a requirement in a critical care unit. At the time of our inspection, the two side rooms were used as an office and as an educational area/storage facility, but these could both be quickly reverted to clinical spaces if the need arose.

The critical care outreach team (hereafter referred to as the 'outreach team') was available 24 hours a day, seven days a week. This is a highly skilled team of senior nurses who work with staff on the wards to ensure the early detection of the deteriorating patient and follow-up patients who have been discharged from critical care.

We inspected the critical care unit and the critical care outreach team at Royal Cornwall Hospital (Treliske) at Truro. The service provided for paediatric patients was inspected by the children and young people team and is included in their report.

During our inspection we spoke with five patients, five relatives and approximately 30 members of staff. These included managers, doctors, nurses, allied health professionals, administrative staff, cleaners and medical physics staff. We reviewed five sets of patient records, checked the equipment, and looked at data. We looked at whether the service was safe, effective, caring, responsive and well led. Our inspection was announced.

## Summary of this service

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

- Staff followed best practice with regards to the prevention and control of infection. In general, there were good systems for staff to keep people safe and safeguarded from abuse. Most risks to patients were assessed and their safety was monitored. Staff had all the information they needed to deliver safe care and treatment. Staffing levels for nurses and doctors were provided at safe levels. Staff managed medicines safely. The service had a good track record on safety. When things went wrong, the team shared learning from investigations and made improvements.
- In general, the team provided care based on the best available evidence. The service monitored care and treatment using data from internal and external audits. Patient outcomes were mostly good compared to other services. Staff had the skills, knowledge and experience to deliver effective care. They were competent and had good opportunities for development. Staff worked well together and involved other services and organisations to deliver effective care and treatment.



# Critical care

- Staff were consistently caring and treated patients with kindness, dignity, respect and compassion. Patients were given the emotional support they needed. Patients and relatives felt involved in treatment decisions.
- In general, patients received personalised care responsive to their needs. Patients could usually access treatment in a timely way. Staff ensured the individual needs of complex patients were met. Consent to care and treatment was always sought in line with legislation and guidance. Patients complaints and concerns were listened to and used to improve quality of care.
- The local leadership team had the capacity and capability to deliver high quality sustainable care. Leaders understood the challenges to care and there was a strategy for improvement. There were clear roles, responsibilities and systems of accountability to support good governance and management. The culture of the unit was focussed on patient safety. Staff worked together to deliver good quality care.

However:

- Some safety systems were not well monitored, such as mandatory training compliance. Not all risks to patient safety were assessed and well managed, such as the routine maintenance of medical equipment and the use of bed rails for patients.
- Not all necessary staff were involved in assessing, planning and delivering care and treatment. There were gaps in the multidisciplinary team which reduced patients' access to rehabilitation and specialist nutritional advice.
- Not all care was responsive to patients' needs. Patients sometimes were not admitted to the unit or discharged at the right time due to the demand for beds on the unit and the wider hospital. Complaints were not always handled in a timely way.

## Is the service safe?

**Requires improvement** ● ↓

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

- The systems to monitor mandatory training compliance were not reliable. Leaders of the service did not have accurate data regarding the mandatory training compliance of the staff who worked there. Not all staff had completed their mandatory training. In our previous inspection, we highlighted that medical staff had low compliance for the following courses: patient moving and handling, conflict resolution and infection prevention and control. Medical staff were still not compliant for these courses. In addition, during this inspection we found that medical staff were non-compliant with five other courses and nursing staff compliance with training in infection prevention and control had also dropped below trust target. Levels of all staff compliance with level two safeguarding adults and level two safeguarding children had deteriorated since our last inspection.
- Staff used medical equipment that was not regularly maintained. There was a backlog in the routine servicing and maintenance of medical equipment such as patient monitors, suction pumps, beds, respiratory equipment and hoists.
- Not all equipment risks were adequately assessed. Bed rails were routinely used for patients on the unit. None of the patient records showed evidence of adequate assessment of the risks related to use of this equipment.

However:

# Critical care

- The unit was visibly clean. Critical care staff followed good practice with regards to decontamination of their hands and wore protective clothing to avoid risk of cross contamination. When staff carried out an invasive procedure for a patient, they followed standard protocols and checklists to minimise the risk of the patient acquiring an infection. Incidents of hospital acquired infection were low.
- There was an effective system to ensure all members of the critical care team had a clear and accurate overview of safety risks on the unit at the beginning of each nursing shift. There was a hospital-wide standardised approach to detecting patients who were deteriorating. The outreach team was available 24 hours a day. Members of the critical care team and outreach team were competent and confident to recognise and treat sepsis.
- The unit ensured staff to patient ratios complied with the Guidelines for the Provision of Intensive Care Services 2015 recommendations for safe provision of critical care. Consultants' work patterns allowed for continuity of care. There were satisfactory numbers of suitably trained medical staff to deliver safe care. There were systems to ensure adequately trained critical care nursing staff were available to respond to emergency admissions and deterioration in existing patients.
- Individual care records were written and managed in way that kept patients safe. The critical care team used a records system designed to meet the needs of critically ill patients. Records were stored securely and comprehensively completed. Records included clear summaries of assessments, reviews, ward rounds and communications with patients' relatives.

## Is the service effective?

Good   

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

- On admission to the Intensive Care unit, all patients had a treatment plan that was discussed with the consultant, as recommended in the Guidelines for the Provision of Intensive Care Services, 2015. There were twice daily ward rounds led by a consultant every day including weekends and bank holidays
- The team provided care and treatment within evidence-based guidelines. We saw evidence of this during ward round discussions, when staff explained treatment options with patients, during governance meetings and when service changes or improvements were proposed.
- Staff considered the patient's physical emotional and social care needs as part of the assessment process. This was in accordance with NICE QS15: Patient experience in adult NHS Services.
- Following assessment, care was mostly planned and delivered to meet evidence-based treatment standards. The management of critical care patients with sepsis complied with NICE QS161: 'Sepsis'. The critical care team followed best practice in the use of sedation. All patients had an individualised pain management plan appropriate to their clinical condition.
- The service participated in relevant quality improvement initiatives such as local audits, external audits, and research trials. Outcome data showed the risk of patients dying was significantly lower (better) than average. The proportion of patients who survived was consistently above the national average. The number of patients who were readmitted back to critical care within 48 hours of being discharged was lower (better) than average.
- Leaders ensured new critical care nurses were competent to provide safe care to patients. Staff told us they were given opportunities to develop.

# Critical care

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

However:

- There were gaps in the allied health professional input to the multidisciplinary team which affected compliance with NICE QS158: Rehabilitation after critical illness in adults, the Core Standards for Intensive Care Units, and Guidelines for the Provision of Intensive Care Services.
- Patients' basic nutrition and hydration needs were identified, monitored and met but there were limited resources for specialist advice regarding the more complex patients' nutrition and hydration needs.
- The critical care service performance in the National Emergency Laparotomy Audit from 1 December 2017 to 28 February 2018 was worse than average.
- The appraisal completion rate for nursing staff was 80.3% compared to a trust target of 95%.

## Is the service caring?

Good   

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

- Staff protected the privacy and dignity of patients. Staff took time to build relationships with patients. Staff gave patients information they wanted when they needed it. The care given by staff was consistently compassionate.
- Patients and relatives felt supported by the team. When patients or their carers were told bad news, all members of the team were aware of their need for additional support and/or privacy. Staff helped to alleviate patients' fears and anxieties.
- The consultant team carefully considered the needs of family members when discussing the limitations of available treatment for individual patients. The team kept patients and relatives informed about the treatment plans.

## Is the service responsive?

Good  

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

- There were plans to develop the service to meet the unmet needs of patients. The team had purchased equipment and provided training for staff to enhance the flexibility and continuity of care for patients.
- When patients had individual needs such as sensory loss, this was identified on the patient record and communicated to the team at handover.
- The team made sure patients with complex emotional and mental health needs received the support and care they required. The team cared for patients' individual needs post-discharge.
- The unit's performance was better than the national average for numbers of non-clinical transfers, and non-delayed out-of-hours discharges from the wards. Some improvements had been made to reduce the number of patients who waited longer than expected to be discharged from the unit.
- The facilities and equipment were appropriate for the services being delivered

# Critical care

However:

- At times there were delays to patient admissions to the unit. The surgery theatres and anaesthesia directorate did not consistently predict the post-surgery morbidity risk of patients and plan for their critical care needs.
- There had been one complaint during the twelve months preceding our inspection and this patient had waited too long for a resolution.

## Is the service well-led?

Good ● → ←

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

- The critical care leadership team was held in high esteem by the divisional management team and by staff in the critical care team. Leaders were visible and approachable.
- Leaders had the skills, knowledge and experience to lead the service. Leaders understood the challenges to quality in the service and identified actions to address these.
- The strategy for the unit was focused on quality and sustainability. The strategy included relevant priorities for the coming year.
- The trust had produced a set of patient-centred values for staff. All members of the critical care team showed behaviours that embodied these values.
- The culture within the critical care team was centred on the needs and experience of patients. Leaders of the critical care team also prioritised the wellbeing of staff. There were cooperative, supportive and appreciative relationships among staff. All members of staff told us they felt valued as part of the critical care team.
- There were effective governance structures to support the delivery of the good quality sustainable services. There were reliable pathways to escalate concerns and to provide accountability for performance at divisional level. All members of the critical care team were clear about their roles and responsibilities.
- Within the critical care team, staff were engaged in the governance agenda. Governance was prioritised and was regarded as an important aspect of care for all members of the critical care team.
- There were systems to manage performance of the service, including a systematic programme of internal and external audit. Leaders of the service monitored the performance of the service using patient outcomes to provide assurance of safety, effectiveness, and responsiveness. There were processes to identify, record and manage risks, and risks were escalated when appropriate.
- Patients were encouraged to share feedback to drive service improvement. Staff were encouraged and motivated to improve patient care. The critical care team had instigated a scheme to celebrate excellence in practice.

However:

- Leaders of the service did not have ready access to accurate and reliable data to monitor staff compliance with mandatory training and appraisal completion.
- Not all risks affecting the delivery of safe care were identified, monitored and mitigated effectively. There was no local risk assessment for the delayed routine maintenance of medium and high-risk medical equipment.

# Critical care

## Outstanding practice

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

## Areas for improvement

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

# Maternity

Requires improvement  

## Key facts and figures

Maternity services at the Royal Cornwall Hospitals NHS Trust provided a range of antenatal, intrapartum and postnatal care at the main hospital and within local community settings across Cornwall and the Isles of Scilly. The maternity services were part of the women, children and sexual health division of the trust. Some of the buildings and facilities within the maternity service were acknowledged to be outdated. The trust was in the process of consultation and business application for the complete redevelopment and relocation of the maternity services on the acute site.

At the Royal Cornwall Hospital there were a total of 54 maternity beds across four sites. Consultant led care was provided for women in the Princess Alexandra wing where there were nine birth rooms with shared en-suite facilities. There was one obstetric theatre with an adjoining second adapted theatre room and a recovery area. Close to the Princess Alexandra wing was an alongside midwifery led birthing unit with four rooms, each with birthing pools. This was available to women assessed as having low risks. There were four community midwifery teams who provided antenatal and postnatal care and supported women assessed as having low risks with home births. There were two free standing midwife led birth centres which also provided antenatal, perinatal and postnatal care. These were: Penrice based at St Austell Community Hospital, and Helston based at Helston Community Hospital. Women living on the Isles of Scilly were supported by one resident midwife and one resident GP. Women living on the Isles of Scilly assessed as having low risks had the option for a home birth or use of one birthing room at St Mary's Community Hospital. Those women assessed with high risks or due to personal choice were transferred to one of the maternity services available on the mainland.

At the Royal Cornwall Hospital antenatal care including monitoring, and induction of labour was provided from Wheal Rose ward which had 11 beds, a bereavement suite and a licensed satellite (small) mortuary facility. A maternity outpatient day assessment unit was linked to Wheal Rose ward. This service provided appointments for monitoring, treatment and care for women with health issues related to pregnancy. Post-natal care for women and infants who required ongoing treatment or monitoring post birth was provided on Wheal Fortune ward. This had five, four bedded bays with shared bathroom facilities, six side rooms and a combined day/discharge lounge.

From January to December 2017 there had been a total of 4,147 births across all the maternity services. During this inspection we visited all areas of the maternity service at the Royal Cornwall Hospital and the freestanding midwifery led services at Helston and Penrice. We spoke to 15 women and their partners. We spoke with 43 staff including: two associate departmental directors, the head of midwifery, two midwifery matrons, junior through to senior midwives, including those in specialist roles, paediatricians, obstetric consultants, anaesthetists, junior medical staff, theatre staff, midwifery care assistants, cleaners and ward clerks. We reviewed 14 sets of patient records.

## Summary of this service

The Care Quality Commission last inspected the maternity service as part of a maternity and gynaecology inspection, the report being published in October 2017. The rating for maternity and gynaecology service was inadequate overall. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated this service as requires improvement because:

# Maternity

- There was evidence that actions had been taken to make improvements service wide, but these needed more time to be able to reliably evidence any positive effects.
- Improvements were required to evidence equipment checks had been completed as required. The service needed to evaluate damage to a shower and the birth pool at Helston community service and how cleaning procedures had been affected by this.
- Emergency evacuation procedures from birthing pools used at the community services needed evaluating. There was a lack of community specific guidance and policies.
- Whilst there was audit evidence regarding the completion of records, not all risk assessments had been documented in full and actioned in a timely manner. Nor were records available to show how serious incidents had been scrutinised, analysed and discussed for learning.
- Learning from complaints was not clearly documented with actions taken, by whom and how this information had been disseminated
- Improvements were required to review the equipment, processes, policy and guidance provided by staff for women regarding breast and bottle feeding on the postnatal ward.
- A new senior management team were in place but some of these posts were not substantive. The maternity service would benefit from a period of leadership stability to see through change processes
- Overall, the culture across the maternity service had been reported to be changing to be more positive but this was still relatively new and not embedded.
- The trust board had supported a review of midwifery staffing levels and approved the appointment of an additional 11 substantive midwifery posts. The trust board had supported plans for a new maternity service build.
- There was more emphasis on the establishing effective governance and risk processes but at the time of our inspection these were not fully established or embedded.
- All pregnant women had their physical, mental health and social needs assessed and treatment and care was provided in line with evidence-based guidance. There was good understanding and compliance with safeguarding processes.
- Women identified with additional health issues had these managed in line with national guidance and specialist ante and post-natal clinics were provided.
- Feedback from women and those people close to them was mostly positive. Staff understood and respected the personal choices and the cultural needs of people and how these could relate to care needs.

## Is the service safe?

**Requires improvement** ●

We rated safe as requires improvement because:

- Improvements were required to the number of maternity staff with in date mandatory training to meet the trust's standard of 95%.
- All maternity staff should understand the abduction policy and processes.
- Improvements were required to ensure all daily, weekly and monthly equipment checks had been documented as completed as required.

# Maternity

- Improvements were required to review the equipment, processes, policy and guidance provided by staff for women regarding breast and bottle feeding on Wheal Fortune postnatal ward.
- The birth pool cleaning instructions were unclear at Penrice birth centre and the birth pool and patients' shower room at Helston birth centre appeared stained with areas in need of repair.
- The provision of hand cleaning gels and hand towels by the trust to the community maternity services should be reviewed to ensure stocks were always available.
- Whilst there was audit evidence regarding the completion of records, not all risk assessments had been documented in full and actioned in a timely manner.
- Processes were not fully followed to ensure all staff received feedback on learning from incidents.
- Learning and actions from perinatal mortality and morbidity were not always documented to evidence debate and discussion and attendance.

However:

- Staff had a good understanding of safeguarding issues, processes and policies.
- There were sufficient numbers of medical staff. The trust had substantially invested in increasing the numbers of midwives to more effectively meet service needs
- Pain assessments had been completed and had been reviewed and pain medicines had been provided in a timely way.
- The service had been focused on improving the quality of records and there was evidence improvements in the completion of records had been achieved.
- Systems and processes to report incidents and near misses were understood and followed by staff.
- We saw evidence quality improvements to obstetric root cause analysis (RCA) reports had recently been actioned. A quality assurance checklist had been added and completed to check for thoroughness and detail.
- There was evidence that the duty of candour regulations had been understood and complied with.

## Is the service effective?

**Good** 

We rated effective as good because:

- All pregnant women had their physical, mental health and social needs assessed and treatment and care was provided in line with evidence-based guidance.
- Women identified with additional health issues had these managed in line with national guidance and specialist ante and post-natal clinics were provided.
- There was an annual audit plan to benchmark and improve standards which midwives, obstetricians, neonatal staff and anaesthetists contributed to.
- A range of medicines and other resources for the relief of pain and discomfort were provided as required at the birth centres in the hospital and community settings.
- Staff understood and followed the relevant consent and decision-making requirements of legislation and guidance.



# Maternity

- The services provided timely treatment, care and support for women at all stages of the maternity care pathway.
- Health promotion was a routine part of all maternity care provided to women from their initial booking in appointment through to discharge.
- There was evidence that most patient outcomes were within an expected or better than expected range, compared with other similar maternity services in the south west and nationally.
- Maternity staff had the skills and competencies to work in all areas of clinical practice to support women with high and low risk pregnancies
- There was evidence of effective and positive multidisciplinary working within the maternity service and with external services.

However:

- Improvements were required to the guidance and processes to support mothers with infant feeding.
- In the community, guidance for the emergency evacuation from the birth pool were not up to date with the current practical training.
- Improvements were required to improve access and provision of community specific guidelines.
- Improvements were required to breast feeding guidance and support for mothers to reduce the numbers of readmissions to hospital for infant feeding problems.

## Is the service caring?

**Good** 

We rated caring as good because:

- We spoke with 15 women and their partners who were all positive about the care they had received.
- Staff understood and respected the personal, cultural, social and religious needs of people and how these could relate to care needs.
- People's privacy and dignity needs were understood and respected.
- We observed how staff supported women with dignity, kindness and understanding with all aspects of care.
- Staff provided sensitive and compassionate care to parents who had experienced miscarriage and stillbirth.
- The women we spoke with were positive regarding the emotional support provided to them and their partners.
- Women and their partners had been communicated with in a way which ensured that they understood all aspects of their care and treatment.

## Is the service responsive?

**Good** 

We rated responsive as good because:

- Processes were being followed to ensure the maternity services provided reflected the needs of the local population.

# Maternity

- Information about the maternity services was available in a variety of sources and locations.
- Systems and process were in place and followed to meet women's' individual needs. Staff working in the maternity service were focused on providing a responsive and needs led service.
- Processes were in place and practice followed which supported women with mental health needs.
- There was a bereavement suite on Wheal Rose antenatal ward for use by women and their relatives who had experienced loss.
- Systems were in place to support access and flow around the maternity services.

However:

- Maternity staff were not familiar with the trusts abduction policy.
- Learning from complaints was not clearly documented with actions taken, by whom and how this information had been disseminated.
- The time taken to investigate and respond to complaints did not comply with the trust's complaints policy.

## Is the service well-led?

**Requires improvement** ●

We rated well-led as requires improvement because:

- The senior leadership team had recently changed and the impact of this was being felt positively across the maternity service. This was particularly noted in the midwifery and obstetric leadership, with the leaders working in close partnership.
- There was an inconsistent response amongst the staff we spoke with regarding the effectiveness of leaders.
- Staff gave mixed feedback regarding the culture, some positive and some not so positive regarding communication and leaderships styles.
- Governance processes needed embedding within the maternity services to ensure priority was placed on a safe and effective service delivery and actions had been evidenced as completed.
- Improvements had been made to how risks had been identified and acted upon since our last inspection, but this required embedding.

However:

- We spoke with senior staff who demonstrated they had the knowledge, skills and experience needed for their roles.
- All the staff we spoke with stated their goal was to provide high quality, person centred maternity care.
- Senior leadership felt listened to and well supported by at board level.
- Agreement had been made at board level to increase the numbers of substantive governance and risk related midwifery posts.
- The trust had recently introduced an improve well app. The aim of this app was to provide a platform for staff to submit ideas to improve services.

# Maternity

## Areas for improvement

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

# Services for children and young people

Good   

## Key facts and figures

Services for children and young people at the Royal Cornwall Hospitals NHS Trust are part of the Women, Children's and Sexual Health Division with an associate director who was supported by directorate managers and the clinical team.

The team is led by an experienced clinical director. They are supported by a team of knowledgeable and skilled consultant paediatricians, neonatologists and doctors and a community team of community paediatricians and therapists. The nursing staff are led by experienced senior nurses and they are supported by staffing teams led by experienced and skilled ward managers.

Child health plans health services across acute and community services for children and young people from birth to when they transitioned to adult services. The child health directorate combines three sub-specialities: acute paediatrics, community paediatrics and children's therapies and the neonatal unit.

The trust has 65 inpatient paediatric beds across six wards/units at Royal Cornwall Hospital.

Royal Cornwall Hospitals Trust (RCHT) offers a general acute paediatrics service and sees approximately 1,000 electives, 8,500 emergencies and 15,000 outpatients. It offers general paediatrics and a broader range of sub-specialist clinics in conjunction with the visiting tertiary specialists from University Hospitals Bristol NHS Foundation Trust.

There are shared care arrangements in several sub-specialties. Clinics are offered at the trust and in peripheral hospitals. Most admissions are unplanned and come through the Paediatric Assessment Unit with admissions increasing in the summer months with the rise in visitors to the county. The service offers age appropriate and same sex accommodation

Paediatric surgical services are provided by the general surgical and trauma consultant led teams. There is a dedicated pre-operative assessment room, paediatric theatre and recovery area and there is close working between the paediatric and surgical teams. Children who require inpatient care will be admitted to the appropriate paediatric ward. A play room and a sensory room are available for children to use.

An outpatient department is situated on Gwithian ward on the floor below the children's wards and is dedicated for use by children and young people.

The Neonatal Unit (NNU) is located on the first floor of the Princess Alexandra building of the hospital. It is designated a level two Local Neonatal Unit (LNU) within the south west neonatal network framework and provides care for babies above 27 weeks gestation. There are 20 cots which are used flexibly to meet demand.

The unit has a neonatal outreach service that offers specialist nursing support to babies who have been discharged from the neonatal unit with ongoing additional needs, such as home oxygen or tube feeding.

The trust provides a comprehensive community child health service covering the whole of Cornwall and the Isles of Scilly supporting a population of over 110,000 children, with close links to the acute service.

Community therapists work across the community providing physiotherapy and occupational therapy to a range of children. There is also a child in care team who monitor and assess the health needs of children in care.

# Services for children and young people

Children and young people also attend parts of the hospital that are used for adult care. These included radiology, fracture clinic, critical care and the emergency surgical theatre. Each of these areas has some provision specific to different age groups of children.

Data from March 2017 to February 2018 showed the trust had 7,705 spells. Emergency spells accounted for 85% (6,561 spells), 11% (858 spells) were day case spells, and the remaining 4% (286 spells) were elective.

We visited the paediatric and neonatal areas as well as facilities for adults which were also used by children and young people. During our inspection we spoke with 11 parents and five children and young people. We also spoke with 47 members of staff, including service leads, nurses, consultants, doctors, administration staff, support staff and cleaning staff. We observed how babies, children and young people were being cared for, handover meetings between staff teams, and looked at care and treatment records, and other documents provided by the trust.

## Summary of this service

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

- Staff adhered to infection prevention and control policies and protocols.
- The units were clean, organised and suitable for children and young people.
- Incidents were reported and acted upon with feedback and learning provided to staff.
- Treatment and care were effective and delivered in accordance with best practice and recognised national guidelines.
- There was good multidisciplinary team working within the service and with other agencies.
- Children and young people were at the centre of the service and the priority for staff.
- Children, young people and their families were respected and valued as individuals.
- Care was delivered in a compassionate manner. Parents spoke highly of the approach and commitment of the staff who provided a service to their children.
- Children received excellent care from dedicated, caring and well-trained staff who were skilled in working and communicating with children, young people and their families.
- Staff understood the individual needs of children, young people and their families and designed and delivered services to meet them.
- There were clear lines of local management in place and structures for managing governance and measuring quality. The leadership and culture of the service drove improvement and the delivery of high-quality individual care.
- All staff were committed to children, young people and their families and to their colleagues. There were high levels of staff satisfaction with staff saying they were proud of the units as a place to work. They spoke highly of the culture and levels of engagement from managers.
- Innovation, high performance and the high quality of care were encouraged and acknowledged.

However:

- There was poor compliance with mandatory training levels.
- Safeguarding training compliance remained a challenge and required continued improvement. We were not assured there was a consistency of understanding of processes and policies at the named lead doctor level.

# Services for children and young people

- The location of the high dependency unit and the nursing observation arrangements remained a risk to children who were not visible to the main nursing station.
- Some staff had little training in mental health beyond their mandatory training. There was no further formal training to manage children and young people with complex mental health conditions who were in a crisis. Some staff said they did not feel adequately equipped to deal with these patients.
- Risk assessment and decision-making processes for children and young people with mental health needs were not always documented and some staff did not understand the requirements.
- There was a lack of coordination between patient record systems and this hampered delivery of effective care and treatment.

## Is the service safe?

**Requires improvement** ● → ←

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

- There was poor compliance with mandatory training levels which were below the trusts target level of 95 % in eight out of 12 modules for nursing staff and 12 out of 12 for medical staff. Safeguarding training compliance remained below the trust target level.
- The location of the high dependency unit and the nursing observation arrangements continued to represent a risk to children who were not visible to the main nursing station.
- Risk assessment and decision-making processes for children and young people with mental health needs were not always documented and some staff did not understand the requirements.

However:

- The units were clean and well organised. Staff adhered to infection prevention and control policies and protocols.
- There were effective handovers and shift changes to ensure staff managed risks to children and young people who used services.
- There were sufficient levels of appropriately qualified staff.
- Staffing levels and skill mix were planned and reviewed so children and young people received safe care and treatment.
- Nursing and medical records had been completed appropriately and in line with each individual child's needs. Confidential information was stored securely.
- There were systems for the safe storage and administration of medicines and the trust's policies, procedures and protocols were followed by staff.
- There were systems and policies for recording and learning lessons from incidents. Staff understood and followed them and said they were encouraged to report incidents.

## Is the service effective?

**Good** ● → ←

# Services for children and young people

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

- All children and young people had their physical, mental health and social needs assessed and treatment and care was provided in line with evidence-based practice and national guidelines.
- Children and young people were at the centre of the service and the priority for staff. High quality performance and care were encouraged and acknowledged, and all staff were engaged in monitoring and improving outcomes for children and young people.
- There was an annual audit schedule to benchmark and improve standards, which the paediatric teams across all settings contributed to.
- Staff assessed and monitored children and young people regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- There was evidence of effective and positive multidisciplinary working within the acute paediatric, community and neonatal services and with external services.
- There was effective transition planning for children moving to adult services.

However:

- There was a lack of coordination between record systems and this hampered delivery of effective care and treatment.
- Some staff had little training in mental health beyond their mandatory training. There was no further formal training to manage children and young people with complex mental health conditions who were in a crisis. Some staff said they did not feel adequately equipped to deal with these patients.

## Is the service caring?

Good   

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

- We observed staff treating children and young people and their parents with kindness and understanding.
- Children and young people, and their parents were involved, informed and supported in all aspects of their care. They were given the time to ask questions and staff clearly explained the reasoning behind the care given and actions taken.
- Young people were encouraged to be as independent as possible.
- Staff understood the impact a child or young person's care, treatment or condition had on their relatives and those close to them.
- Staff were passionate about the care they delivered to children and young people.
- Staff understood and respected the personal, cultural, social and religious needs of people and how these could relate to care needs.

## Is the service responsive?

Good   

# Services for children and young people

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

- Services were tailored to meet the needs of individual children and young people of all ages and were delivered in a flexible and timely way.
- There were systems and processes to meet children and young people's individual needs. Staff working in the service were focused on providing a responsive and needs led service. Processes were being followed to ensure the paediatric service provided reflected the needs of the local population.
- Information about the paediatric services was available in a variety of sources and locations.
- There were good facilities for babies, children, young people and their families.
- There had been a determined focus on discharge summary performance with continuous monitoring to maintain momentum.
- There were no barriers for those making a complaint. Staff actively invited feedback from children and their parents or carers and were very open to learning and improvement.
- Staff were aware of, and had access to, translation and interpretation services.
- 

## Is the service well-led?

Good   

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

- Leaders had the knowledge, skills and experience to do their jobs and staff spoke highly of the senior team. Staff felt the visibility of the senior management team was good and appreciated their direct response to concerns and comments.
- There was a clear statement of vision and values, driven by quality and integration of services.
- The governance and culture were used to drive and improve the delivery of high-quality care.
- The clinical managers were committed to the children and young people in their care, their staff and the units.
- Clinical and internal audit processes functioned well and had a positive impact on quality governance, with clear evidence of action to resolve concerns.
- All staff we spoke with showed a passion for providing a high-quality service for children and young people with a continual drive to improve the delivery of care.
- Children and young people, and their parents could give their feedback on the services they received through several different mediums
- There was a high level of staff satisfaction with staff saying they were proud of the unit as a place to work. They showed commitment to the children and young people, their responsibilities and to one another. All staff were treated with respect and their views and opinions heard and valued.
- There was effective management and oversight of the risk.



# Services for children and young people

## Areas for improvement

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

# End of life care

Requires improvement  

## Key facts and figures

End of life care throughout Royal Cornwall Hospital encompasses all treatment and care provided to patients identified as approaching the approximate last 12 months of life, as well as for patients for whom death is imminent. This includes essential nursing care, specialist end of life care, and bereavement and chaplaincy support and mortuary services. Care and support is also offered as required to relatives and those people close to patients.

End of life patient care is provided by staff working on any ward or clinical setting, such as within outpatient clinics and the emergency department. Additional expertise is available from the trusts integrated specialist palliative care and end of life (SPEOL) nurse led service. The team provides trust wide expert clinical advice, support and staff training, particularly for patients with complex care needs.

There is a cancer support centre accessible to any person affected by cancer. This is staffed by McMillan professionals and are not employed by the trust. A range of training is also available to all staff through the centre.

From April 2017 to March 2018, the trust had 1,661 deaths.

*(Source: Hospital Episode Statistics)*

The trust has an integrated specialist palliative care and end of life (SPEOL) nurse led service. Most of the referrals into the SPEOL team are from within Royal Cornwall Hospital. The trust states that the total number of referrals made to the team during 2017/18 was 1,173, 93.4% of which were accepted.

Medical cover for the SPEOL service is provided through collaborative working with the local hospice. An in-reach service is provided the local hospice for the provision of a palliative care consultant daily. This complements the employment of one whole time equivalent specialist palliative care consultant by the trust. Collectively, the consultants from the hospice and the trust provide 10 sessions of consultant time per week at Royal Cornwall hospital. This is a new process which was introduced in April 2018 and was reviewed in September 2018.

The End of Life Group with representation from clinical staff, patient experience, bereavement services and Healthwatch meet bi-monthly and currently reports to the Quality Assurance Committee.

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

During this inspection we visited wards and specialist departments. These included: the onward care team, the cancer centre, the mortuary, chaplaincy service and bereavement office. We spoke with 12 patients and those close to them. We reviewed 18 sets of patient care records and looked at 17 combined patient treatment escalation plans and Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms.

We spoke with 39 staff about end of life care. These included: specialist palliative care consultants, specialist nurses, registered nurses, health care assistants, chaplains, the bereavement team, the patient experience team, the end of life executive lead (who was the director of nursing), administrators, the mortuary manager, and junior doctors.

## Summary of this service

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

# End of life care

- We were not assured the service was always meeting the requirements to provide safe care in all areas. The post mortem environment posed a cross infection risk and equipment did not meet standards. Consultant cover was stretched and compliance with treatment escalation plan was poor.
- The service required improvement in effective care as the trust was not identifying all patients in the last year of their life. There had been a lack of improvement in the completion of treatment escalation plans, this had been highlighted as an area of concern on previous inspections. The service was in its first year of participating in the national audit of care for end of life patients and had not participated in any previous national audits.
- Services were not always responsive to the needs of the local population. Consultant staffing levels and the facilities available could not meet the needs of patients, relatives and staff. Patients didn't always attain their preferred place of care.
- Well-led was rated as requires improvement. There was a lack of oversight and action taken to address issues, for example those seen in the mortuary. Not all actions had not been taken to address issues raised in previous inspections. Where audits had identified areas of poor performance, we did not see any action plans that addressed how this would be managed. The end of life risk register did not capture the risks to the service comprehensively, nor how they would be mitigated. There had been little momentum to improve this situation, and therefore the board could not be assured risks were identified or managed effectively.

However:

- Safety was good in some key areas. There was good compliance with mandatory training and safeguarding training levels, although this was within a very small team. There was positive management of medicines.
- To be effective, services were based around current evidence-based guidance. Staff were trained and competent to care for patients at the end of their life.
- There was good care provided to patients and relatives. Patients spoke positively about the care they received. Staff recognised and provided emotional support. Patients were involved and informed about the treatment and care they were given.
- Responsiveness was good in some areas. The SEPOL team were responsive to the needs of staff and patient needs regarding treatment and the withdrawal of treatment were respected.
- Leaders had the skills and experience to carry out their roles. Staff spoke positively about leaders and felt they were approachable and listened.

## Is the service safe?

**Requires improvement** ● → ←

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

- The mortuary post mortem room posed a health and safety risk to staff. Not all equipment could be cleaned to reduce cross infection risks and drainage of fluids was not adequate.
- Environment and equipment did not always keep patients and staff safe. Mortuary equipment did not meet the needs of the service with outdated and unsafe equipment. Temperatures of the temporary body storage fridges were not monitored through the central alarm system, which meant there was a risk any rises in temperatures would not be identified out of hours.
- Treatment escalation plan were not always completed or contained the required information.

# End of life care

- Medical staffing levels did not meet guidance from NHS England (Specialist Level Palliative Care: Information for Commissioners, 2016). Consultant cover was not provided seven days a week, face to face, although there was access to an advice line.

However:

- The specialist palliative end of life team received and completed mandatory training. Nearly all staff were up to date with mandatory training.
- The trust had processes in place to safeguard vulnerable adults and children from abuse. Staff had a good knowledge of safeguarding and their responsibilities with all nursing staff having received safeguarding training.
- Staff identified and responded appropriately to changing risks of patients.
- Arrangements for managing the medicines required by patients at the end of their lives kept people safe. There was good access to medicines to support patients in the final days of their lives.

## Is the service effective?

**Requires improvement** ● ▲

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

- Not all patients deemed to be at the end of life were identified. Staff were not regularly identifying patients who were in the last year of life.
- Completion of end of life care documentation was variable. Only 54% of patients had their preferred place of care documented. There were also poor audits results for other end of life documentation, for example if anyone had lasting power of attorney.
- Performance in the audit of treatment escalation plans, continued to be a poor. This had been highlighted as an area for improvement on previous inspections and continued to challenge the trust.
- There was a lack of data to review patient outcomes. The trust had recently participated in the National Audit of Care at the End of Life (NACEL) audit. This was the first year that the trust had participated in a national survey so whilst the trust would be able to compare its results nationally, these results would form the benchmark for the trust.
- Advance care planning training was not available to staff. Staff reported this was an area of concern and they did not feel confident in discussing and planning for patients in the last year of their life.

However:

- Care, treatment and support was delivered in line with legislation, standards and evidence-based guidance.
- Pain was assessed and managed well. Anticipatory pain relief was prescribed.
- Staff working within the specialist palliative care and end of life team had the skills and knowledge required for their role. They provided additional training to ward based staff and staff reported they were responsive to their needs.
- All necessary staff were involved in assessing, planning and delivering care and treatment to patients at the end of their lives. This included including staff from different teams, services and organisations.

# End of life care

## Is the service caring?

**Good** ● → ←

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

- The bereavement service provided supportive and compassionate care.
- Patients we spoke with spoke positively about the care and treatment they had received.
- Counselling and psychological support were accessible for patients.
- Staff provided emotional support to patients to minimise their distress. Examples were given where staff had raised money to improve facilities for the end of life patient.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ● ↑

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

- Delivery of end of life care did not always meet the needs of local people. The service was unable to meet the demands of the local population due to a lack of side rooms, mortuary space and consultant cover.
- People who were approaching the end of their life were not always supported to make informed choices about their care. We saw evidence of patients being unaware of their prognosis and were informed this might have impacted the decisions they had made about their care.
- There were no facilities in the mortuary for patients of different religions. This meant it was not clear how ritual washing or other activities could be undertaken.

However:

- Staff followed processes to decide at which point treatments or interventions were withdrawn.
- The Specialist Palliative End of Life team benefitted from a close working relationship with the local hospice which meant that where this was the preferred place of care, the team could quickly identify if a bed was available.

## Is the service well-led?

**Requires improvement** ● ↑

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

- There was a lack of leadership to support staff with caring for patients who may be in the last year of life.
- The level of consultant cover meant these staff were stretched This had been raised as a concern at our previous inspection, however a lack of action had been taken to address the issue.

# End of life care

- The mortuary service had lacked investment for a prolonged period. Action had not been taken to address concerns raised and we were not assured that there was sufficient oversight or management of the issues faced within the department
- The service had not been formally evaluated and we did not see any plans for this to occur outside of the consultant cover review.
- The end of life risk register was not comprehensive and did not clearly detail how risks could be managed and mitigated. The end of life executive lead, and clinical lead were aware that the risk register was not fulfilling its purpose. However, we were not assured that it took sufficient priority within the management of the service
- There was no evidence of a systematic programme of clinical internal audit to monitor quality, operational or financial processes. We were not assured that areas of poor performance or areas of improvement were acted on because of these audits.
- There was little engagement with the public, patients or relatives to gain feedback into the service and to drive improvement.

However:

- The Specialist Palliative End of Life team were held in high regard across the trust and staff spoke positively about them and the support and guidance they gave.
- Staff reported that the leadership was visible, approachable and worked in a collaborative way with them. Staff were encouraged to develop and improve skills and competency.

## Areas for improvement

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

# Outpatients

Requires improvement 

## Key facts and figures

Outpatient services are delivered by Royal Cornwall Hospitals Trust (RCHT) across several sites (RCHT and community) and delivered by the clinical divisions.

The trust reported that there is a central outpatient booking team which supports most of the specialties (62%); the remaining areas are booked at a local level within the specialties.

There are three main outpatient departments within the trust accommodating several outpatient services and several further departments/areas 'owned' by individual specialties.

The trust stated that 85% of outpatient activity is delivered at the three main trust sites (Royal Cornwall Hospital, St Michael's Hospital and West Cornwall Hospital), 13% from community hospitals and the remaining 2% from a variety of sites including health centres and GP practices.

Leadership of and responsibility for outpatient services by role across the trust is described as follows:

- Clinical/specialty lead – responsible for clinical delivery /risk.
- Directorate/senior manager – Responsible for managing capacity and demand;
- Nurse in charge/AHP lead – Responsible for the environment and line management of clinical staff

Outpatient services are delivered via numerous models such as advice and guidance, nurse led, one stop clinics and open access clinics.

## Summary of this service

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

We rated outpatients as requires improvement because:

- We were not assured the service was always meeting the requirements to provide safe care in all areas. Patients were continuing to come to harm because the systems to mitigate the risks to patients on waiting lists were not working. There were issues around infection prevention and control standards. Staffing issues had resulted in a back log of GP letters in oncology meaning patients could be waiting too long before treatment commenced.
- The trust was failing to meet referral to treatment times. Some patient outcomes needed to be better, having seen limited improvement over time.
- RTT was still variable and not meeting national standards and complaints were not always responded to within target time frames. Despite this, responses were thorough.
- Well-led was rated as requires improvement. There remained a statistically significant number of staff who felt communication with staff was not working and the culture of fear and intimidation remained. The governance processes were not adequate to ensure the issues with safety had been either discovered or addressed.

However:

# Outpatients

- Safety was good in some key areas. The fracture clinic had received significant investment to improve its environment. Staffing levels were acceptable to provide a safe service most of the time.
- Services were provided in line with evidence-based practice. Staff were competent and had many development opportunities. Patients suffering pain were well managed within guidelines and protocols.
- Staff were committed to giving the best care to patients, and frequently went above and beyond their responsibility for many patients to support those with social and other physical or mental health needs. Patients were involved, informed and supported in the care and treatment provided, and relatives were included and involved too.

## Is the service safe?

**Requires improvement** ●

We rated safe as requires improvement because:

- The trust was not able to demonstrate compliance with children's level three mandatory SG training targets.
- The outpatient department had not met its mandatory training targets in six out of 12 modules.
- The environmental and infection prevent control risks had not been address in all areas of the outpatient department, cancer care clinic in the sunrise centre had fabric chairs in treatment rooms which do not allow a deep clean and have the potential to retain infection risks. Additionally, there were chairs that had large tears in the fabric and the sponge inner exposed. In ophthalmology the seating area had appropriate high visibility easy clean seating. However, these seats were aging and were beginning to show signs of accumulated wear and tear with an un-defined black residue on the seats. In cardiology the pacing room had a worn carpet that was ingrained with dirt, despite the rest of the clinic having appropriate, impervious and easy to clean flooring.
- The cardiac specialist nurse office was not fit for purpose and posed a risk of patient harm. The room was crowded and noisy and there was a risk of poor communication and wrong information being heard.
- Patient records were not always completed in a timely way. There were delays in letters being sent to patient's GPs in the ophthalmology, oncology and cardiac departments. Harm had occurred to patients due to this delay. In July 2018 there were 1010 delayed letters of which 40% were delayed over 7 days.
- Patients continued to come to harm despite a renewed process to manage waiting lists and review the most at-risk patients.

However;

- There were reliable systems in place to protect and prevent people from healthcare-associated infections.
- Environmental issues had been addressed which had improved patient safety in a previously poor clinic.
- Emergency equipment was well maintained. We found the resuscitation trolleys were all sealed with tamper-evident seals and all dates were correct and inspected regularly by clinic staff.
- Hazardous waste and by-products were safely managed.

## Is the service effective?

We do not currently rate effective for outpatients.



# Outpatients

- Outpatients clinics used evidenced based care and treatments. We saw evidence that specialities within outpatient department delivered care and treatment in line with the National Institute for Health and Care Excellence (NICE) and national guidelines where appropriate.
- There was a patient access policy which denoted actions for staff to follow when booking or updating patient outcomes.
- People's nutrition and hydration needs were assessed and met. For example, we observed caffeine free drinks and vegetarian food was offered to patients with specific nutritional needs.
- There was strong multidisciplinary working in the pain clinic.
- We saw evidence of how the pain of individuals was assessed and managed. For example, patients in the pain management department were given a pain diary and a 12-week telephone follow-up appointment.
- In dermatology, patient outcomes were completed for every patient. New patients were asked to complete a survey regarding lifestyle and the preferred outcome from treatment.
- Staff were competent within their roles. The trust's appraisal policy stated that all staff were required to have an annual appraisal using the job description and person specification for their post. Staff we spoke with told us they had received appraisals.
- We observed a range of specialist nurses including ophthalmology, oncology, and dermatology working within the outpatient's departments providing nurse-led clinics alongside medical colleagues and sharing knowledge with other staff.
- Staff worked together to assess and plan ongoing care and treatment in timely manner. For example, we were told that MDT meetings were held in the dermatology and were usually attended by skin cancer consultants, plastic surgeons and specialist nurses.

However:

- There were no specific patient reported outcome measures data collected for the outpatient's service.
- Waiting times and a lack of available data continues to mean patients are waiting above national standards waiting times in some speciality clinics.
- Outcome data remained confusing between the outpatient's specialities, as we found in the 2017 inspection. For example, in general outpatients it was hard for staff to demonstrate how a given clinic's outcome data reflected how well the clinic was performing.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Throughout our inspection we saw patients were treated with compassion, kindness, dignity and respect. Staff respected patients' social, cultural and religious needs.
- Patients and relatives told us that staff introduced themselves and they were treated with kindness.
- We observed positive interactions between staff, patients and relatives. Staff introduced themselves and took time to interact in a considerate and sensitive manner. We saw that frequent or long-term patients had built relationships with staff and told us they felt at ease in their care.

# Outpatients

- We spoke with 12 patients and relatives from outpatient clinics including fracture, dermatology, ophthalmology, medical oncology. They all spoke highly of the care they had received and described staff as 'brilliant' and 'supportive'. Two patients said staff were caring, knowledgeable and had a passion for their work.
- Patients were directed to separate waiting areas and discreet changing facilities for appointments that required hospital gowns, to protect their dignity.
- Consultants were responsible for breaking bad news to patients and described examples of arranging additional support for these patients. Patients with cancer had access to a clinical nurse specialist for additional support.
- Patients in the ophthalmology department told us that their condition had been explained to them and they had sufficient information to understand their condition.
- Clinical nurse specialists supported patients in clinic, especially if there was bad news to impart, and were heard being supportive and compassionate.
- Staff communicated with patients and families in ways they could understand, and patients felt they had been encouraged to make their own decisions.
- After their appointments, most patients were aware of when they would receive test results or next appointment dates.
- Staff could give examples of when they had used face-to-face and telephone interpreters to ensure patients fully understood their treatment.

## Is the service responsive?

**Requires improvement** ●

We rated responsive as requires improvement because:

- The trust was still not meeting national standards in relation to referral to treatment (RTT) despite some improvements. There was a variable picture of RTT across the various clinical specialities in the outpatient department.
- The facilities and premises were not always appropriate for the services that were planned and delivered. For example, the environment in the outpatient department at RCHT's fracture clinic did not always allow patient confidentiality to be maintained.
- Car parking facilities were available at each site; however, the number of parking bays did not meet demand. There were a limited number of disabled bays which were located at a distance from the outpatient's department.
- Not all patients we spoke with had received written information before their appointment and two patients said they had missed appointments due to miscommunication.
- The trust's action plan for reducing their waiting lists included running additional clinics to meet the demand for outpatient services; however, we found that this was not always possible in practice.

However:

- We saw evidence that services were planned to meet the needs of the local population. For example, to accommodate patients across Cornwall and the Isle of Scilly outpatient services were provided from Royal Cornwall Hospital and peripheral sites.

# Outpatients

- Patients were given a choice of which location they preferred to attend when their GP made their referral or via the NHS e-referral service.
- The outpatients' bookings team had optimised their telephone booking service, so they were able to monitor key performance indicators.
- There was a system to notify staff if people required additional support, such as people living with a learning disability, dementia or mental health problems; people with physical difficulties; and people who require an interpreter or advocate.
- The trust had a mental health and learning disability team who could provide care and advice for patients living with a variety of disorders and disabilities. This included depression and anxiety, eating disorders, learning disabilities, autism, attention deficit hyperactivity disorder (ADHD) and personality disorder.
- The trust had access to cancer support services with staff who spent time with patients. This was to assess, maintain and promote physical, social, psychological and spiritual wellbeing to improve quality of life.
- Patients who were at risk of breaching cancer waiting times were reviewed and prioritised by the cancer services team. Patients who were not on the two-week waiting list but had a positive diagnosis from a routine or urgent investigation were flagged to the cancer team in daily emails.
- Increased clinics had been operated to improve patients flow and reduce waiting times. For example, the RAPID chest clinic.

## Is the service well-led?

**Requires improvement** ●

We rated well-led as requires improvement because:

- Not all leaders had the skills, knowledge, experience and integrity that they needed to lead their departments. There was a variable level of understanding of both the acute processes for governance and how they integrated into the wider health economy.
- Some nursing staff spoke unfavourably about the senior leadership and management styles of their line managers.
- Not all leaders were visible, approachable or compassionate towards staff. Staff described how they didn't feel they could have open and honest conversations with managers (including with the executive team) whenever an issue arose.
- A high number of staff at RCHT outpatients told us that they felt disengaged from the board and that they were left to manage issues alone.
- A culture of intimidation and fear remained in several outpatient departments we visited. Staff called the culture "toxic" and one of "fear" staff had gone off sick due to some issues related to the culture.
- Staff were not aware of the key performance indicators set for their clinics and how they performed in relation to them.
- Staff were unable to tell us about the trust's actions to reduce the backlog of patients waiting more than 18 weeks for appointments.

However:

# Outpatients

- There was improved oversight and management of risks to patients. This was reflected in departmental risk registers and the management of high risk patients of waiting list for specialities.
- Senior staff understood the strategy for outpatient services and their role in achieving it. Plans were challenging while remaining achievable.
- There was an improving governance framework to support the delivery of quality patient care. For example, staff were clear about their roles and could demonstrate what they were accountable for. There were procedures in place to maintain clinical governance and risk management. For example, a monthly outpatient services dashboard detailed performance information tracking.
- The outpatient transformation programme had been re-started to better address the challenges faced by the departments.
- The management of the outpatient backlog was improving. The outpatient senior management team used a risk register to record, and monitor risks within the department.

## Areas for improvement

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

# Diagnostic imaging

**Outstanding** 

## Key facts and figures

Clinical imaging services at Royal Cornwall NHS Trust (RCHT) were delivered across three local sites. Further provision at another eight sites was commissioned by the local community hospital NHS trust. The Trust provided diagnostic imaging to a local population of over half a million and was centrally managed from RCHT Truro where we focussed our inspection. The clinical imaging directorate formed part of the Clinical Support and Cancer Division at the trust.

The imaging activity for 2017-18 for all modalities, in-patients and out patients amounted to 364,648 scans or images.

RCHT offered a full range of diagnostic imaging services including: X-ray (plain film); computerised tomography (CT); magnetic resonance imaging (MRI); obstetric and non-obstetric ultrasound; interventional radiology including cardiology and a nursing team delivering vascular access and paracentesis services; fluoroscopy; mammography; nuclear medicine; and dual energy X-ray absorptiometry (DEXA) scanning.

An in-house medical physics service supported the imaging teams.

Our inspection was part of an announced inspection.

The service was previously inspected in July 2017 as part of the outpatients and diagnostic imaging core service framework, so we cannot compare our new ratings directly with previous ratings.

During this inspection, we spoke with 41 staff, including radiographers, mammographers, sonographers, radiologists, radiography assistants, nursing and administrative staff. We also spoke with 5 patients and relatives.

The inspection team consisted of a lead inspector and a specialist advisor who had a radiography background.

## Summary of this service

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

We rated this service as outstanding because:

- People's needs were met through the way services were organised and delivered. Patients could access the service when it suited them, and staff ensured the individual needs of complex patients were met. Consent to care and treatment was always sought in line with legislation and guidance. Patients' complaints and concerns were listened to and used to improve quality of care.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Risk was understood and managed and there was a proactive and collaborative approach to reviewing and improving quality and safety.
- People were protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong. There were safe levels of staff who were trained to provide safe care. Patient records, infection control practices, systems, and staff recognition and management of risks to patients assured us of a safe service.

# Diagnostic imaging

- The team provided care based on the best available evidence. The service monitored care using data from internal audits. Staff had the skills, knowledge and experience to deliver an effective service. They were competent and had good opportunities for development. Staff worked well together and involved other services to support them in providing effective care.
- Staff were consistently caring and treated patients with kindness, dignity, respect and compassion. Staff made every effort to minimise any distress for patients.

However:

- Some parts of the estate were not suitable for patient care and needed updating.

## Is the service safe?

**Good** 

We rated safe as good because:

- Staff had completed training which allowed them to undertake their roles safely and effectively. There were training opportunities to allow staff to expand their skills and knowledge.
- Staff understood how to protect patients from abuse and staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' procedures. Records were up-to-date and available to all staff providing care.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The 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 the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Some equipment and parts of the environment required updating.

## Is the service effective?

We do not currently rate effective in diagnostic imaging.

- New evidence-based techniques and technologies were used to support the delivery of high-quality care.
- All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking and peer review were proactively pursued, including participation in approved accreditation schemes.

# Diagnostic imaging

- The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. Where relevant, volunteers were proactively recruited and were supported in their role.
- Staff, teams, and services were committed to working collaboratively within the speciality and with other services internally and externally to the trust.
- Staff had access to up-to-date, accurate and comprehensive information on patients' clinical requirements. All 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.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Staff cared for patients with compassion we saw that staff treated patients well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment. They explained procedures in a way that patients could understand.
- Staff provided emotional support to patients to minimise their distress. Staff showed awareness of the emotional impact a patient's care, treatment or condition would have on their well-being.

## Is the service responsive?

**Outstanding** ☆

We rated responsive as outstanding because:

- The trust planned and provided services in a way that met the needs of local people.
- Overall, people could access the service where and when they needed it.
- The service always took account of patients' individual needs.
- Demand for imaging services was increasing, but waiting times were well-managed and the clear majority of performance indicators were within national performance standards.
- The service had few complaints and responded to them in a timely way and with consideration.

## Is the service well-led?

**Outstanding** ☆

We rated well-led as outstanding because:

# Diagnostic imaging

- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- The strategy and supporting objectives and plans were challenging while remaining achievable. The service demonstrated commitment to system-wide collaboration and leadership. The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns.
- There is strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.
- There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and using secure electronic systems with security safeguards.
- Generalised trust patient feedback capture methods did not always capture feedback on the imaging services. Managers were developing a means of capturing the views of those who used the service and demonstrated commitment to acting on feedback received.
- The service demonstrated a commitment to achieving ISAS (the Imaging Services Accreditation Scheme). Improvement methods and skills were available and used throughout the service, and staff were empowered to lead and deliver change.

## Outstanding practice

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

## Areas for improvement

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



# Community sexual health services

Good   

## Key facts and figures

The service provided sexual health care and treatment at level three for adults and children. A level three service provides specialist community sexual health care and treatment which included confidential, open access for patients requiring contraception, sexually transmitted infection testing and treatment, chlamydia screening, psychosexual counselling, sexual health promotion and HIV prevention and treatment services.

The service used a hub and spoke model of care. The main service was provided from The Hub, located on the site of the acute hospital and several peripheral clinics. The peripheral clinics were held in Penzance, St Austell, Falmouth, Newquay, Bodmin, Bude, Launceston, Helston, Camborne/Redruth, Hayle and Liskeard. Clinics were available across the locations on six days of the week.

From April 2017 to April 2018 the trust reported a total of 7189 patients attending for contraceptive services, with 50% attending The Hub and 50% peripheral clinics. During the same period 11,321 new patients and 4,854 follow up patients attended for genitourinary medicine services. A total of 74% (11,969 patients) sought care and treatment at The Hub and the remainder at peripheral clinics.

This inspection was carried out as part of the comprehensive announced inspection of the trust. This ensured everyone we needed to talk to was available. During the inspection we visited The Hub and the peripheral clinic held in Newquay.

We spoke with 10 patients and 16 members of staff to seek their views of the service. We also reviewed documentation, such as policies and procedures and ten sets of patient's medical records.

## Summary of this service

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

- Safe, effective, caring, responsive and well-led all remained the same and were rated as good.
- The service had robust procedures in place to safeguard adults and children against abuse and staff were trained to deliver sexual health services to adults and children.
- The environment, maintenance and use of facilities and premises kept patients who visited the service safe. Medicines were stored, administered and dispensed safely.
- Risks to patients were assessed and their safety monitored and managed so that patients and staff were safe. The service ensured action was taken and learning taken when things went wrong.
- The service carried out internal and external audits to ensure the care and treatment was in line with recognised legislation and best practice. The service collected appropriate data to ensure that patients received a good outcome.
- Staff worked well within and across the trust and with external organisations to deliver effective care and treatment.
- The service ensured consent to care and treatment was always sought in line with legislation and guidance.
- Patients received a caring, compassionate and empathetic service and were able to make informed choices about their care and treatment. Staff provided or signposted patients to appropriate emotional support.
- Patients were able to access care and treatment in a timely way in a variety of locations.

# Community sexual health services

- The leadership and management of the service ensured high quality care and treatment was delivered. There were clear responsibilities, roles and systems of accountability which supported good governance and management.
- The strategy and forward planning for the development of the sexual health service was under review at the time of our inspection.

However:

- Staff were not fully protected from the risk of infection as they did not use appropriate equipment or cleaning materials when cleaning spillages of bodily fluids.
- Staff did not always have access to supplies of single use equipment when required.
- Information maintained in patient records was not always an accurate reflection of the conversations, advice and treatment provided.
- At times patients could not receive all required care and treatment at one clinic. This was due to not all nursing staff being trained to provide contraception and genitourinary care, despite this being an integrated service.

## Is the service safe?

Good   

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

- The service had robust procedures in place to safeguard adults and children against abuse.
- Staff were trained to deliver sexual health services to adults and children.
- Patients were protected from acquiring a healthcare associated infection through the systems and processes in place in the sexual health service.
- The environment, maintenance and use of facilities and premises kept patients who visited the service safe.
- Risks to patients were assessed and their safety monitored and managed so that patients and staff were safe.
- The staffing levels and skill mix of staff was planned and reviewed so that patients received safe care and treatment in the clinics.
- Medicines were stored, administered and dispensed safely.
- The service ensured action was taken and learning taken when things went wrong.

However:

- Staff were not fully protected from the risk of infection as they did not use appropriate equipment or cleaning materials when cleaning spillages of bodily fluids.
- Information maintained in patient records was not always an accurate reflection of the conversations, advice and treatment provided.

## Is the service effective?

Good   

# Community sexual health services

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

- The service carried out internal and external audits to ensure the care and treatment was in line with recognised legislation and best practice.
- Information was provided to patients so that they were able to manage their pain following procedures.
- The service collected appropriate data to ensure that patients received a good outcome.
- Staff worked well within and across the trust and with external organisations to deliver effective care and treatment.
- Patients were supported to live healthier lives and provided with relevant and up to date information.
- The service ensured consent to care and treatment was always sought in line with legislation and guidance.

## Is the service caring?

Good   

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

- Patients received a caring, compassionate and empathetic service.
- Patients were provided with or signposted to appropriate emotional support.
- Patients were able to make informed choices regarding their care and treatment.

## Is the service responsive?

Good   

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

- Services were planned and delivered to meet the needs of patients in various locations and at differing times.
- The service provided a personalised care service that took in to account the needs and choices of different people.
- Patients were able to access care and treatment in a timely way.
- Patients complaints and concerns were listened and responded to.

However:

- Patients were not provided with full information on how to make a complaint.

## Is the service well-led?

Good   

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

- The leadership and management of the service ensured high quality care and treatment was delivered.
- The strategy and forward planning for the development of the sexual health service was under review at the time of our inspection.

# Community sexual health services

- Staff felt supported, respected and valued.
- There were clear responsibilities, roles and systems of accountability which supported good governance and management.
- The service had systems in place for effectively managing risks and issues.
- Information regarding the service was available, processed and shared with the trust.
- Patients, staff and external partners were engaged and involved to improve the quality of the service provided.

## Outstanding practice

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

## Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

**This guidance** (see [goo.gl/Y1dLhz](http://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

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

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Termination of pregnancies  
Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Termination of pregnancies

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

### Regulated activity

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

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Termination of pregnancies

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### Regulated activity

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

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Termination of pregnancies

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

### Regulated activity

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

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Termination of pregnancies

Treatment of disease, disorder or injury

### Regulation

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

### Regulated activity

### Regulation

This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Treatment of disease, disorder or injury

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

# Our inspection team

Julie Foster, Inspection Manager, and Daniel Thorogood, Inspection Manager led this inspection. It was overseen by Mary Cridge, Head of Hospital Inspections.

The team included 16 inspectors, 22 specialist advisers, two staff from NHS Improvement, one assistant inspector, a pharmacy inspector, two mental health inspectors and CQC's national professional advisor for well-led.

Specialist advisers are experts in their field who we do not directly employ.