

South Warwickshire NHS Foundation Trust

Inspection report

Warwick Hospital
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Warwickshire
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2019
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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 trust quality rating

Outstanding 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Outstanding 
Are services well-led?	Outstanding 
Are resources used productively?	Outstanding 

Summary of findings

Combined quality and resource rating

Outstanding 

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

Background to the trust

South Warwickshire NHS Foundation Trust (SWFT) provides acute hospital and community health services for approximately half a million people across Warwickshire and young people and family services in Coventry and Solihull. The trust provides district general hospital services at Warwick Hospital.

The trust provides acute inpatients care and treatment for specialties including cardiology, colorectal surgery, diabetes and endocrinology, geriatric medicine, gynaecology, haematology, neurology, ophthalmology, paediatrics, respiratory conditions, stroke and trauma and orthopaedics.

Community inpatient care is provided at Stratford-upon-Avon Hospital, Royal Leamington Spa Rehabilitation Hospital and Ellen Badger Hospital. The trust also provides neuro rehabilitation at the Central England Rehabilitation Unit (CERU), based at Royal Leamington Spa Rehabilitation Hospital. The trust also provides community services for adults; children, young people and families; community urgent care; community end of life care, and community urgent and emergency care.

(Source: Routine Provider Information Request (RPIR) – Context acute tab; trust website)

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Outstanding  

What this trust does

South Warwickshire NHS Foundation Trust (SWFT) provides acute hospital and community health services for approximately half a million people across Warwickshire and young people and family services in Coventry and Solihull. The trust provides district general hospital services at Warwick Hospital. Community inpatient care is provided at Stratford-upon-Avon Hospital, Royal Leamington Spa Rehabilitation Hospital and Ellen Badger Hospital. The trust also provides neuro rehabilitation at the Central England Rehabilitation Unit (CERU), based at Royal Leamington Spa Rehabilitation Hospital. The trust also provides community services for adults; children, young people and families; community urgent care; community end of life care, and community urgent and emergency care.

Registered locations:

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

The trust is registered to provide the following regulated activities:

Summary of findings

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

Activity:

- The trust has 446 acute beds, seven critical care beds and 40 maternity beds.
- From March 2018 to February 2019, there were 60,637 inpatient admissions (+4% compared to previous year). 4,024 of these were children, approximately 8%.
- There were 566,244 outpatient attendances (+9%).
- There were 78,713 accident and emergency department attendances (+5%), of which 16,538 were children (1%).
- The trust employs 3,926 WTE staff.

Financial Position:

- The trust is in a favorable financial position compared with similar local trusts and had an £18.913m surplus in 2018/2019. The income earned was £320.9m, which was 10% higher than the previous financial year.
- The trust is not in special financial measures. The NHSI Single Oversight Framework provides targeted support when required. No use of resources assessment has been carried out by NHS Improvement prior to this inspection.

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 inspected two acute core services at Warwick Hospital: urgent and emergency care and medical care from 20 to 22 August 2019.
- We inspected two community health services from 27 to 29 August 2019: health services for adults and children and young people.
- We carried out a Well led review on 24 and 25 September 2019.

Summary of findings

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

What we found

Overall trust

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

- We rated safe, effective, caring as good, and responsive and well led as outstanding. We found all four of the core services inspected as outstanding for being well led. In rating the trust, we took into account the current ratings of the eight services not inspected this time.
- We rated well-led for the trust overall as outstanding.
- Staff treated patients and their families with great compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients and their families were truly respected and valued as individuals by an exceptional service. Staff found innovative ways to provide emotional support to patients, families and carers to minimise their distress. Staff routinely empowered patients to have a voice and ensured a person centred approach and went above and beyond to support them. Feedback about services was extremely positive.
- There was compassionate, inclusive and effective leadership at all levels. Leaders had the skills and abilities to run the service and deliver high-quality, patient centred care. Staff understood the trust's vision and values, and their role in achieving them. Staff felt truly respected, supported and valued. They were highly motivated and committed to improving the quality and sustainability of care and people's experiences. Staff at all levels were clear and passionate about their roles and accountabilities and had regular opportunities to meet, discuss and learn. The trust engaged well with patients, families, the local community and external partners to help improve services. All staff were highly committed to continually learning and improving services. There was a strong record of sharing work locally, nationally and internationally.
- Patients' individual needs and preferences were central to the delivery of tailored services. Staff worked collaboratively with others in the wider system and local organisations to plan care and improve services. There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which was accessible and promoted equality. People could access the service when they needed it, in a way and time that suited them and received the right care at the right time. It was easy for people to give feedback and raise concerns about care received.
- The trust had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The trust managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided great care and treatment and prescribed pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.

However:

- Not all staff were up-to-date with mandatory and safeguarding training, but it was improving. Appraisal completion rates were below the trust target for allied health professional, nursing support and administrative staff groups in some areas.

Summary of findings

- Some people could always not access the therapy service when they needed it. The service had effective plans in place to prioritise and mitigate this.
- Not all equipment in the emergency department (ED) was checked, and records kept that in line with trust policy and monitor all chemicals are stored safely.
- Consultant hours in the ED did not meet national guidance.
- Staff did not always complete or update risk assessments for each patient in medical care and did not always identify clear actions to remove or minimise risks.

Are services safe?

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

- We saw general improvements in the safety of services provided in all areas, and there was a clear focus on patient safety.
- All four core services inspected were rated as good for the safe key question.

Are services effective?

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

- All areas inspected were providing evidence based care and monitoring the outcome of care so that further improvements could be made.
- All four core services inspected were rated as good for the effective key question.

Are services caring?

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

- All staff were caring and compassionate in all areas visited.
- We rated caring for Medical Care at Warwick Hospital and Community Children and Young People's services as outstanding.

Are services responsive?

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

- We saw improvements in access and flow in and patients were receiving timely assessment and treatment.
- We rated responsive for Urgent and Emergency Care at Warwick Hospital, Community Health Services for Adults and Community Children and Young People's services as outstanding.

Are services well-led?

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

- We found all four of the core services inspected as outstanding for being well led.
- We rated well-led for the trust overall as outstanding.

Use of resources

This was the first time we have inspected and rated use of resources. We rated it as outstanding because:

Summary of findings

- The trust demonstrated that innovation and continuous improvements underpinned clinical services delivery, with various examples of productivity improvements achieved, which had enabled the trust to continue delivering services sustainably, despite rising demand and capacity restrictions. The trust had a track record of delivering services within available resources and consistently achieving surpluses.

Combined quality and resources

This was the first time we have awarded a combined quality and of use of resources rating. We rated it as outstanding because:

- For the trust's quality ratings, the responsive and well key questions were rated as outstanding. Safe, effective and caring were rated as good overall.
- All four core services inspected were rated as outstanding overall.
- Use of resources was rated as outstanding.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in all four core services inspected and at trust wide level.

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

Areas for improvement

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

Action we have taken

We did not find any regulatory breaches at this inspection.

What happens next

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

Outstanding practice

We found examples of outstanding practice in all four core services inspected and at trust wide level.

- The trust was working collaboratively with the local mental health NHS trust to establish a four weekly rolling programme to discuss and develop individualised action plans to reduce the attendances of high intensity users (HIU) with mental health issues. By identifying clear management plans, this enabled the service to provide care in line with guidance from the mental health trust. It enabled staff to manage patients in a more structured way and link back to the mental health teams for any patients that may become HIU.

Summary of findings

- The trust had adapted a traditional 6A's audit process (Advice, Access to out-patient services, Ambulatory Emergency Care, Acute Frailty Unit, Acute Assessment Units, Admission to specialty ward directly) adapting it to look at and scrutinise all patients attending in the emergency department (ED) over a specified time frame. This had identified that only 50% of patients attending ED needed to come to ED and 20 to 25% of patients attending ED could have been managed by a GP.
- The service had developed an electronic patient whiteboard which tracked the patient journey including length of stay and outstanding tasks through ambulatory emergency care (AEC). The whiteboard also facilitated a virtual follow-up list of patients to ensure that pending investigations were chased up and the results were acted upon. A real-time dashboard used data from the whiteboard to provide up-to-date performance metrics such as daily activity, number of admissions, average length of stay and percentage of the medical take seen through AEC.
- To enhance the environment in the paediatric waiting room in ED (with a view to providing an area that was more relaxing for children to minimise their anxiety when they felt unwell or had sustained an injury), the trust ran a competition for local schools to design ceiling tiles. The trust used this opportunity to engage with the local community. We saw the ceiling had been designed and saw it being used by parents to help relax their unwell child.
- The development of an advanced care practitioner role to support medical staff in delivering timely assessment and care to patients using the acute medical service.
- Competency based training for band 5 nurse staff to enable them to develop skills to perform certain procedures in the cardiac catheter laboratory. The impact of this was to increase the capacity of the service and minimise patient wait times for these procedures.
- The implementation of an outpatient antibiotic therapy (OPAT) service to enable patients to receive intravenous antibiotics without the need for admission to hospital. This service had been shown to reduce hospital length of stay and had met 98% of intended clinical outcomes.
- The introduction of a band 4 ward coordinator role to support ward managers in monitoring staff mandatory training and appraisals. The role had demonstrated an increase in governance compliance.
- The community emergency rapid response team worked closely with Macmillan nurses to support patients undergoing end of life care treatment. Rapid response nurses were available 24 hours a day, seven days a week to support patients who required care at the end of their life and also to support patients with blocked urinary catheters. This support prevented these patients requiring treatment in an emergency department of an acute trust.
- The community health service for adults had completed a pilot in residential homes within the Leamington and Stratford areas to improve outcomes for patients who had a skin tear. Tissue viability nurses from the service trained residential staff to treat and manage skin tears to avoid the wound getting worse and requiring a district nurse referral. During the three-month pilot period, 54 residents were identified with a skin tear. Residential staff were able to successfully treat and manage 92% of the patients and four were referred on to the district nurses. The outcomes included improved residential staff confidence in managing skin tears and wounds being healed without getting worse. On average wounds took 17 days to heal, reducing the overall healing time because of improved early intervention.
- Band four nursing assistants had undergone extra training to increase their skill levels. This included training to change patients' catheters, to provide pressure area care and to order specialist equipment. Band four staff had also been trained to support diabetic patients with blood glucose monitoring and administering insulin. The service had also rolled out projects to increase nursing staff capacity. For example, a review of diabetic patients' treatment plans was completed by district nurses and the diabetic specialist nurses and this had resulted in changes to patients' treatment plans, which saved approximately 57 trained nurse hours per month.

Summary of findings

- The community health service for adults completed assessments to ascertain whether people needed urgent medical attention or referral for additional support/treatment. Referrals to most of the community health services for adults were processed through a central hub known as the ISPA (integrated single point of access) which used a triage system to direct referrals to the most appropriate service. A co-ordinator was on duty to triage referrals that came from the ISPA and they were able to use clinical judgements to identify appropriate referrals and prioritise their urgency. This meant that patients were directed to the right service first time. The place-based teams completed holistic assessments of patients' health and social needs within their home, and worked closely with GP's and other agencies, such as the local council. First assessment appointments were prioritised according to patient needs and risk factors. Patients had individual risk assessments which were comprehensive, reviewed regularly and shared between any teams working with the same patient. The service had weekly multi-disciplinary team (MDT) meetings where they presented patients requiring additional support to maintain or improve their health and wellbeing.
- The community health service for adults implemented new models of care, for example, a diabetes model of care had been written by the diabetic team. This enabled the place-based team staff, as well as residential and nursing home staff to obtain the skills and knowledge required to manage diabetic patients within the community. Staff were trained to check blood glucose levels, how to respond to hypos and how to administer insulin. Daily management of patients with diabetes was carried out by the placed based teams, however the specialist diabetes nurses carried out regular reviews on each diabetic patient to ensure their treatment remained appropriate. Each patient had an escalation point, which once reached, required place-based staff to contact the specialist's nurses and consultants for advice. Support for diabetic patients included dietitians, podiatry, nursing staff and support workers.
- There was a fully embedded culture of continuous learning, improvement and innovation throughout the community service for children and young people. All staff we spoke with were committed to continually learning and improving services. We were provided with a wide range of examples of these. For example, health visitors had introduced 'Outcome Stars' to help identify and assist parents who may need extra support. Physiotherapists had introduced free training courses to early years providers to support staff in helping children to be fit for learning. Occupational therapists had initiated equipment days which enabled families to try out a range of suitable equipment in a one stop approach. Speech and language therapists had introduced 'babbling groups, for children born with cleft lip and palate. Further examples included the introduction of 'Chat Health' text services for mothers and young people, school nurse parent drop-ins, the use of video interactive guidance to promote positive parenting, and the 'Bump and Buggy' programme, for which the service was awarded 'Innovator of the Year 2019' at the city council's Coventry Health and Wellbeing awards.
- There was a strong record of sharing work locally, nationally and internationally. For example, one of the play therapists had written a story about a superhero to help children with juvenile arthritis, after noticing that no superhero stories included a main character that had any form of illness or disability that the children with this condition could relate to. With funding from a national Children's Charity and in partnership with a national Trust for Nursing, the play therapist's story has been made into two books which were available nationally and internationally.
- A consultant nurse and working party of nurses from the children's community nursing team had devised a tool aimed at making care truly family centered, and which supported children, young people and families to achieve their wishes, aspirations and independence. They had recently commissioned a local university to review and evaluate the tool, following funding from the trust.
- Staff were fully committed to working in partnership with children, young people and families. They went above and beyond to make this a reality for each person. They showed determination and creativity to overcome obstacles to delivering care.

Summary of findings

Areas for improvement

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

Action the trust SHOULD take to improve:

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

In the emergency department (ED) at Warwick Hospital:

- Monitor that all equipment is checked, and records kept that in line with trust policy and monitor all chemicals are stored safely.
- Monitor that all medicines, including controlled drugs, are stored correctly and that disposals records are accurate.
- Consider how consultant hours in the ED meet national guidance.
- Review training for clinical support workers (CSWs) providing 1:1 observation to patients experiencing acute mental health problems.
- Monitor that all staff are up to date with annual refresher training.

In medical care services at Warwick Hospital:

- Monitor that patient risk assessment templates are consistently completed by all staff on all wards and that actions plans to mitigate any risks identified are clearly documented.
- Embed regular staff meetings for staff of all grades on every ward in order to share information effectively and consistently.

In community health services for adults:

- Continue to monitor that staff have completed mandatory training, including safeguarding training.
- Continue to monitor that all staff receive an annual appraisal of their performance.

In community health services for children and young people:

- Continue to monitor that staff meet trust targets for mandatory training compliance including safeguarding.
- Continue to monitor that staff receive an annual appraisal.

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.

- Leaders had the experience, commitment, integrity, skills and abilities to run a high quality and proactive service that was fully patient-centered. Senior leaders made sure they visited all parts of the trust and fed back to the board to

Summary of findings

discuss challenges staff and the services faced with openness and candour. They fully understood and managed the priorities and issues the trust faced with the best interest of patients, carers and the local community at the heart of all services. They were highly visible and approachable in the service for patients and staff and with all partner agencies. They supported staff with compassion to develop their skills and take on more senior roles.

- The trust had a clear vision for what it wanted to achieve and a realistic strategy to turn it into action, fully developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy to meet the needs of the local community. Leaders and staff fully understood and knew how to apply them and monitor progress. A five-year business plan was in place with objectives to deliver this which were revised each year.
- Staff felt greatly respected, supported and valued. They were fully focused on the needs of all patients receiving care. The service actively promoted equality and diversity in daily work and provided opportunities for career development. The trust had a very open and transparent culture where patients, their families and staff could raise concerns without fear. All staff were fully committed and passionate about achieving the best possible outcomes for the patients in their care.
- Leaders operated effective and embedded governance processes, throughout the trust and divisions and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. The trust had a clear structure for overseeing performance, quality and risk, with board members represented across the divisions. This gave them greater oversight of issues facing the service and they responded when services needed more support. Staff at all levels of the organisation understood their roles and responsibilities and what and when to escalate to a more senior person.
- Robust arrangements were in place for identifying, recording and managing risks, issues and mitigating actions with strong ownership at divisional level. Recorded risks were generally aligned with what staff stated were the key risks. There were some differences in perception of risk e.g. Brexit and pensions. Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had realistic plans to cope with unexpected events. Staff contributed fully to decision-making to help avoid financial pressures compromising the quality of care.
- The trust collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required. The commencement of the finance and performance committee was a positive development, noting data quality was reviewed at each committee meeting. Staff recognised the under performance of the 62-day cancer target with plans to improve this. The trust had recognised and acted on the need for clinical leadership to develop and support the implementation of the IT strategy.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services of the highest quality. They proactively collaborated with all partner organisations to help improve services for all patients and the local community. There were some positive examples of active engagement in collaborative work with external partners. Staff spoke positively about shared learning through the foundation group.
- All staff were fully committed to continually learning and improving services. They had a well-developed understanding of quality improvement methods and the skills to use them. Leaders proactively encouraged innovation and participation in research and actively celebrated staff successes. Significant improvements had been made since the last inspection. The trust was fully committed to improving services by learning from when things go well and when they go wrong.

However,

Summary of findings

- Whilst staff could articulate the board assurance process the documentation did not always evidence the level of familiarity and insight that staff could describe.
- System working was not yet fully developed.

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
Good ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Outstanding ↑ Dec 2019	Outstanding ↑ Dec 2019	Outstanding ↑ Dec 2019

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

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Good ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↑ Dec 2019	Good ↑ Dec 2019
Community	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Outstanding ↑ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019
Overall trust	Good ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Outstanding ↑ Dec 2019	Outstanding ↑ Dec 2019	Outstanding ↑ Dec 2019

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Warwick Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Dec 2019	Good →← Dec 2019	Good →← Dec 2019	Outstanding ↑ Dec 2019	Outstanding ↑↑ Dec 2019	Outstanding ↑↑ Dec 2019
Medical care (including older people's care)	Good ↑ Dec 2019	Good →← Dec 2019	Outstanding ↑ Dec 2019	Good →← Dec 2019	Outstanding ↑ Dec 2019	Outstanding ↑ Dec 2019
Surgery	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Critical care	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Maternity	Requires improvement Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Services for children and young people	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Requires improvement Mar 2017	Good Mar 2017
End of life care	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Requires improvement Mar 2018	Good Mar 2018
Outpatients	Good Mar 2017	Not rated	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Overall*	Good ↑ Dec 2019	Good →← Dec 2019	Good →← Dec 2019	Good →← Dec 2019	Good ↑ Dec 2019	Good ↑ Dec 2019

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Outstanding ↔ Dec	Outstanding ↑ Dec	Outstanding ↑ Dec
Community health services for children and young people	Good ↔ Dec 2019	Good ↔ Dec 2019	Outstanding ↑ Dec 2019	Outstanding ↑ Dec 2019	Outstanding ↑↑ Dec 2019	Outstanding ↑ Dec 2019
Community health inpatient services	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Community end of life care	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Requires improvement Mar 2018	Good Mar 2018
Overall*	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Outstanding ↑ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019

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

Acute health services

Background to acute health services

South Warwickshire NHS Foundation Trust (SWFT) provides acute hospital and community health services for approximately half a million people across Warwickshire and young people and family services in Coventry and Solihull. The trust provides district general hospital services at Warwick Hospital.

The trust provides acute inpatients care and treatment for specialties including cardiology, colorectal surgery, diabetes and endocrinology, geriatric medicine, gynaecology, haematology, neurology, ophthalmology, paediatrics, respiratory conditions, stroke and trauma and orthopaedics. The trust provides all eight core services at Warwick Hospital. It also provides some outpatients clinics at Stratford-Upon-Avon Hospital and Ellen Badger Hospital.

Registered locations:

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

The trust is registered to provide the following regulated activities:

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

We inspected two acute core services at Warwick Hospital: urgent and emergency care and medical care from 20 to 22 August 2019.

Summary of acute services

Good  

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

Summary of findings

- Staff treated patients and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients and their families were truly respected and valued as individuals by an exceptional service. Staff found innovative ways to provide emotional support to patients, families and carers to minimise their distress. Staff routinely empowered patients to have a voice and ensured a person centered approach and went above and beyond to support them. Feedback about services was extremely positive.
- There was compassionate, inclusive and effective leadership at all levels. Leaders had the skills and abilities to run the service and deliver high-quality, patient centered care. Staff understood the trust's vision and values, and their role in achieving them. Staff felt truly respected, supported and valued. They were highly motivated and committed to improving the quality and sustainability of care and people's experiences. Staff at all levels were clear and passionate about their roles and accountabilities and had regular opportunities to meet, discuss and learn. The trust engaged well with patients, families, the local community and external partners to help improve services. All staff were highly committed to continually learning and improving services. There was a strong record of sharing work locally, nationally and internationally.
- Patients' individual needs and preferences were central to the delivery of tailored services. Staff worked collaboratively with others in the wider system and local organisations to plan care and improve services. There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which was accessible and promoted equality. People could access the service when they needed it, in a way and time that suited them and received the right care at the right time. It was easy for people to give feedback and raise concerns about care received.
- The trust had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The trust managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided great care and treatment and prescribed pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.

However,

- Not all equipment in the emergency department (ED) was checked in line with trust policy and some chemicals were not stored safely.
- Consultant hours in the ED did not meet national guidance.
- Staff did not always store and manage medicines in line with the provider's policy.
- Clinical support workers (CSWs) providing 1:1 observation to patients experiencing acute mental health problems did not have mental health competencies to give them the confidence to carry out this role.
- Staff did not always complete or update risk assessments for each patient in medical care and did not always identify clear actions to remove or minimise risks.
- Not all staff were up to date with annual refresher training.

Warwick Hospital

Lakin Road
Warwick
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Key facts and figures

South Warwickshire NHS Foundation Trust (SWFT) provides acute hospital and community health services for approximately half a million people across Warwickshire and young people and family services in Coventry and Solihull. The trust provides district general hospital services at Warwick Hospital. The trust provides acute inpatient care and treatment for specialties including cardiology, colorectal surgery, diabetes and endocrinology, geriatric medicine, gynaecology, haematology, neurology, ophthalmology, paediatrics, respiratory conditions, stroke and trauma and orthopaedics.

- The trust has 446 acute beds, seven critical care beds and 40 maternity beds.
- From March 2018 to February 2019, there were 60,637 inpatient admissions (+4% compared to previous year). 4,024 of these were children, approximately 8%.
- There were 566,244 outpatient attendances (+9%).
- There were 78,713 accident and emergency department attendances (+5%), of which 16,538 were children (1%).
- The trust employs 3,926 WTE staff.

We inspected two acute core services at Warwick Hospital: urgent and emergency care and medical care from 20 to 22 August 2019. We carried out a Well led review on 24 and 25 September 2019.

Summary of services at Warwick Hospital

Good  

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

- We inspected two core services: urgent and emergency care and medical care. We rated both as outstanding overall.
- Caring for medical care was rated as outstanding.
- Responsive for urgent and emergency care was rated as outstanding.
- Well led was rated as outstanding for both core services.

Summary of findings

- The hospital had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided great care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with great compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers delivering care and support in a holistic, person centred way.
- The hospital planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Experienced and strong leaders at the hospital ran services well using reliable information systems and supported staff to develop their skills. Staff fully understood the service's vision and values, and how to apply them in their work. All staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were very clear about their roles and accountabilities.

However,

- Not all equipment was checked in line with trust policy and some chemicals were not stored safely in the emergency department (ED).
- Consultant hours in the ED did not meet national guidance.
- Staff did not always store and manage medicines in line with the provider's policy.
- Clinical support workers (CSWs) in the ED providing 1:1 observation to patients experiencing acute mental health problems did not have mental health competencies to give them the confidence to carry out this role.
- The service provided mandatory training in key skills to all staff but not everyone had completed it.
- Staff did not always complete or update risk assessments for each patient in medical care and did not always identify clear actions to remove or minimise risks.

Urgent and emergency services

Outstanding   

Key facts and figures

The Urgent and Emergency Care department at Warwick Hospital provides 24-hour services, seven days per week to the local population of Warwickshire and surrounding districts. The emergency department (ED) consists of six 'see and treat' cubicles, 12 majors' cubicles, two paediatric cubicles and three resuscitation bays. The department also has an observation ward for five patients who are awaiting decisions regarding admission or discharge following diagnostic procedures.

Patients present to the department either by walking into the reception area or arriving by ambulance via a dedicated ambulance only entrance. Patients who self-present to the department, between 8am and 10pm report to reception staff who direct them to a clinical area, either to 'see and treat' or the majors waiting room. Between 10pm and 9am all patients are directed to the majors waiting area.

During the inspection, we spoke with 28 members of staff, 19 patients and relatives and reviewed 19 sets of patients' notes. The inspection team consisted of two hospital inspectors, a mental health inspector, two specialist advisors (a consultant in emergency medicine and a matron).

Details of emergency departments and other urgent and emergency care services

- Warwick Hospital.

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

From March 2018 to February 2019 there were 78,713 attendances at the trust's urgent and emergency care services as indicated in the chart above.

(Source: Hospital Episode Statistics)

The percentage of A&E attendances at this trust that resulted in an admission remained similar in most recent year compared to previous year. In both years, the proportions were higher than the England averages.

(Source: NHS England)

Summary of this service

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

- Leaders had the integrity, skills and abilities to run the service. They fully understood and managed the priorities and issues the service faced. They were highly visible and approachable in the service for patients and staff. They fully supported staff to develop their skills and take on more senior roles.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.
- All staff were fully committed to continually learning and improving services. They had a strong and clear understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Urgent and emergency services

- The service provided care and treatment based on national guidance and evidence-based practice. Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards and better than the England average. For ambulance handovers in the period from April 2018 to March 2019 the trust performance was better than the England average. For the Department of Health's standard for emergency departments of 95% of patients should be admitted, From June 2018 to May 2019, the trust performed better than the England average and exceeded the standard for several months of the year. transferred or discharged within four hours of arrival in the emergency department. Over the 12 months from June 2018 to May 2019, zero patients waited more than 12 hours from the decision to admit until being admitted. From April 2018 to March 2019, the monthly percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was better than the England average.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide the best possible care.
- The service managed patient safety incidents well. The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors. The service continually monitored safety performance.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.

However,

- Not all equipment was checked in line with trust policy and some chemicals were not stored safely.
- Consultant hours in the ED did not meet national guidance.
- Staff did not always store and manage medicines in line with the provider's policy.
- Clinical support workers (CSWs) providing 1:1 observation to patients experiencing acute mental health problems did not have mental health competencies to give them the confidence to carry out this role.

Is the service safe?

Good  

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

- The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure most staff completed it. Most staff received and kept up-to-date with their mandatory training.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. All areas were clean and had suitable furnishings which were well-maintained.
- The design, maintenance and use of facilities and premises kept people safe, and clinical waste was managed well.

Urgent and emergency services

- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction. The service had enough nursing staff of relevant grades to keep patients safe.
- The service had enough medical staff with the right qualifications, skills and training to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. Patient notes were comprehensive, and all staff could access them easily.
- Staff generally followed systems and processes when safely prescribing, administering, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and other divisions. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors. The service continually monitored safety performance.

However,

- Not all equipment was checked in line with trust policy and some chemicals were not stored safely.
- Consultant hours in the ED did not meet national guidance.
- Staff did not always store and manage medicines in line with the provider's policy.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983. Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs. Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Urgent and emergency services

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service participated in all relevant national clinical audits. The service generally performed well in national clinical outcome audits and managers used the results to improve services further. Managers carried out a comprehensive audit programme.
- The service generally made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Medical and nursing staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide the best possible care.
- Key services were available seven days a week to support timely patient care. Staff could call for support from doctors and other disciplines and diagnostic services, including mental health services, 24 hours a day, seven days a week.
- Staff gave patients practical support and advice to lead healthier lives. The service had relevant information promoting healthy lifestyles and support in every area.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

However,

- Clinical support workers (CSWs) providing 1:1 observation to patients experiencing acute mental health problems did not have mental health competencies to give them the confidence to carry out this role.

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.
- Staff provided emotional support to patients, families and carers to minimise their distress. Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff made sure patients and those close to them understood their care and treatment. A high proportion of patients gave positive feedback about the service in the Friends and Family Test survey.

Is the service responsive?

Outstanding ☆ ↑

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

Urgent and emergency services

- The service proactively planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations collaboratively to plan care effectively.
- The service was fully inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers holistically.
- People could access the service when they needed it and received the right care promptly. There was a whole hospital approach to managing access and flow in the department. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards and better than the England average. For ambulance handovers in the period from April 2018 to March 2019, the trust performance was better than the England average. For the Department of Health's standard for emergency departments of 95% of patients should be admitted, from June 2018 to May 2019, the trust performed better than the England average and exceeded the standard for several months of the year. transferred or discharged within four hours of arrival in the emergency department. Over the 12 months from June 2018 to May 2019, zero patients waited more than 12 hours from the decision to admit until being admitted. From April 2018 to March 2019, the monthly percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was better than the England average.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Outstanding ☆ ↑↑

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

- Leaders had the experience, integrity, skills and abilities to run the service. They fully understood and managed the priorities and issues the service faced. They were highly visible and approachable in the service for patients and staff. They fully supported staff to develop their skills and take on more senior roles.
- The service followed the trust wide vision for what it wanted to achieve and to turn it into action. The vision and strategy were focused on sustainability of services with a holistic approach and aligned to local plans within the wider health economy. Leaders and staff fully understood and knew how to apply them and monitor progress to deliver a whole hospital approach to patient care.
- All staff felt respected, supported and valued. Staff were empowered in their roles and shared a common purpose to deliver the best possible care for all patients. They were fully focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated embedded and effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used well defined systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Urgent and emergency services

- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated proactively with partner organisations to help improve services for patients.
- All staff were fully committed to continually learning and improving services. They had a strong and clear understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding practice

- The trust was working collaboratively with the local mental health NHS trust to establish a four weekly rolling programme to discuss and develop individualised action plans to reduce the attendances of high intensity users (HIU) with mental health issues. By identifying clear management plans, this enabled the service to provide care in line with guidance from the mental health trust. It enabled staff to manage patients in a more structured way and link back to the mental health teams for any patients that may become HIU.
- The trust had adapted a traditional 6A's audit process (Advice, Access to out-patient services, Ambulatory Emergency Care, Acute Frailty Unit, Acute Assessment Units, Admission to specialty ward directly) adapting it to look at and scrutinise all patients attending in the emergency department (ED) over a specified time frame. This had identified that only 50% of patients attending ED needed to come to ED and 20 to 25% of patients attending ED could have been managed by a GP.
- The service had developed an electronic patient whiteboard which tracked the patient journey including length of stay and outstanding tasks through ambulatory emergency care (AEC). The whiteboard also facilitated a virtual follow-up list of patients to ensure that pending investigations were chased up and the results were acted upon. A real-time dashboard used data from the whiteboard to provide up-to-date performance metrics such as daily activity, number of admissions, average length of stay and percentage of the medical take seen through AEC.
- To enhance the environment in the paediatric waiting room in ED (with a view to providing an area that was more relaxing for children to minimise their anxiety when they felt unwell or had sustained an injury), the trust ran a competition for local schools to design ceiling tiles. The trust used this opportunity to engage with the local community. We saw the ceiling had been designed and saw it being used by parents to help relax their unwell child.

Areas for improvement

The trust should take action to:

- Monitor that all equipment is checked, and records kept that in line with trust policy and monitor all chemicals are stored safely.
- Monitor that all medicines, including controlled drugs, are stored correctly and that disposals records are accurate.
- Consider how consultant hours in the ED meet national guidance.
- Review training for clinical support workers (CSWs) providing 1:1 observation to patients experiencing acute mental health problems.
- Monitor that all staff are up to date with annual refresher training.

Medical care (including older people's care)

Outstanding  

Key facts and figures

The medical care service at the trust provides care and treatment for a number of specialties at Warwick Hospital. The medical specialties covered by the trust are: respiratory, cardiology (including the coronary care unit), care of the elderly, stroke, frailty, acute medicine, orthogeriatric, diabetes and endocrinology, and haematology.

The trust provided the following information regarding several of the specialties:

- There is a 10 bedded stroke unit at Warwick Hospital with an additional 20 bedded stroke rehab therapy unit based in Leamington Spa.
- The trust has seven day working in respiratory, cardiology and acute medicine. There is weekend consultant medical cover on site from 8am to 8pm and from Monday to Friday cover is provided up until 8pm daily.

(Source: Routine Provider Information Request AC1 - Acute context)

The trust had 28,565 medical admissions from March 2018 to February 2019. Emergency admissions accounted for 12,895 (45.1%), 434 (1.5%) were elective and the remaining 15,236 (53.3%) were day case.

Admissions for the top three medical specialties were:

- General medicine with 10,196 admissions.
- Clinical oncology with 5,024 admissions.
- Clinical haematology with 4,494 admissions.

(Source: Hospital Episode Statistics)

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

We carried out an unannounced inspection of medical services based at Warwick Hospital on the 20 to 22 August 2019, during which we inspected the following clinical areas:

- Avon Ward.
- Beauchamp Suite – currently used as the cancer care unit.
- Castle Ward
- Catheter laboratory.
- Cardiac Care Unit.
- Charlecote Ward.
- Endoscopy unit.
- Fairfax Ward – currently used as Oken ward (the medical admissions unit).

Medical care (including older people's care)

- Farries Ward.
- Malins Ward.
- Mary Ward.
- Nicolas Ward.
- Squire Ward.
- Victoria Ward.

We spoke with over 70 members of staff including nurses, doctors, pharmacists, therapists, advanced care practitioners, health care assistants, and administrators. We spoke with 22 patients and relatives and looked at 24 care records. We observed interactions between patients and staff and observed some clinical care procedures in the endoscopy suite and catheter laboratory. We attended meetings such as nursing staff handover meetings, bed management meetings and multidisciplinary case conferences. We also reviewed data provided by the trust.

Summary of this service

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

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

Is the service safe?

Good  

Medical care (including older people's care)

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

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The design, maintenance and use of facilities, premises and equipment kept people safe in almost all areas visited. Staff had appropriate training to use equipment. Staff managed clinical waste well.
- Staff used a nationally recognised tools to identify deteriorating patients and escalated them appropriately. Staff identified and quickly acted upon patients at risk of deterioration.
- Whilst the service did not always have enough medical, nursing and support staff to keep patients safe from avoidable harm and to provide the right care and treatment, effective mitigations were in place to ensure patients' needs were being met at the time of the inspection. Staff in post had the right qualifications, skills, training and experience. Managers regularly reviewed and adjusted staffing levels and skill mix, using a trust wide approach to ensure safe staffing levels across the service by prioritising areas of greatest need. Bank and agency staff received a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and sometimes 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.
- Safety thermometer data was displayed on wards for staff and patients to see.

However,

- The service provided mandatory training in key skills to all staff but not everyone had completed it. Not all medical staff had completed all safeguarding training modules.
- Staff did not always complete or update risk assessments for each patient and did not always identify clear actions to remove or minimise risks.

Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.

Medical care (including older people's care)

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate although did not use specific pain assessment tools for these patients. Staff gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The endoscopy service had been accredited by the joint advisory group (JAG) for gastrointestinal endoscopy but had a current accreditation status of 'assessed: improvements required'.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance, and some held supervision meetings with staff to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Outstanding  

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

- Staff treated patients with great compassion and kindness and took account of their individual needs. Ward staff respected their privacy and dignity at all times. Observations of the care provided by staff showed extremely positive and respectful care was provided with a clear focus on the patients at all times. All staff at every level used an individualised, person centered approach at all times.
- Staff provided emotional support to patients, families and carers to minimise their distress. They fully understood patients' personal, cultural and religious needs. Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff fully understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment. Staff made sure patients and those close to them understood their care and treatment at all times.

Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Medical care (including older people's care)

- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Outstanding ☆ ↑

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

- Leaders had the experience, integrity, skills and abilities to run the service. They fully understood and managed the priorities and issues the service faced. They were highly visible and approachable in the service for patients and staff. They supported staff proactively to develop their skills and take on more senior roles. There was real focus on holistic patient care and the pathways through the whole hospital.
- The service had a clear vision for what it wanted to achieve and a realistic strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- All staff felt respected, supported and valued. They were clearly focused on the needs of patients receiving care. The service actively promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear. There was a real focus on staff empowerment to improve outcomes for all patients.
- Leaders operated embedded and effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used clear systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff fully contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated fully with partner organisations to help improve services for all patients.
- All staff were highly committed to continually learning and improving services. They had a well-developed understanding of quality improvement methods and the skills to use them. Leaders proactively encouraged innovation and participation in research.

Outstanding practice

We found examples of outstanding practice in this service. These included:

Medical care (including older people's care)

- The development of an advanced care practitioner role to support medical staff in delivering timely assessment and care to patients using the acute medical service.
- Competency based training for band 5 nurse staff to enable them to develop skills to perform certain procedures in the cardiac catheter laboratory. The impact of this was to increase the capacity of the service and minimise patient wait times for these procedures.
- The implementation of an outpatient antibiotic therapy (OPAT) service to enable patients to receive intravenous antibiotics without the need for admission to hospital. This service had been shown to reduce hospital length of stay and had met 98% of intended clinical outcomes.
- The introduction of a band 4 ward coordinator role to support ward managers in monitoring staff mandatory training and appraisals. The role had demonstrated an increase in governance compliance.

Areas for improvement

The trust should take action to:

- Monitor that patient risk assessment templates are consistently completed by all staff on all wards and that actions plans to mitigate any risks identified are clearly documented.
- Embed regular staff meetings for staff of all grades on every ward in order to share information effectively and consistently.
- Monitor that all staff are up to date with mandatory training.

Community health services

Background to community health services

Community inpatient care is provided at Stratford-upon-Avon Hospital, Royal Leamington Spa Rehabilitation Hospital and Ellen Badger Hospital. The trust also provides neuro rehabilitation at the Central England Rehabilitation Unit (CERU), based at Royal Leamington Spa Rehabilitation Hospital. The trust also provides community services for adults; children, young people and families; community urgent care; community end of life care, and community urgent and emergency care.

Registered locations:

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

The trust is registered to provide the following regulated activities:

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

We inspected two community health services from 27 to 29 August 2019: health services for adults and children and young people.

Summary of community health services

Outstanding  

Our rating of these services improved. We rated them as outstanding because:

Summary of findings

- Staff treated patients and their families with great compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients and their families were truly respected and valued as individuals by an exceptional service. Staff found innovative ways to provide emotional support to patients, families and carers to minimise their distress. Staff routinely empowered patients to have a voice and ensured a person centered approach and went above and beyond to support them. Feedback about services was extremely positive.
- There was compassionate, inclusive and effective leadership at all levels. Leaders had the skills and abilities to run the service and deliver high-quality, patient centered care. Staff understood the trust's vision and values, and their role in achieving them. Staff felt truly respected, supported and valued. They were highly motivated and committed to improving the quality and sustainability of care and people's experiences. Staff at all levels were clear and passionate about their roles and accountabilities and had regular opportunities to meet, discuss and learn. The trust engaged well with patients, families, the local community and external partners to help improve services. All staff were highly committed to continually learning and improving services. There was a strong record of sharing work locally, nationally and internationally.
- Patients' individual needs and preferences were central to the delivery of tailored services. Staff worked collaboratively with others in the wider system and local organisations to plan care and improve services. There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which was accessible and promoted equality. People could access the service when they needed it, in a way and time that suited them and received the right care at the right time. It was easy for people to give feedback and raise concerns about care received.
- The trust had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The trust managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and prescribed pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.

However:

- Not all staff were up-to-date with mandatory and safeguarding training. Completion rates for some courses did not meet the trust target but was improving. Appraisal completion rates were below the trust target for allied health professional, nursing support and administrative staff groups in some areas.
- Some people could always not access the therapy service when they needed it. The service had effective plans in place to prioritise and mitigate this.

Community health services for adults

Outstanding  

Key facts and figures

The community adults service operates 24 hours, 365 days a year. The service accepts referrals from patients, carers, family, general practitioners, and other agencies via an integrated single point of access.

The service is part of the out of hospital care collaborative. South Warwickshire Foundation Trust (SWFT) are the lead provider in Warwickshire. Community adult teams work in close collaboration with care agencies, general practitioners, local hospices, and other agencies to provide seamless care for patients. The trust aims to treat patients individually, promote self-care and support them to manage their condition especially patients with long term conditions.

The service is in the process of restructuring its services from independent health teams (IHTs) to place-based teams. Twelve place-based teams, aligned to emerging primary care networks across North, South Warwickshire and Rugby are being rolled out. The teams will consist of professionals from across key partners with the skills and authority to deliver the care needed. The initial focus will be on the top 5% of the population such as complex individuals with long term conditions.

The out of hospital care collaborative for adults includes the place-based model which integrates the following services:

- Independent single point of contact (ISPA).
- Adult district nursing.
- Home first nursing and therapy service.
- Community emergency response team (CERT).
- Continence service.
- Leg ulcer service.
- Wheel chair services
- Podiatry.
- Rapid response to support patients undergoing end of life care in the community and patients with blocked catheters.
- Management of long-term conditions including Parkinson's disease and diabetes.

The service operates from various locations across Warwickshire and offers support to patients in their own home, community-based clinics and also in nursing and residential homes.

As part of our inspection process, we spoke to 26 members of staff including clinical and operational service leads, nursing staff, allied health professionals, and support staff. We spoke with 10 patients and relatives and reviewed 10 patient care records. We also observed patient care in clinics and on home visits, attended multidisciplinary team meetings and reviewed information including meeting minutes, policies, action plans and training records.

Community health services for adults

Summary of this service

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

- Staff understood how to protect patients from abuse. The service controlled infection risk well. The premises and equipment kept people safe. Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff kept detailed records of patients' care and treatment. Medicines were safely prescribed, administered, recorded and stored. The service used monitoring results well to improve safety. The service managed patient safety incidents well.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment. All those responsible for delivering care worked together as a team to benefit patients. Staff gave patients practical support and advice to lead healthier lives. Staff supported patients to make informed decisions about their care and treatment.
- Staff treated patients with compassion and kindness. Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported and involved patients, families and carers.
- The service proactively planned and provided care in a way that met the needs of local people and the communities served. The service was fully inclusive and took account of patients' individual needs and preferences. It was easy for people to give feedback and raise concerns about care received. People could access the service when they needed it and receive the right care in a timely way. People almost all received timely access to initial assessment and treatment. The integrated single point of access service was working well, and we noted the reduction in the calls' abandonment rates.
- Leaders had the experience, integrity, skills and abilities to run the service. The service had a clear vision for what it wanted to achieve and a realistic strategy to turn it into action. Staff felt respected, supported and valued. Leaders operated embedded and effective governance processes, throughout the service and with partner organisations. Leaders and teams used systems to manage performance effectively. The service collected reliable data and analysed it. Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. All staff were committed to continually learning and improving services.

However,

- Not all staff were not up to date with mandatory training. The service did not have enough staff in all areas, but patients' needs were being met.
- Completion rates did not meet the service target for Prevent training.
- Some people could always not access the therapy service when they needed it. The service had effective plans in place to prioritise and mitigate this.

Is the service safe?

Good   

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

Community health services for adults

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff mostly managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had staff with the right qualifications, skills, training and experience but did not have enough staff in all areas. However, the service had measures in place to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff.

However,

- The service provided mandatory training in key skills to all staff but not all staff completed it.
- Not all staff were up to date with Prevent training.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery. They worked with other agencies to support patients who could not cook or feed themselves.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.

Community health services for adults

- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However,

- Managers did not appraise the work performance of all staff. However, the service made sure staff were competent for their roles through regular supervision meetings which provided support and identified areas for development

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We saw and heard of some excellent examples of patient-focused care where staff were going above and beyond to meet people's needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Outstanding ☆ → ←

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

- The service proactively planned and provided care in a way that met the needs of local people and the communities served. It worked collaboratively with others in the wider system and local organisations to plan care. The trust had adopted a 'NHS Vanguard' approach to planning services close to home with a whole multidisciplinary team approach. The place-based team approach was giving strong foundations for fully integrated services to meet the changing needs of the local communities, with positive impact for partners in the health and social care system.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. There was a strong focus on meeting individual needs in a holistic way.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- People could access the service when they needed it and receive the right care in a timely way. People almost all received timely access to initial assessment and treatment. The integrated single point of access service was working well, and we noted the reduction in the calls' abandonment rates.

However,

- Some people could always not access the therapy service when they needed it. The service had effective plans in place to prioritise and mitigate this.

Community health services for adults

Is the service well-led?

Outstanding ☆ ↑

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

- Leaders had the experience, integrity, skills and abilities to run the service. They fully understood and proactively managed the priorities and issues the service faced. They were highly visible and approachable in the service for patients and staff. They supported staff with compassion to develop their skills and take on more senior roles. There was a positive investment in staff development with an effective succession planning process.
- The service had a clear vision for what it wanted to achieve and a realistic strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff fully understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were fully focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open and inclusive culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective and embedded governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used well defined systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding practice

- The service had completed a pilot in residential homes within the Leamington and Stratford areas to improve outcomes for patients who had a skin tear. Tissue viability nurses from the service trained residential staff to treat and manage skin tears to avoid the wound getting worse and requiring a district nurse referral. During the three-month pilot period, 54 residents were identified with a skin tear. Residential staff were able to successfully treat and manage 92% of the patients and four were referred on to the district nurses. The outcomes included improved residential staff confidence in managing skin tears and wounds being healed without getting worse. On average wounds took 17 days to heal, reducing the overall healing time because of improved early intervention.
- Band four nursing assistants had undergone extra training to increase their skill levels. This included training to change patients' catheters, to provide pressure area care and to order specialist equipment. Band four staff had also

Community health services for adults

been trained to support diabetic patients with blood glucose monitoring and administering insulin. The service had also rolled out projects to increase nursing staff capacity. For example, a review of diabetic patients' treatment plans was completed by district nurses and the diabetic specialist nurses and this had resulted in changes to patients' treatment plans, which saved approximately 57 trained nurse hours per month.

- The service completed assessments to ascertain whether people needed urgent medical attention or referral for additional support/treatment. Referrals to most of the community health services for adults were processed through a central hub known as the ISPA (integrated single point of access) which used a triage system to direct referrals to the most appropriate service. A co-ordinator was on duty to triage referrals that came from the ISPA and they were able to use clinical judgements to identify appropriate referrals and prioritise their urgency. This meant that patients were directed to the right service first time. The place-based teams completed holistic assessments of patients' health and social needs within their home, and worked closely with GP's and other agencies, such as the local council. First assessment appointments were prioritised according to patient needs and risk factors. Patients had individual risk assessments which were comprehensive, reviewed regularly and shared between any teams working with the same patient. The service had weekly multi-disciplinary team (MDT) meetings where they presented patients requiring additional support to maintain or improve their health and wellbeing.
- The service implemented new models of care, for example, a diabetes model of care had been written by the diabetic team. This enabled the place-based team staff, as well as residential and nursing home staff to obtain the skills and knowledge required to manage diabetic patients within the community. Staff were trained to check blood glucose levels, how to respond to hypos and how to administer insulin. Daily management of patients with diabetes was carried out by the placed based teams, however the specialist diabetes nurses carried out regular reviews on each diabetic patient to ensure their treatment remained appropriate. Each patient had an escalation point, which once reached, required place-based staff to contact the specialist's nurses and consultants for advice. Support for diabetic patients included dietitians, podiatry, nursing staff and support workers.
- The community emergency rapid response team worked closely with Macmillan nurses to support patients undergoing end of life care treatment. Rapid response nurses were available 24 hours a day, seven days a week to support patients who required care at the end of their life and also to support patients with blocked urinary catheters. This support prevented these patients requiring treatment in an emergency department of an acute trust.

Areas for improvement

The trust SHOULD take action to:

- Continue to monitor that all staff have completed mandatory training, including safeguarding training.
- Continue to monitor that all staff receive an annual appraisal of their performance.

Community health services for children and young people

Outstanding ☆ ↑

Key facts and figures

South Warwickshire NHS Foundation Trust (SWFT) provides a range of community-based health services for children, young people and families in Warwickshire and surrounding areas. It provides children's nursing and paediatric services, pre-school educational support, child development services, audiology, dietetics, family nurse partnership, health visiting, school nursing, looked after children, physiotherapy, occupational therapy, and speech and language therapy.

As well as covering Warwickshire, the trust provides family health and lifestyle services from birth to 19 years to children, young people and families living in Coventry. These services include child development services, family nurse partnership, health visiting, infant feeding, MAMTA (improving child and maternal health outcomes for black and minority ethnic (BME) women) and school nursing. It also provides family nurse partnership, health visiting and school nursing services to children, young people and families living in Solihull.

Services are provided in a range of community settings including health centers and clinics, children's centers, schools and home visits, as well as Warwick Hospital.

The last comprehensive inspection of the service was in March 2016. We rated the service good for safe, effective, caring and responsive and requires improvement for well-led. The service was rated good overall.

We carried out a short-notice announced inspection (staff knew we were coming) to ensure that everyone we needed to talk to was available. We gave staff five days' notice that we were coming to inspect. Before the inspection visit, we reviewed information we held about the service and information requested from the trust, including performance data, policies and meeting minutes.

Due to the number of services provided at multiple locations across Warwickshire, Coventry and Solihull, we were only able to inspect a sample of these. We visited:

- Children's community nursing team, speech and language therapy and physiotherapy services based at the Orchard Centre in Rugby.
- Health visiting services based at Polesworth Health Centre in Polesworth.
- Community paediatrics service based at Warwick Hospital in Warwick.
- Occupational therapy, physiotherapy and speech and language therapy services based at Saltisford Office Park in Warwick.
- Family health and lifestyle service based at Moat House Leisure and Neighbourhood Centre in Coventry.
- Family nurse partnership and health visiting team based at Charter Avenue in Coventry.
- Looked after children service based at Riversley Park Centre in Nuneaton.

During the inspection visit, the inspection team:

- Spoke with two patients and 12 parents / family members who were using the service.
- Spoke with 32 staff members; including managers, doctors, nurses, health visitors, allied health professionals and healthcare assistants.
- Observed the environment and care provided to patients.

Community health services for children and young people

- Observed one home visit.
- Reviewed eight patient records and three prescription charts

Summary of this service

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

- Staff treated patients and their families with great compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients and their families were truly respected and valued as individuals by an exceptional service. Staff found innovative ways to provide emotional support to patients, families and carers to minimise their distress. Staff routinely empowered children and young people to have a voice and ensured a family centered approach and went above and beyond to support them. Feedback about the service was extremely positive.
- There was compassionate, inclusive and effective leadership at all levels. Leaders had the skills and abilities to run the service and deliver high-quality, child and family centered care. Staff understood the service's vision and values, and their role in achieving them. Staff felt truly respected, supported and valued. They were highly motivated and committed to improving the quality and sustainability of care and people's experiences. Staff at all levels were clear and passionate about their roles and accountabilities and had regular opportunities to meet, discuss and learn. The service engaged very well with patients, families, the local community and external partners to help improve services. All staff were highly committed to continually learning and improving services. There was a strong record of sharing work locally, nationally and internationally.
- Children, young people and families individual needs and preferences were central to the delivery of tailored services. Staff worked collaboratively with others in the wider system and local organisations to plan care and improve services. There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which was accessible and promoted equality. People could access the service when they needed it, in a way and time that suited them and received the right care at the right time. It was easy for people to give feedback and raise concerns about care received.
- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and prescribed pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.

However:

- Not all staff were up-to-date with mandatory and safeguarding training. Completion rates for some courses did not meet the trust target.
- Appraisal completion rates were below the trust target for allied health professional, nursing support and administrative staff groups.

Community health services for children and young people

Is the service safe?

Good  → ←

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

- The service provided mandatory training in key skills to all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks.
- 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.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff generally prescribed, recorded and stored medicines well. However, we found weight and allergy status was not always documented on prescription charts. Senior staff took immediate action to address this.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

- Completion rates for some training courses did not meet the trust target.
- Not all staff were up-to-date with safeguarding training. Completion rates did not meet the trust target for some levels of safeguarding training.

Is the service effective?

Good  → ←

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

- The service provided care and treatment based on national guidance and best practice, Managers checked to make sure staff followed guidance.
- Children and young people's nutrition and hydration needs were effectively identified and monitored to meet their needs and improve their health. The service supported women who wanted to breastfeed their babies.

Community health services for children and young people

- Children and young people's pain was assessed and managed. They supported those unable to communicate using suitable assessment tools.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Nursing and medical staff met the trust target for appraisal completion.
- Doctors, nurses, health visitors and other healthcare professionals worked together as a team to benefit patients and provide coordinated care pathways. They supported each other to provide good care.
- Staff gave children, young people and families practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Appraisal completion rates were below the trust target for allied health professional, nursing support and administrative staff groups.

Is the service caring?

Outstanding ☆ ↑

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

- Staff treated patients and their families with great compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients and their families were truly respected and valued as individuals by an exceptional service. Feedback about the service was extremely positive.
- Staff found innovative ways to provide emotional support to patients, families and carers to minimise their distress. They fully understood patients' personal, cultural and religious needs and went above and beyond to ensure they were met.
- Staff fully supported and involved children, young people and their families to understand their condition and ensure they were active partners in their care and treatment. Staff routinely empowered children and young people to have a voice and ensured a family centered approach.

Is the service responsive?

Outstanding ☆ ↑

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

- The service effectively planned and provided care in a seamless way that fully met the needs of local people and the communities served. It also worked with others proactively in the wider system and local organisations to plan the best possible care.

Community health services for children and young people

- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which was accessible and promoted equality. All staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers in a holistic way.
- People could access the service when they needed it in a way and time that suited them and received the right care at the right time.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned immediately with all staff.

Is the service well-led?

Outstanding  

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

- There was compassionate, inclusive and effective leadership at all levels. Leaders had the skills and abilities to run the service and deliver high-quality, child and family centred care. They fully understood and managed the priorities and issues the service faced. They were highly visible and approachable in the service for patients, families and staff. They supported staff with compassion to develop their skills and take on more senior roles.
- The service had a clear vision for what it wanted to achieve and a realistic strategy to turn it into action developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and were fully aligned to local plans within the wider health economy. Leaders and staff fully understood and knew how to apply them and monitor progress.
- Leaders across the service promoted a positive culture that respected, supported and valued staff, and created a sense of common purpose based on shared values. Staff were highly motivated and committed to improving the quality and sustainability of care and people's experiences. Staff felt ownership for the service and were very proud to be part of the trust and community services for children, young people and families.
- Leaders operated embedded and effective governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams identified and escalated risks and issues. They identified actions to reduce their impact. They had well developed plans to cope with unexpected events.
- The service collected, analysed, managed and used information well to support its activities.
- People who used services, the public, staff and external partners were actively engaged and involved in planning them. There were many examples of engagement and collaboration with partner organisations to help improve services.
- All staff were very committed to continually learning and improving services. They had a well- developed understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research. There was a strong record of sharing work locally, nationally and internationally.

Community health services for children and young people

Outstanding practice

- There was a fully embedded culture of continuous learning, improvement and innovation throughout the service. All staff we spoke with were committed to continually learning and improving services. We were provided with a wide range of examples of these. For example, health visitors had introduced 'Outcome Stars' to help identify and assist parents who may need extra support. Physiotherapists had introduced free training courses to early years providers to support staff in helping children to be fit for learning. Occupational therapists had initiated equipment days which enabled families to try out a range of suitable equipment in a one stop approach. Speech and language therapists had introduced 'babbling groups, for children born with cleft lip and palate. Further examples included the introduction of 'Chat Health' text services for mothers and young people, school nurse parent drop-ins, the use of video interactive guidance to promote positive parenting, and the 'Bump and Buggy' programme, for which the service was awarded 'Innovator of the Year 2019' at the city council's Coventry Health and Wellbeing awards.
- There was a strong record of sharing work locally, nationally and internationally. For example, one of the play therapists had written a story about a superhero to help children with juvenile arthritis, after noticing that no superhero stories included a main character that had any form of illness or disability that the children with this condition could relate to. With funding from a Children's Charity and in partnership with the a national Trust for Nursing, the play therapist's story had been made into two books which were available nationally and internationally. The competency framework devised by the children's community nursing team was widely used by other providers.
- A consultant nurse and working party of nurses from the children's community nursing team had devised a tool aimed at making care truly family centered, and which supported children, young people and families to achieve their wishes, aspirations and independence. They had recently commissioned a local university to review and evaluate the tool, following funding from the trust.
- Staff were fully committed to working in partnership with children, young people and families. They went above and beyond to make this a reality for each person. They showed determination and creativity to overcome obstacles to delivering care. Children, young people and families individual needs were central to the delivery of tailored services.

Areas for improvement

The trust should take action to:

- Continue to monitor that staff meet trust targets for mandatory training compliance including safeguarding.
- Continue to monitor that staff receive an annual appraisal.

Our inspection team

Bernadette Hanney, Head of Hospital Inspection, led the well led review and Phil Terry, Inspection Manager led the core services inspection. An executive reviewer, Robert Kirton, Chief Delivery Officer and Deputy CEO at Barnsley Hospital NHS Foundation Trust, supported our inspection of well-led for the trust overall.

The team included seven inspectors, a pharmacy specialist, and 10 specialist advisers.

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