

Chesterfield Royal Hospital NHS Foundation Trust

Inspection report

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

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

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

Ratings

Overall trust quality rating

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?


Good 

Are resources used productively?

Good 

Summary of findings

Combined quality and resource rating

Good 

The ratings in the table above are from our inspection in January 2019. See 'What we inspected and why' below.

Background to the trust

CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce the pressure on health and social care services during the COVID-19 pandemic. CQC, as well as providers, want to be able to prioritise keeping people safe during this time.

This inspection was already underway at the time of the suspension and therefore could not be completed in the usual way. This report includes the findings from the completed service level inspections, but the well-led inspection was not completed.

Overall summary

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

What this trust does

Chesterfield Royal Hospital NHS Foundation Trust (CRHFT) is a district general hospital serving the population of Chesterfield, North Derbyshire and beyond. The catchment population is around 400,000 people.

Chesterfield Royal Hospital is situated one mile from Chesterfield town centre (in Calow), opened in 1984 and acquired foundation trust status in 2005. The trust employs around 4000 staff and has approximately 170 volunteers.

The trust operates acute hospital services from one main hospital site:

- Chesterfield Royal Hospital

The trust provides a full range of acute services plus a 24-hour emergency department, specialist children's services including a children and adolescent mental health service (CAMHS). There is one community service; community midwifery. There are 19 wards with a total of 512 beds, this includes 22 inpatient beds for paediatric and young people and 39-day case beds. Additionally, there are 29-day case chairs.

The trust also provides primary care services to approximately 43,900 people in Chesterfield through Royal Primary Care.

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.

Summary of findings

What we inspected and why

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

On 4, 5 and 6 February 2020, we inspected four core services at Chesterfield Royal Hospital. We inspected Urgent and Emergency Services, Medical Care (including older people's care), Surgery and Maternity. Although all four core services were rated good overall at our last inspection, we inspected these services because we had concerns.

What we found

Overall trust

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Are services safe?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Are services effective?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Are services caring?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Are services responsive?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Are services well-led?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

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.

Summary of findings

Outstanding practice

We found five examples of outstanding practice in Urgent and Emergency Services, Medical Care (including older people's care) and Surgery.

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

Areas for improvement

We found areas for improvement including two breaches of legal requirements that the trust must put right. We found 32 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

Action we have taken

We issued two requirement notices to the trust. Our action related to breaches of two legal requirements in Medical Care (including older people's care) at Chesterfield Royal Hospital.

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

What happens next

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

Outstanding practice

We found the following areas of outstanding practice:

Chesterfield Royal Hospital

Urgent and Emergency Services

- Introduction of Civility Saves Lives which was a collective voice for the importance of respect, professional courtesy and valuing each other, aiming to raise awareness of the negative impact that rudeness (incivility) can have in healthcare, so that individuals can understand the impact of their behaviours. There is an increasing evidence base showing that civility between colleagues can greatly improve patient care, experience and safety.
- Paediatric patient journey booklet – in development looking at the paediatric pathway and devising a booklet with pictures of patient journey to nightingale. The team planned to do the same for adult patients (dementia/autism/LD). Staff had been taking the photos for the booklet the day before our inspection.
- The development of the acute care team and social worker within the department aimed at admission avoidance.

Medical Care (including older people's care)

- In March 2019, the trust introduced a monthly 'Flow your patients right' workshop which aimed to support staff in better understanding and applying the principles of flow, developing a greater understanding of the activities of different departments, enhance their ability to coordinate with different departments along the flow pathway and identify improvements across the flow pathway. Over 100 staff had attended the workshop. Staff we spoke with gave positive feedback about the workshop.

Summary of findings

Surgery

- We visited the Macmillan Unit at the hospital which opened in June 2016. The unit provided, holistic, patient centred care for all those in North Derbyshire affected by cancer. The environment had a calm and welcoming atmosphere and overlooked Derbyshire countryside. Patients told us they did not feel like they were visiting a hospital when they attended the unit. The unit contained a Macmillan Cancer Information Centre, quiet rooms, meeting rooms and a wig fitting salon. Staff we spoke with at the unit were knowledgeable and available to talk with patients about their concerns and direct them to information and support. The building had been awarded the Macmillan Quality Environment Mark.

Areas for improvement

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

Action the trust **MUST** take to improve

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

Chesterfield Royal Hospital

Medical Care (including older people's care)

- The provider must ensure staff use personal protective equipment to prevent the risk of exposure to blood borne viruses. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 – Safe care and treatment.
- The provider must ensure best interest decision meetings take place, relatives are informed of Deprivation of Liberty Safeguards (DoLS) and DoLS assessments are carried out at the time patients are being restricted of their liberty. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13 – Safeguarding.

Action the trust **SHOULD** take to improve

Chesterfield Royal Hospital

Urgent and Emergency Services

- The provider should ensure continued recruitment and retention planning for senior medical staff. Regulation 12.
- The provider should ensure compliance rates in mandatory training for both qualified nursing staff and medical staff meet the trust target of 90%. Regulation 18.
- The provider should ensure all staff complete training in paediatric immediate life support as delivered by the Advanced Life Support Group (ALSG). Regulation 18.
- The provider should ensure patients in the waiting room are observed for signs of deterioration. Regulation 12.
- The provider should ensure patients are told how to use the call bells. Regulation 12.
- The provider should ensure the mental health assessment room is always clear of all non-approved furnishings. Regulation 12.
- The provider should ensure clear access to all cubicles during times of high operational demand. Regulation 12.
- The provider should ensure all medical staff receive updated safeguarding training on return to work. Regulation 18.

Summary of findings

- The provider should ensure mortality and morbidity meetings are reinstated within the department. Regulation 17.
- The provider should ensure they identify a senior clinician as local mental health lead. Regulation 17.

Medical Care (including older people's care)

- The provider should ensure all staff are up-to-date on mandatory training. Regulation 18.
- The provider should ensure all staff are up-to-date on safeguarding training. Regulation 18.
- The provider should ensure records are securely stored to maintain confidentiality. Regulation 12.
- The provider should ensure deteriorating patients scoring national early warning scores of five and above are escalated in a timely manner. Regulation 12.
- The provider should ensure corridors across medical wards are left without obstruction. Regulation 15.
- The provider should ensure out of hours bed moves are kept to a minimum. Regulation 12.
- The provider should ensure patient outcomes consistently meet national standards. Regulation 12.

Surgery

- The service should ensure that it complies with the mandatory training compliance of 90%. Regulation 12.
- The service should ensure that it complies with safeguarding training compliance of 90%. Regulation 12.
- The service should ensure that patient records in the pre-assessment suite are stored securely. Regulation 17.
- The service should ensure that local national safety standards for invasive procedures are developed. Regulation 17.
- The service should consider dedicated anaesthetist time in the pre-assessment suite.
- The service should consider including specific detail about anaesthetist availability in the pre-assessment unit in its current business case.

Maternity

- The provider should ensure that staff have completed mandatory training, including safeguarding training. Regulation 18 Staffing (2)(a)(b).
- The provider should ensure that cardiotocography monitoring and fresh eyes reviews are completed and documented in line with guidance. Regulation 12 Safe care and treatment (1) (2).
- The provider should ensure that all clinical areas are adequately staffed to ensure safe patient care. Regulation 18 Staffing (1).
- The provider should ensure that records are always securely stored. Regulation 17 Good governance (2) (c).
- The provider should ensure that medicines used in an emergency are secure. Regulation 12 Safe care and treatment (2) (g)
- The provider should consider reviewing storage of emergency equipment on the birthing unit so that it is not accessible to unauthorised persons.
- The provider should consider improving the process for reviewing, ratifying and implementing clinical guidance so that the most up to date guidance is being followed by staff.
- The provider should consider implementing an audit to check compliance of waiting times for women to receive an epidural in line with national guidance.

Summary of findings

- The provider should consider reviewing the way in which feedback and complaint procedures are communicated to women and families.

Is this organisation well-led?

We did not inspect trust-wide well-led at this inspection. See the section headed 'What we inspected and why' for more information

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	Good	Good	Good	Good	Good
Jan 2019	Jan 2019	Jan 2019	Jan 2019	Jan 2019	Jan 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	Requires improvement	Good	Good	Good	Good	Good
	Jan 2019	Jan 2019	Jan 2019	Jan 2019	Jan 2019	Jan 2019
Mental health	Good	Good	Outstanding	Good	Good	Good
	Jan 2019	Jan 2019	Jan 2019	Jan 2019	Jan 2019	Jan 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 Chesterfield Royal Hospital NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020
Medical care (including older people's care)	Requires improvement ↔ May 2020	Requires improvement ↓ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Requires improvement ↓ May 2020
Surgery	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020
Critical care	Good Jul 2016	Good Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015
Maternity	Good May 2020	Good May 2020	Good May 2020	Good May 2020	Good May 2020	Good May 2020
Services for children and young people	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Feb 2019	Good Jan 2019
End of life care	Good Jan 2019	Requires improvement Jan 2019	Outstanding Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019
Outpatients	Requires improvement Jul 2016	Not rated	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Overall*	Requires improvement ↔ May 2020	Requires improvement ↓ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Requires improvement ↓ May 2020

*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 mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Specialist community mental health services for children and young people	Good Jan 2019	Good Jan 2019	Outstanding Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019

Overall ratings for mental 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.

Chesterfield Royal Hospital

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Key facts and figures

Chesterfield Royal Hospital is a district general hospital managed by Chesterfield Royal Hospital NHS Foundation Trust.

The hospital serves a population of around 400,000 and provides a full range of acute services (including 24-hour accident and emergency care) to the whole population and specialist services for children.

The hospital has 19 wards with a total of 512 beds, this includes 22 inpatient beds for paediatric and young people and 39-day case beds. Additionally, there are 29-day case chairs.

During the period October 2018 to September 2019 there were 72,846 inpatient admissions and 439,014 outpatient attendances.

During this inspection we inspected Urgent and Emergency Services, Medical Care (including older people's care), Surgery and Maternity.

Summary of services at Chesterfield Royal Hospital

Requires improvement  

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

- We rated safe and effective as requires improvement and caring, responsive and well led as good.
- In rating the hospital, we took into account the current ratings of the services not inspected this time.
- Mandatory training compliance was monitored but was not completed by all staff in medical care (including older people's care) and maternity.
- Records were not always securely stored across three of the four core services we inspected at this time.
- Outcomes for patients did not always meet national standards in three of the four core services we inspected at this time.
- People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards across all four core services we inspected at this time.

Summary of findings

However:

- All staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Services mostly had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Most staff identified and quickly acted upon patients at risk of deterioration.
- Staff, across all four core services treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Services were inclusive and took account of patients' individual needs and preferences.
- Leaders had the skills and abilities to run the services. They understood and managed the priorities and issues services faced. They were visible and approachable in the services for patients and staff. They supported staff to develop their skills and take on more senior roles.

Urgent and emergency services

Good   

Key facts and figures

Chesterfield Royal Hospital emergency department is a type 1 A&E department.

The emergency department sits within the Acute Medicine Care Unit, within the Division of Medicine and Emergency Care and has the following areas:

- a 'see and treat' area staffed by emergency nurse practitioners
- a major's area for clinical assessment and treatment
- a three-bay adult resuscitation area
- a dedicated children's resuscitation room.

The department operates a "pitstop area" for the reception of majors where patients receive an initial nursing assessment along with analgesia and appropriate blood tests and imaging requests.

There is also a simple triage and rapid treatment (START) team. This consists of registered nurses and healthcare assistants who undertake a further assessment of the patient after a simple assessment performed by the triage nurse.

Ambulant patients are initially screened by GPs employed by a separate healthcare organisation and then signposted to either primary care services or the emergency department.

The department has 24 hours a day, seven days a week access to mental health support through a mental health liaison team who see patients in the department. In addition, the team supports in the development of care plans for high impact users.

A business case has been submitted for the funding to develop an urgent care village to meet the increasing demands on the urgent care pathway, the trust is currently awaiting a decision from Department of Health for this. The business case includes:

- environmental and workforce requirements to enable the trust to double the footprint of the ED
- increasing clinical bays and treatment spaces from 26 to 49
- introduce a dedicated paediatric emergency department with specific registered sick children's nurses (RSCN) staffing
- a mental health suite
- increase resuscitation rooms from three to six bays
- develop a paediatric assessment unit
- extend the frailty unit
- introduce new clinical models.

During the inspection visit, the team:

- Visited the emergency department.

Urgent and emergency services

- Spoke with 26 patients and 12 relatives.
- observed staff giving care to both adults and children
- Reviewed 25 patient care records in both paper and electronic format.
- Spoke with 29 members of staff from a variety of grades. This included consultants, middle grade and junior grade doctors, senior managers, matrons, nurses, health care assistants and administrative staff.

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. There were plans in place to increase consultant staffing.
- 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. Improvements in management and storage of medicines were noted since our August 2019 inspection.
- The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However,

- People could not always access the service when they needed it and had to wait too long for treatment. The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From October 2018 to September 2019 the trust failed to meet the standard. However, it outperformed the England average in six out of 12 months.

Urgent and emergency services

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 including the highest level of life support training to all staff and most staff had completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The maintenance and use of equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed risk assessments for each patient swiftly. They mostly removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Managers regularly reviewed and adjusted staffing levels and skill mix for nursing and medical staff, 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;

- Whilst the service had medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Due to sickness and recruitment there were a depleted number of consultants in the department.
- The design and use of facilities did not always keep people safe, visibility of all patients in the waiting room was not always possible. We were not assured the room used for mental health assessments would always be clear of extra furniture. It was also observed that the trolley corridor could quickly become congested. During times of high operational demand, it was difficult for staff to position trollies without partially blocking entrance to cubicles.

Is the service effective?

Good   

Urgent and emergency services

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients' subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements. Outcomes for patients were positive, consistent and similar to or better when compared to other hospitals.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- 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.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However:

- Most patient outcomes did not meet expectations, such as national standards.

Is the service caring?

Good   

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

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

Is the service responsive?

Good   

Urgent and emergency services

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.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.

Is the service well-led?

Good   

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

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

However;

Urgent and emergency services

- Due to a reduction in medical staff regular departmental mortality and morbidity meetings were not currently being held. This meant learning from deaths may have been missed.

Outstanding practice

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

Areas for improvement

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

Medical care (including older people's care)

Requires improvement  

Key facts and figures

Chesterfield Royal Hospital NHS Foundation Trust (CRHFT) is a district general hospital and provides services for a population of around 441,000 within the local catchment area covering Chesterfield, North Derbyshire and serving the population of Chesterfield, North Derbyshire and beyond. Medical care services provided by Chesterfield Royal Hospital NHS Foundation Trust included cardiology, respiratory medicine and stroke services.

We inspected the hospital from 4 to 6 February 2020. As part of the inspection we visited the following areas:

- Ashover Ward (elderly medicine)
- Durrant Ward (frailty)
- Eastwood Ward (stroke services)
- Hasland Ward (haematology and diabetes)
- Manvers Ward (cardiology)
- Markham ward (respiratory)
- Pearson Ward (general medicine)
- Ridgeway Ward (gastroenterology)
- Portland ward (winter ward)
- Emergency Management Unit
- Short Stay Unit
- Endoscopy Suite
- Basil ward

The trust had 35,350 medical admissions from July 2018 to June 2019. Emergency admissions accounted for 21,125 (59.8%), 13,965 (39.5%) were day case, and the remaining 260 (0.7%) were elective.

During the inspection, we spoke with 42 staff of various grades, including ward managers, nurses, therapists, consultants, healthcare assistants, student nurses, housekeepers and administration staff. We spoke with 12 patients and their families, observed care and treatment and looked at 20 patient records which included 16 prescription charts. We looked at six records referencing Deprivation of Liberty Safeguards decisions/forms and 11 Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms, which integrated do not attempt cardiopulmonary resuscitation (DNACPR) decisions. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the hospital.

The service was last inspected in September 2018. At that inspection, the medicine service was rated as good overall with effective, caring, responsive and well-led being rated good and safe as requires improvement. During this inspection we looked at the changes the medical service had made to address our concerns.

Medical care (including older people's care)

Summary of this service

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

- Staff did not always follow infection control principles including the use of personal protective equipment (PPE).
- Nursing and medical staff received but did not keep up-to-date with their mandatory training.
- The trust set a target of 90% for completion of safeguarding training. Not all nursing and medical staff had received training specific for their role on how to recognise and report abuse.
- The design of the environment did not always follow the Health Building Note guidance. For example, across most medical wards we visited we found the environment cramped with equipment stored on corridors.
- Staff did not always escalate deteriorating patients in a timely manner. We found inconsistencies with national early warning sign escalation in five out of nine electronic records we looked at.
- Records were not always stored securely. We found some patient records left unattended on trolleys across most wards and records were not always kept in locked trolleys to maintain confidentiality.
- The service participated in relevant national clinical audits. Outcomes for patients were not always positive, consistent or met expectations, such as national standards.
- There were inconsistencies in the decision-making processes for Deprivation of Liberty Safeguards (DoLS).

However,

- All staff knew what incidents to report and how to report them.
- Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.
- Patients said staff treated them well and with kindness.
- The senior matron and all matrons were visible on the wards.

Is the service safe?

Requires improvement ● → ←

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

- Mandatory training compliance was monitored but was not completed by all staff.
- Not all staff had completed their adult and children's safeguarding training.
- The service did not always control infection risk well. We were not assured that infection prevention and control (IPC) practices were consistently adhered to.
- Premises across most ward areas were cramped with equipment stored on corridors.
- Staff mostly identified but did not quickly act upon patients at risk of deterioration.
- Records were not always stored securely across medical wards.

However,

Medical care (including older people's care)

- The service provided mandatory training in key skills to staff. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff kept the premises visibly clean. The design, maintenance and use of facilities and equipment kept people safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks.
- The service had enough nursing, medical staff and advanced healthcare professionals 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 used systems and processes to safely prescribe, administer, record and store medicines.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Requires improvement ● ↓

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

- Staff did not always know how to support patients who lacked capacity, or who were experiencing mental ill health to make their own decisions and did not always use measures that limited patients' liberty appropriately.
- Staff did not always achieve good outcomes for patients.

However,

- 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.
- 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 pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.

Medical care (including older people's care)

- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment.

Is the service caring?

Good ● → ←

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

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

Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. The service mostly admitted, treated and discharged patients 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.

However,

- Staff moved patients between wards at night and did not justify if the bed moves were for clinical or non-clinical reasons.
- The trust's performance on cancer related key performance indicators was mixed.

Is the service well-led?

Good ● → ←

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

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

Medical care (including older people's care)

- The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- 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 secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

Outstanding practice

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

Areas for improvement

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

Surgery

Good   

Key facts and figures

The trust's surgery core service provides care and treatment for specialties including breast surgery, colorectal surgery, ear nose and throat (ENT), general surgery, urology and vascular surgery. This core service report covers surgical services for adult males and females.

The trust's surgical division includes the trust's surgical inpatient wards, the surgical day case unit and theatres. The service is led by a divisional director, head of nursing, general manager, human resource and finance staff who work alongside a team of clinical educators and nurse specialists.

Chesterfield Royal Hospital has 12 operating theatres and 183 surgical inpatient beds located across six wards. The trust had 26,605 surgical admissions from July 2018 to June 2019. Emergency admissions accounted for 7,415 (27.9%), 16,535 (62.2%) were day case, and the remaining 2,655 (10.0%) were elective.

The inspection was comprehensive and unannounced (staff did not know we were coming) to enable us to observe routine activity.

We visited six wards, the surgery pre-assessment unit, operating theatre, operating theatre admissions and the Macmillan Unit. We held interviews with service leads and specialists, spoke with a total of 83 Staff including housekeepers, librarians, pharmacists, nurses, clinical nurse specialists, matrons, managers and doctors. We also spoke with seven patients and reviewed three sets of patient records.

Summary of this service

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

- The service mostly had enough staff to care for patients and keep them safe. Training was available in key skills, staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

Surgery

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Not all staff were up to date with their mandatory training.
- Some serious incidents were not reported within the trusts target of 14 days.
- Outcomes for patients were generally similar to or better when compared to other trusts but did not always meet national standards.
- The percentage of last-minute cancellations at the trust where the patient was not treated within 28 days was higher than the England average.

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. Staff had training on how to recognise and report abuse.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service generally had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, mostly stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

Surgery

- 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, patients and visitors.

However:

- Mandatory training compliance did not meet the trusts 90% target.
- Safeguarding training compliance did not meet the trusts 90% target.
- We found unsecured patient records in the pre-assessment unit.
- Local national safety standards for invasive procedures had not been developed.
- Anaesthetists were not always available to support staff in the pre-assessment unit.

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. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- 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.

However:

Surgery

- Outcomes for patients were generally similar to or better when compared to other trusts but did not always meet national standards.

Is the service caring?

Good ● → ←

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

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

Is the service responsive?

Good ● → ←

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

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

However:

- People did not always receive the right care promptly. The percentage of last-minute cancellations at the trust where the patient was not treated within 28 days was higher than the England average.

Is the service well-led?

Good ● → ←

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

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

Surgery

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

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

Areas for improvement

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

Maternity

Good 

Key facts and figures

The trust has 36 maternity beds located in the birth centre at Chesterfield Royal Hospital. These beds are split between:

- Four midwife-led rooms (including three birth pools).
- Eight consultant-led rooms (including one birth pool).
- Two beds in an observation bay
- Three beds in an induction and triage bay.
- 19 beds on Trinity Ward, a combined antenatal and postnatal ward.

There is a designated maternity operating theatre within the main hospital theatres.

The pregnancy assessment centre is located in the antenatal clinic and operates from 8am to 8.30pm seven days a week. The centre triages women from 20 weeks gestation. An overnight service is provided from the birth centre.

The trust reported that there were between nine and 10 midwives on each shift to cover both the birth centre and Trinity Ward, with a mixture of band 5 and 6 midwives. There is a supernumerary coordinator on each shift. All the midwives, including community midwives, rotate throughout the services to maintain their skills.

Community midwifery services are delivered from four locality bases in Chesterfield: Clay Cross, Darley Dale and Inkersall, and a small number of GP practices. The community bases provide both antenatal and postnatal clinics. A home birth service is provided. All community-based midwives undertake a regular clinical shift on the birth centre to maintain competence with intrapartum care. Midwives are supported by maternity assistants (band 2) and midwifery support workers (band 3) in both the hospital and community services.

(Source: Trust Provider Information Request – Sites tab and Acute context; trust website)

From July 2018 to June 2019 there were 2,545 deliveries at the trust.

We spoke with 39 members of staff including midwives, doctors, maternity support workers, sonographers, ward clerks and housekeepers. We also spoke with 10 women and nine of their relatives. We observed interactions between women and staff, considered the environment and looked at 15 women's care records and 15 prescription records. We also reviewed other documentation from stakeholders and nationally published data for the trust.

Summary of this service

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

- Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. They generally 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.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff gave women enough food and drink to meet their needs and improve their health. Staff assessed and monitored women regularly

Maternity

to see if they were in pain and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and generally achieved good outcomes for women. The service made sure staff were competent for their roles. Doctors, midwives and other healthcare professionals worked together as a team to benefit women. Key services were available seven days a week to support timely care. Staff gave women practical support and advice to lead healthier lives. Staff supported women to make informed decisions about their care and treatment.

- Staff treated women with compassion and kindness. Staff provided emotional support to women, families and carers to minimise their distress. Staff supported women, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. People could generally access the service when they needed it and received the right care. The service treated concerns and complaints seriously.
- Leaders had the skills and abilities to run the service. The service had a vision for what it wanted to achieve and a maternity safety plan to turn it into action, developed with the local maternity system. Staff felt respected, supported and valued. Leaders operated effective governance processes, throughout the service and with partner organisations. Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Leaders and staff actively and openly engaged with patients and staff to plan and manage services. All staff were committed to continually learning and improving services.

However,

- The number of staff who had completed some mandatory training modules did not meet trust targets. Not all staff had completed mandatory safeguarding training. The service did not always have enough midwifery staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Records were not always securely stored.
- Women often experienced long waits to be seen in the antenatal clinic. The service did not monitor waiting times from referral to treatment. Not all women knew how to raise concerns about care received.
- The service did not always collect reliable data and analyse it.

Is the service safe?

Good ●

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

- Most staff were up to date with mandatory Practical Obstetric Multi-Professional Training (PROMPT).
- Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff knew how to recognise and report abuse.
- The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection. They kept equipment and the premises visibly clean.

Maternity

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

However,

- The number of staff who had completed some mandatory training did not meet trust targets.
- Not all staff had completed mandatory safeguarding training.
- The service did not always have enough midwifery staff with the right qualifications, skills, training and experience to keep women 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.
- Records were not always securely stored.

Is the service effective?

Good ●

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance, however, not all guidance had been reviewed once expired. Staff protected the rights of women subject to the Mental Health Act 1983.
- Staff gave women 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 women's religious, cultural and other needs.
- Staff assessed and monitored women 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 generally achieved good outcomes for women.

Maternity

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.
- Key services were available seven days a week to support timely care.
- Staff gave women practical support and advice to lead healthier lives.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit women's liberty appropriately.

Is the service caring?

Good ●

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

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

Is the service responsive?

Good ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated 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 women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They coordinated care with other services and providers.
- People could generally access the service when they needed it and received the right care. Arrangements to admit, treat and discharge women were in line with national standards.
- It was easy for people to give feedback. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included women in the investigation of their complaint.

However,

- Women often experienced long waits to be seen in the antenatal clinic. The service did not monitor waiting times from referral to treatment.

Maternity

- Not all women knew how to raise concerns about care received.

Is the service well-led?

Good ●

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a maternity safety plan to turn it into action, developed with the local maternity system. The safety plan was focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- Staff 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 and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However,

- Maternity service did not have its own vision and strategy.
- The service did not always collect reliable data and analyse it.

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Our inspection team

Michelle Dunna, Inspection Manager, led this inspection.

The team included six [further] inspectors, one assistant inspector, seven specialist advisers, and one medicines inspector.

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

This inspection was overseen by Bernadette Hanney, Head of Hospital Inspections.