

University Hospitals of Morecambe Bay NHS Foundation Trust

Inspection report

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






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

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

Ratings

Overall rating for this trust

Requires improvement 

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

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

Summary of findings

Background to the trust

Serving a population of around 365,000, the trust operates from three main hospital sites: Furness General Hospital in Barrow, Royal Lancaster Infirmary in Lancaster and Westmorland General Hospital in Kendal.

The trust provided services to a very large, largely rural, geographical area of around 1,000 sq. miles, with a significant distance between the two main population centres of Lancaster and Barrow-in-Furness. Of the population that is served by the trust, 23.7% were above 65 years of age, substantially higher than the England national average of 18.8% for this age group.

Furness General Hospital and the Royal Lancaster Infirmary have a range of acute services, with full accident & emergency departments, critical/coronary care units and consultant led beds.

Westmorland General Hospital provides a range of acute services, together with an urgent treatment centre (UTC).

All three sites provide a range of planned care, including outpatients, diagnostics, therapies, day-case and inpatient surgery. In addition, a range of local outreach services and diagnostics are provided from a number of community facilities.

We last inspected the trust in October 2016, where we rated the trust as good overall with a rating of requires improvement overall for safe. Following the inspection, we issued requirement notices regarding compliance with the following Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 17, Good Governance and Regulation 18, Staffing. The trust put an action plan in place, which has been monitored by CQC through regular engagement with the trust.

Overall summary

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

What this trust does

University Hospitals of Morecambe Bay NHS Foundation Trust was established on 1 October 2010 as a public benefit corporation authorised under the Health and Social Care (Community Health and Standards) Act 2003.

The trust operates acute hospital services from three main hospital sites:

- Furness General Hospital, Barrow in Furness, (FGH);
- Royal Lancaster Infirmary, Lancaster, (RLI); and
- Westmorland General Hospital, Kendal, (WGH).

In addition, outpatient services are provided at Queen Victoria Hospital in Morecambe (QVH), Ulverston Community Health Centre (UHC) and in a range of community facilities. We did not include these locations during this inspection visit.

The trust serves a population of around 365,000 covering South Cumbria, North Lancashire and surrounding areas, with services commissioned by Morecambe Bay Clinical Commissioning Group. The trust has a total 712 beds spread across core services:

- 595 Medical and surgical beds
- 38 Maternity beds

Summary of findings

- 65 Community beds
- 14 Critical Care beds

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

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

We last inspected this trust in October 2016, where we rated all core services as good overall.

At this inspection we inspected three core services, including urgent and emergency care, surgery and medicine. The core services inspection was announced 30 minutes before the inspection began.

What we found is summarised in the section headed, Is this organisation well-led? The well-led inspection was announced 12 weeks prior to the inspection and took place between 12th to 14th December 2018.

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, all trust inspections now include inspection of the well-led key question.

What we found

Overall trust

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

We rated safe, responsive and well led as requires improvement and effective and caring as good. The safe and effective ratings remained the same as our inspection in 2016. However, caring went down from outstanding to good and well-led and responsive went down from good to requires improvement.

- In rating the trust, we took into account the current ratings of the services that we did not inspect during this inspection but that we had rated in our previous inspection.
- We rated well led for the trust overall as requires improvement. This was not an aggregation of the core service ratings for well led

Our full inspection report summarising what we found and the supporting evidence appendix containing detailed evidence and data about the trust is available on our website – www.cqc.org.uk/provider/RTX/reports.

Are services safe?

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

Summary of findings

- There were policies and processes and documentation in place in relation to safeguarding in the trust. However, this was heavily weighted towards child safeguarding. The adult safeguarding had more of an emphasis on mental capacity act rather than safeguarding. There were gaps noted in the mental capacity act procedures for children between 16 and 18.
- The trust did not always have enough nursing staff, with the right mix of qualifications and skills to keep patients safe and provide the right care and treatment. Nurse fill rates were low on some wards. We were not assured that the trust could meet the recommended nurse staffing guidelines for patients receiving non-invasive ventilation set out by the British Thoracic Society. To mitigate risk, wards over allocated clinical support workers where possible and had developed a training conversion scheme for clinical support workers wishing to become registered nurses.
- The trust did not always follow best practice when storing medicines. We found out of date medicines, and open bottles without the date of opening clearly displayed within the medicine core service. Medicines stored in fridges did not always have the temperature recorded which was something we identified at our previous inspection. There was no monitoring of the temperature of rooms containing medicines fridges.
- Senior doctors did not always review patients in a timely way. Stroke care was nurse led at weekends, and stroke consultants did not see stroke patients in the emergency department. In the acute medical unit only three quarters of patients were reviewed by a consultant within 14 hours of arrival.
- Staff training compliance failed to meet trust target for Safeguarding Adults level 2 which included Mental Capacity Act and Deprivation of Liberty Safeguards training.
- Staff across the trust were not consistently meeting the trust standard for mandatory training of 95% for all of the mandatory training modules. We identified this as an issue at our previous inspection.
- Although ambulance handover was usually within 15 minutes, the department had experienced a significant number of black breaches, meaning patients were not handed over to the department staff for more than two hours. This posed a risk to patients waiting to be seen.
- Urgent and emergency care had medical staffing vacancies and at the time of the inspection, there was only one part time consultant employed by the department. Consultant cover for the department was limited. The most senior full time substantive medical staff employed was associate specialist grade.

However:

- Staff understood their responsibilities in relation to reporting incidents and duty of candour. We saw evidence of action taken as a result of incidents.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Monthly matrons' records audits kept quality high.
- Staff knew how to report an incident using the trust's electronic system and were aware of the importance of doing this. When things went wrong, staff apologised and gave patients honest information and suitable support. There were clear routes for feedback and learning from incidents to be shared and some, but not all wards, were using this effectively.
- Staff kept detailed records of patient's care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Staff had access to records which were managed and stored securely.
- All areas visited were visibly clean and tidy.

Are services effective?

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

Summary of findings

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed 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 preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However:

- The urgent and emergency care service took part in Royal College of Emergency Medicine (RCEM) audits, it had not met any of the standards in the audits carried out in 2016/17 or 2017/18. Requested action plans had not been provided.
- Urgent and emergency care was performing worse than the national standard of unplanned reattendance of patients.
- Seven-day services were not fully embedded across the trust. Consultant ward rounds were generally Monday to Friday only with limited medical cover at weekends and out of hours. A shortage of therapy staff meant they were not able to provide seven-day services.
- Appraisal rates across the trust were not meeting the trust target of 95%. The people information report, July 2018 present to the trust board, identified that only 76% of staff were up to date with their annual appraisal. This equated to 1261 staff across the trust being non-compliant with their annual appraisal.
- Not all staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They did not always follow trust policy and procedures when a patient could not give consent.

Are services caring?

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- There was consideration and thought given to the emotional needs of patients. Spiritual and pastoral support was available to patients from the hospital chaplaincy service.

However:

- When the emergency department was busy, patient's care needs were not always met and there was a lack of evidence that comfort rounds and regular checks on patients were taking place.

Summary of findings

- We saw examples of where patient's privacy and dignity were compromised while they waited and received treatment in the emergency department.
- We observed that chaperones were not routinely offered to patients when being examined or receiving care.
- Not all patients had access to call bells.
- We observed alarms on medical equipment being ignored by staff within the emergency department.

Are services responsive?

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

- The trust had an ongoing challenge with the Deprivation of Liberty Safeguards (DoLS) applications due to the high numbers of applications being made to the local authority. A mental capacity act DoLS re-audit was completed in July 2018, which highlighted that the patient safety incidents were not always complete when a DoLS application was made (identified as only 75% at the time of the audit). It also identified that capacity assessments were not always completed prior to a DoLS application.
- All specialties were below the England average for referral to treatment times (RTT) rates (percentage within 18 weeks) for admitted pathways.
- From July 2017 to June 2018, there were 1,863 patients moving wards at night at the Royal Lancaster Infirmary.
- There was work to be completed to bring the trust overall appraisal rate in line with the trust target rate.

However:

- The trust planned and provided services in a way that met the needs of local people.
- The trust took account of patients' individual needs.
- The trust treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The management of medical patients on non-medical wards was good and patients received timely reviews and treatment from a consultant.

Are services well-led?

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

- There were significant challenges with the urgent and emergency core service where it has been rated as requires improvement across all three hospital sites, including within the caring domain at the Royal Lancaster Infirmary site. At our previous inspection in 2016, we rated urgent and emergency at the Royal Lancaster Infirmary site as requires improvement in safe and well-led and good in effective, caring and responsive. At this inspection, the rating had gone down to requires improvement for all five domains.
- The rating for caring across the trust went down to good from outstanding at our last inspection.
- We saw limited evidence of challenge and documenting actions agreed to address adverse performance from the non-executive team within the minutes of board meetings.
- We reviewed the trust management board minutes for October, November and December 2018. We found there was a tendency to review presentations rather than reports at these meetings. Actions from the agenda items were not clear.

Summary of findings

- We saw examples of where the pace of actions/implementation was slow and there was an opportunity for the trust to move at pace on areas identified as high risk, for example the financial situation and areas of improvement from the staff survey.
- The non-executive directors reported that the care groups had a much better understanding of their operational and financial performance risks than previously. However, they expressed some frustration at the pace of change in formulating and implementing solutions.
- There was little evidence of formal staff engagement to monitor staff wellbeing and staff morale within urgent and emergency care.
- There was limited evidence of where governors had held non-executive directors to account.
- We found some discrepancies within the fit and proper persons (FPPR) files which was predominantly because the trust was working on two systems. There was also an error with the disclosure and barring service (DBS) check within one file where the person had commenced in post in April 2018, but the DBS check was only valid from October 2018. This had been due to an error within human resources (HR).
- We saw limited assurance in relation to how learning and actions were shared both across the care groups and up to the trust board. A vast amount of information was presented by the many different care groups and committees/sub committees at the monthly quality committee meeting. It was not always clear that the pertinent risks and issues were presented in a way that all staff could understand the key risks from the volume of information were provided.
- Succession planning at board level was in place. However, the trust recognised there was more to do in respect of senior and middle management. A talent management programme was being implemented alongside a more structured approach to appraisal.

However:

- The trust has been held as an exemplar of governance by NHSI and in the last year and had provided peer support to the two other hospital trusts. The trust supported NHS England with a national review of complaints and the new system architecture.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. We saw real improvements in culture from previous inspections.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- The trust's vision was prominent in literature and displays and the behaviours developed from this were embedded in practice. The care group strategy was clear and linked well to the wider trust and ICS priorities.

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Summary of findings

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.

Areas for improvement

We found areas for improvement including four breaches of legal requirements that the trust must put right. We also found 43 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 the quality of services. For more information, see the areas for improvement section of this report.

Action we have taken

We issued 4 requirement notices to the trust. 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.

Areas for improvement

The trust should consider a more comprehensive record of meeting minutes to accurately reflect the areas of challenge and actions.

The trust should consider reviewing their governance structure.

The trust should consider reviewing their fit and proper person processes.

The trust should review the governor framework to ensure sufficient scrutiny is evident from the governors to the non-executive directors.

The trust should continue to implement the talent management programme alongside a more structured approach to appraisal.

The trust should ensure that all staff have received an annual appraisal and the overall rate of appraisals are brought in line with the trust target.

Is this organisation well-led?

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

- There were significant challenges with the urgent and emergency core service where it has been rated as requires improvement across all three hospital sites, including within the caring domain at the Royal Lancaster Infirmary site. At our previous inspection in 2016, we rated urgent and emergency at the Royal Lancaster Infirmary site as requires improvement in safe and well-led and good in effective, caring and responsive. At this inspection, the rating had gone down to requires improvement for all five domains.

Summary of findings

- The rating for caring across the trust went down to good from outstanding at our last inspection. Additionally, the rating for responsive and well-led also went down from our last inspection from good to requires improvement overall.
- We saw limited evidence of challenge and documenting actions agreed to address adverse performance from the non-executive team within the minutes of board meetings.
- We reviewed the trust management board minutes for October, November and December 2018. We found there was a tendency to review presentations rather than reports at these meetings. Actions from the agenda items were not clear.
- We saw examples of where the pace of actions/implementation was slow and there was an opportunity for the trust to move with more pace on areas identified as high risk, for example the referral to treatment times, bullying and harassment, the financial situation and areas of improvement from the staff survey.
- The non-executive directors reported that the care groups had a much better understanding of their operational and financial performance risks than previously. However, they expressed some frustration at the pace of change in formulating and implementing solutions.
- There was little evidence of formal staff engagement to monitor staff wellbeing and staff morale within urgent and emergency care.
- There was limited evidence of where governors had held non-executive directors to account.
- There was limited evidence that the trust had robust arrangements in place to provide assurance on data quality.
- We found some discrepancies within the fit and proper persons (FPPR) files which was predominantly because the trust was working on two systems. There was also an error with the disclosure and barring service (DBS) check within one file where the person had commenced in post in April 2018, but the DBS check was only valid from October 2018. This had been due to an error within human resources (HR).
- We saw limited assurance in relation to how learning and actions were shared both across the care groups and up to the trust board. A vast amount of information was presented by the many different care groups and committees/sub committees at the monthly quality committee meeting. It was not always clear that the pertinent risks and issues were presented in a way that all staff could understand from the volume of the information provided.
- Although the board were sighted on the level of risk in delivering the financial plan for 2018/19, there was no formal contingency to address the current adverse financial performance. There was no evidence of a more granular outturn forecast based on risk assessed scenarios to establish parameters and help support stakeholder engagement.
- The material and deteriorating deficit of the trust was the largest percentage deficit in England. The trust failed to balance its budget in 2017/18, reporting a deficit of £64.7 million which was worse than plan by £6.1 million. The trust was reliant on external loans to meet its financial obligations and deliver its services with cumulative loans totalling £210 million forecast by the end of 2018/19.
- The trust's underlying productivity compared poorly with other trusts. For 2017/18, the trust's overall cost per weighted unit of activity was the worst in the country. This showed the trust spent more on pay and other goods and services per weighted unit of activity than all other trusts nationally. This indicates that the trust was less productive at delivering services than other trusts by showing that, on average, the trust spent more to deliver the same number of services.

However:

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients and key groups representing the local community.

Summary of findings

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. We saw real improvements in culture from previous inspections.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- The trust reported their strategic approach sat within a wider context of development within local, regional and national leadership development programmes – supporting broad scale strategic development taking a cohesive approach across a number of strands to support development within the trust. This included year on year participation in National Leadership Academy trainings, Graduate Management Training Scheme, and leadership training at various levels.
- Succession planning at board level was in place. A talent management programme was being implemented alongside a more structured approach to appraisal.

Ratings tables

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

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

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

Ratings for the whole trust

| Safe | Effective | Caring | Responsive | Well-led | Overall |
|---------------------------------------|-----------------------|-----------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Requires improvement ↔ May 2019 | Good ↔ May 2019 | Good ↓ May 2019 | Requires improvement ↓ May 2019 | Requires improvement ↓ May 2019 | Requires improvement ↓ May 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.

Rating for acute services/acute trust

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|------------------------------|---------------------------------------|-----------------------|-----------------------|---------------------------------------|-----------------------|---------------------------------------|
| Westmorland General Hospital | Good ↔ May 2019 | Good ↔ May 2019 | Good ↓ May 2019 | Requires improvement ↓ May 2019 | Good ↔ May 2019 | Good ↓ May 2019 |
| Royal Lancaster Infirmary | Requires improvement ↔ May 2019 | Good ↔ May 2019 | Good ↓ May 2019 | Requires improvement ↓ May 2019 | Good ↔ May 2019 | Requires improvement ↓ May 2019 |
| Furness General Hospital | Good ↑ May 2019 | Good ↔ May 2019 | Good ↓ May 2019 | Requires improvement ↓ May 2019 | Good ↔ May 2019 | Good ↔ May 2019 |
| Overall trust | Requires improvement ↔ May 2019 | Good ↔ May 2019 | Good ↓ May 2019 | Requires improvement ↓ May 2019 | Good ↔ May 2019 | Requires improvement ↓ May 2019 |

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

Ratings for Westmorland General Hospital

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|----------------------------------------------|----------------------------------|----------------------------------|-----------------------|---------------------------------------|----------------------------------|----------------------------------|
| Urgent and emergency services | Requires improvement May 2019 | Requires improvement May 2019 | Good May 2019 | Requires improvement May 2019 | Requires improvement May 2019 | Requires improvement May 2019 |
| Medical care (including older people's care) | Good May 2019 | Good May 2019 | Good May 2019 | Good May 2019 | Outstanding May 2019 | Good May 2019 |
| Surgery | Good ↔ May 2019 | Good ↔ May 2019 | Good ↔ May 2019 | Requires improvement ↓ May 2019 | Good ↔ May 2019 | Good ↔ May 2019 |
| Outpatients and diagnostic imaging | Good Feb 2017 | Not rated | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 |
| Maternity and Gynaecology | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 |
| Overall* | Good ↔ May 2019 | Good ↔ May 2019 | Good May 2019 | Requires improvement ↓ May 2019 | Good ↔ May 2019 | Good ↔ May 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 Royal Lancaster Infirmary

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|----------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Urgent and emergency services | Requires improvement ↔ May 2019 | Requires improvement ↓ May 2019 | Requires improvement ↓ May 2019 | Requires improvement ↔ May 2019 | Requires improvement ↓ May 2019 | Requires improvement ↔ May 2019 |
| Medical care (including older people's care) | Requires improvement ↔ May 2019 | Good ↔ May 2019 | Good ↔ May 2019 | Good ↔ May 2019 | Good ↔ May 2019 | Good ↔ May 2019 |
| Surgery | Good ↔ May 2019 | Good ↔ May 2019 | Good ↔ May 2019 | Requires improvement ↓ May 2019 | Good ↔ May 2019 | Good ↔ May 2019 |
| Critical care | Good Feb 2017 | Good Feb 2017 | Outstanding Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 |
| Services for children and young people | Requires improvement Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 |
| End of life care | Good Feb 2017 | Good Feb 2017 | Outstanding Feb 2017 | Good Feb 2017 | Outstanding Feb 2017 | Outstanding Feb 2017 |
| Outpatients and diagnostic imaging | Good Feb 2017 | Not rated | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 |
| Maternity and Gynaecology | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 |
| Overall* | Requires improvement ↔ May 2019 | Good ↔ May 2019 | Good ↓ May 2019 | Requires improvement ↓ May 2019 | Good ↔ May 2019 | Requires improvement ↔ May 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 Furness General Hospital

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|----------------------------------------------|---------------------------------------|---------------------------------------|-------------------------|---------------------------------------|-------------------------|---------------------------------------|
| Urgent and emergency services | Requires improvement ↔ May 2019 | Requires improvement ↓ May 2019 | Good ↔ May 2019 | Requires improvement ↔ May 2019 | Good ↔ May 2019 | Requires improvement ↔ May 2019 |
| Medical care (including older people's care) | Good ↑ May 2019 | Good ↔ May 2019 | Good ↓ May 2019 | Good ↔ May 2019 | Good ↔ May 2019 | Good ↔ May 2019 |
| Surgery | Good ↔ May 2019 | Good ↔ May 2019 | Good ↔ May 2019 | Requires improvement ↓ May 2019 | Good ↔ May 2019 | Good ↔ May 2019 |
| Critical care | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 |
| Services for children and young people | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 |
| End of life care | Good Feb 2017 | Good Feb 2017 | Outstanding Feb 2017 | Good Feb 2017 | Outstanding Feb 2017 | Outstanding Feb 2017 |
| Maternity and gynaecology | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 |
| Outpatients and diagnostic imaging | Good Feb 2017 | Not rated | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 | Good Feb 2017 |
| Overall* | Good ↑ May 2019 | Good ↔ May 2019 | Good ↓ May 2019 | Requires improvement ↓ May 2019 | Good ↔ May 2019 | Good ↔ May 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.

Westmorland General Hospital

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Key facts and figures

Westmorland General Hospital (WGH) is the smaller of University Hospitals of Morecambe Bay Foundation Trust's (the trust) three hospitals.

Westmorland General Hospital (WGH) is located on the edge of the Lake District. It has around 43 beds and provides a range of general hospital services including; an urgent treatment centre (UTC), a midwifery-led unit, elective surgery, GP Led Medical (Step-Up Step-Down) Wards, the Morecambe Bay Cardiac Centre, an endoscopy unit, a chemotherapy unit, and a wide range of Diagnostic imaging and outpatient services. It is also home to a mental health ward, and a renal unit, which are services provided by other NHS trusts.

The UTC became part of University Hospitals of Morecambe Bay Foundation Trust in April 2018. Prior to this it was managed by a different foundation trust. The UTC was initially a Primary Care Assessment Service. It was then re-classified to an UTC in line with national guidance. This was the first time the UTC had been inspected.

During this inspection we inspected medical and surgical core services and the urgent treatment centre.

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

Before this inspection we reviewed information about the service and after the inspection we requested further information from the trust.

Summary of services at Westmorland General Hospital

Good   

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

- Staff were well supported to improve quality and continuously develop. Staff were encouraged to contribute and work collaboratively to provide innovative ways to deliver more joined up care.
- Consent practices were strong, and patient focussed including the accommodation of individual needs. People who use services were involved in the development of tools and support to aid informed consent.
- Staff morale was high. Teams supported each other well and we saw examples of good teamwork. We saw staff from different professions working well together and staff told us they were proud of their work.

Summary of findings

- Infection control measures were effective. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Patient records across the trust were of a good standard, up to date, legible and accessible.
- Feedback for the service was good and there were very few complaints. The culture was very person-centred and promoted kindness and dignity. People's needs, and preferences were respected. The emotional needs of patients were in the forefront of the minds of staff and they worked with patients to develop better ways to encompass these.
- There were escalation policies, guidance and care pathways for deteriorating patients. Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients confirmed that staff treated them well and with kindness, providing emotional support to minimise their distress.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff used the World Health Organisation (WHO) surgical safety checklist, 'Five Steps to Safer Surgery'. National and local safety standards for invasive procedures incorporated the contents of the WHO surgical safety checklist.
- Managers checked to make sure staff followed guidance, monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.

However:

- Staff were not up to date with mandatory training and other important training such as safeguarding vulnerable adults and children. Safeguarding processes were not robust. Additionally, staff had not undergone regular appraisals and did not feel competent to manage some of the patients who attended the department. As a result, we had concerns about the safety of the department.
- The department did not have a suitable safe place for patients living with a mental health condition.
- Some patients experienced delays in receiving some test results and often experienced delays being transported to other care settings; transport delays were outside of the influence of the trust. This was a potential risk to patients.
- The UTC did not have embedded governance systems in place and had only recently introduced clinical audit as a way of assuring quality. Patient outcomes had not been monitored and managed in a robust way.
- The UTC had undergone a series of changes. As a result, governance and leadership processes were not fully embedded in the department. Therefore, at the time of the inspection, despite there being plans in place for the department, we were not assured the department was able to demonstrate that it was well led.
- Not all staff were not up to date with mandatory training and other important training such as safeguarding vulnerable adults and children. Safeguarding processes were not always robust in UTC. Additionally, staff had not undergone regular appraisals and did not feel competent to manage some of the patients who attended the department. As a result, we had concerns about the safety of the department.

Urgent and emergency services

Requires improvement ●

Key facts and figures

The urgent treatment centre (UTC) is located at Westmorland Hospital. It is staffed by GPs, doctors, emergency nurse practitioners and nurses.

The UTC became part of University Hospitals of Morecambe Bay Foundation Trust in April 2018. Prior to this it was managed by a different foundation trust. The UTC was initially a Primary Care Assessment Service. It was then re-classified to an UTC in line with national guidance.

The UTC is designed to treat patients with minor illnesses and injuries. Patients with more serious conditions such as chest pains, strokes, serious illness or serious injuries should go to the nearest Accident and Emergency department in Lancaster. Whilst patients with more serious conditions should go to the nearest emergency department (ED), some patients self-presented with more serious conditions at the UTC. In such cases, the trust arranged for transfer to the nearest ED whilst maintaining the patients care and safety within the unit capabilities.

The UTC operates between 8am and 11pm. After this time, a different organisation provides an out of hours GP service for patients.

Summary of this service

We rated this department as requires improvement because:

- Staff were not up to date with mandatory training and other important training such as safeguarding vulnerable adults and children. Safeguarding processes were not robust. Additionally, staff had not undergone regular appraisals and did not feel competent to manage some of the patients who attended the department. As a result, we had concerns about the safety of the department.
- The department did not have embedded governance systems in place and had only recently introduced clinical audit as a way of assuring quality. Patient outcomes had not been monitored and managed in a robust way.
- The department did not have a suitable safe place for patients living with a mental health condition.
- Some Patients experienced delays in receiving some test results and often experienced delays being transported to other care settings; transport delays were outside the influence of the trust. This was a potential risk to patients.
- The department had undergone a series of changes. As a result, governance and leadership processes were not fully embedded in the department. Therefore, at the time of the inspection, despite there being plans in place for the department, we were not assured the department was able to demonstrate that it was well led.

However:

- Staff delivered treatment that was caring and compassionate and people were treated with respect and their dignity protected.

Is the service safe?

Requires improvement ●

Urgent and emergency services

We rated it as requires improvement because:

- Staff were not up to date with their mandatory training or safeguarding vulnerable adults or children training. Additionally, no staff had completed consent training or mental capacity assessment training.
- We identified some concerns with the safeguarding process and were unable to find assurance that children's records were reviewed to ensure no opportunities to identify patients at risk had been missed.
- Some of the wall coverings were not infection control compliant, were cracked and coming away from the wall.
- The department had no room dedicated to or safe place for patients living with a mental health condition. All rooms had ligature risks and furniture that could be used as a weapon.
- Patients experienced some delays in transportation to other care setting. This was a risk to patients, however this was outside the influence of the trust, as the transport service was provided by another trust.
- Actual staffing met planned staffing rates however, staff and managers highlighted staffing numbers as a concern that needed to be reviewed. All believed nurse staffing numbers were low.
- Staff did not always report incidents due to time constraints however were aware of the importance of doing so.

However:

- There was evidence of staff taking action when they identified a vulnerable person and there was a process in place to inform social workers when their clients attended the department.
- The department was visibly clean and there was personal protective equipment available for staff.
- All equipment in the department had been safety checked and stock was rotated appropriately.
- Triage was only carried out by experienced staff who had undergone competency assessment to carry out such a role.

Is the service effective?

Requires improvement ●

We rated it as requires improvement because:

- The department had only recently started carrying out clinical audit and therefore robust information about following evidence based treatment was not yet available to provide assurance to us.
- The UTC transferred to the trust on 01 April 2018, the training and appraisal rated were at 0%. By November 2018, significant progress had been made in training and appraisal of staff. However, the trust target was not achievable in the nine month period prior to inspection.
- At the time of the inspection, no staff had undergone additional training to enable them to treat sick children and there were no registered sick children's nurses employed by the department.
- Staff did not always have the skills and knowledge to support patients who inappropriately attended the department and did not feel as though there was support available on site.
- Not all of the GPs who worked in the UTC had a background in emergency medicine. However, the NHS England guidance for UTC principles and standards states that UTCs should be GP led, staffed by GPs, nurses and other clinicians. This reflects the staffing model in the UTC.

Urgent and emergency services

- Staff had not undergone consent training to ensure they were up to date with when consent was needed and who could give consent on behalf of whom. Additionally, staff were not up to date with training to support patients with a mental health condition or who were being held under the mental health act.

However:

- Patients received pain relief and had their nutrition and hydration needs met in a timely manner.
- The department had recently started a programme of clinical audit.
- Funding had been sourced to ensure staff could attend additional training such as advanced life support.
- There was evidence of multidisciplinary working with wards and department on the WGH site.

Is the service caring?

Good 

We rated it as good because:

- Patients provided us with positive feedback about the attitude of staff saying they were friendly and reassuring.
- Staff supported patients and were offered reassurance when concerned.
- Staff were compassionate and supported patient's needs

However:

- We saw a vulnerable patient left in the waiting area inappropriately.

Is the service responsive?

Requires improvement 

We rated responsive as requires improvement because:

- There was no clear criteria or standard operating procedure for the types of ailments that should be seen in the department. This meant the local population could present with inappropriate conditions and we were concerned about the length of time taken to refer these patients to an appropriate care setting.
- Patients had to wait for some blood testing to be done at another site which meant they had to wait for a long time to complete treatment.
- There was no designated mental health room in the department and the rooms identified to use were not suitable.
- There was limited oversight of patients in the waiting area, especially the children's waiting area and we were concerned about the ability of staff to identify deteriorating patients because of this.
- The department did not meet the 12 hour performance target in eight out of the nine months reported.

However:

- The department consistently met the four hour performance target.
- There were systems in place for patients to provide feedback to the service and there was evidence of some learning from complaints; this was not fully embedded at all levels.

Urgent and emergency services

Is the service well-led?

Requires improvement ●

We rated it as requires improvement because:

- The department was undergoing a period of transition and had moved from the responsibility of one trust to another therefore new governance processes and policies were yet to be embedded.
- The department had become an Urgent Treatment Centre not long before our inspection and managers and staff were still developing new pathways and processes to ensure patients were safe.
- Although the department had a risk register in place, we identified some risks that had not been identified on the register.
- Some of the leadership team in the department had changed and new staff had joined the department. Staff told us the department was still adjusting to these changes as well as the other changes they had undergone.

However:

- The department had plans to engage with the local community to promote the services they provided.
- There were policies in place to monitor information management and access to patient information.
- Staff worked together to do their best for the patients who attended. They worked in a coordinated way for the benefit of the patient.
- The department had plans in place to support staff to train and develop their skills.

Areas for improvement

Actions the department MUST take:

- Ensure there are robust processes in place to provide assurance that vulnerable children and adults will be identified, and action taken when required.
- Ensure there is a safe place to support and treat patients who are living with a mental health condition which reduces the risk of them self-harming.
- Ensure staff are up to date and aware of their responsibilities in relation to consent, mental capacity and mental health thus protecting patients from inappropriate care and treatment.
- Have a robust plan in place for staff mandatory training so all staff have completed their mandatory training as required by the trust.
- Have robust and clear criteria about the type of patients who can be seen in the department and develop clear guidance about where patients who do not meet criteria should attend.
- The trust must ensure there are robust pathways in place to ensure patients are transported to the most appropriate accident and emergency department and quickly as possible.
- The department must ensure staff have the relevant skills and competencies to treat the patients who come in to the department, safely and within their scope of practice such as children.
- Ensure all medicines including controlled drugs are stored appropriately and checked in line with trust policies.

Urgent and emergency services

- Ensure all staff are supported to report incidents.
- Ensure all departmental risks are reflected on the risk register.
- Have robust plans in place to ensure all staff have undergone an appraisal within the 12 months.
- Have robust governance processes in place which are embedded in practice.

Actions the department SHOULD take:

- Consider a review of staffing establishments to ensure there are sufficient staffing levels planned to meet the needs of patients.
- Ensure sufficient staff are deployed to meet the needs of patients who attend the department.
- Ensure all estate meets infection prevention and control guidance and is in a suitable state of repair.
- Ensure staff are encouraged and supported to report patient safety incidents.
- Ensure clinical audit becomes an integral part of department activity as a way of providing assurance of clinical quality in the department.
- Continue to ensure all staff who work in the department have the skills and competencies to support patients who attend.
- Look to improve the line of sight so staff can see patients in the children's waiting area.

Medical care (including older people's care)

Good 

Key facts and figures

Westmorland General Hospital is part of University Hospitals Morecambe Bay NHS Foundation Trust and provides medical care to people in the Kendal area. This is the smallest of three sites providing medical care at the trust, the other hospitals being Royal Lancaster Hospital (RLI) and Furness General Hospital (FGH). Medical care is managed by the medicine care group, which also includes urgent and emergency care.

Medical care provided at this site was delivered through two units, the Morecambe Bay Cardiac Unit and the Endoscopy Unit. There were no medical inpatient beds at this site. Acute and emergency medicine, cardiology, care of the elderly, diabetes and endocrinology, dermatology, endoscopy, gastroenterology, haematology, oncology, respiratory medicine, rheumatology and stroke care are provided at both FGH and RLI. Nephrology and Neurology services are provided by other local NHS trusts.

During this inspection we visited the Morecambe Bay Cardiac Unit and the Endoscopy Unit.

We have not previously rated medical services at Westmorland General Hospital.

At this inspection we inspected all five domains.

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

Before this inspection we reviewed information about the service and after the inspection we requested further information from the trust.

During our visit, the inspection team spoke with six members of staff. We checked four pieces of equipment including one resuscitation trolley.

Summary of this service

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

- There was a holistic approach to planning and delivering care and treatment. Innovative approaches were being used to maximise resources and deliver up to date evidence-based techniques. Care was of a good quality.
- Staff were well supported to improve quality and continuously develop. Staff were encouraged to contribute and work collaboratively to provide innovative ways to deliver more joined up care.
- Consent practices were strong, and patient focussed including the accommodation of individual needs. People who use services were involved in the development of tools and support to aid informed consent.
- Staff morale was high. Teams supported each other well and we saw examples of good teamwork. We saw staff from different professions working well together and staff told us they were proud of their work.
- Feedback for the service was good and there were very few complaints. The culture was very person-centred and promoted kindness and dignity. People's needs, and preferences were respected. The emotional needs of patients were in the forefront of the minds of staff and they worked with patients to develop better ways to encompass these.
- There were good mechanisms in place to report, feedback and learn from incidents and staff were aware of the importance of doing so.

Medical care (including older people's care)

- Infection control measures were effective. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Patient records across the trust were of a good standard, up to date, legible and accessible.
- The service participated in local and national audit. Results were good, and the service set high standards to improve still further.
- Staff demonstrated good knowledge and understanding of their responsibilities under the Mental Capacity Act 2005. Staff were 100% compliant with the relevant training.
- The service was responsive to individual patients' needs. Learning disability and mental health nurses worked on wards to provide bespoke care and wider ad-hoc learning opportunities for other ward staff. People with a learning disability or dementia had their preferences recorded and respected.
- The care group leadership team had good oversight and knowledge of their strengths and weaknesses and leaders at ward level were visible and approachable. Managers had the right skills and abilities to run their service.
- Provision of IT and other equipment was good in the care group, and staff told us they had the right tools to do their jobs.

Is the service safe?

Good 

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

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe. Both units were well staffed and the hospital's fill rates for nursing and medical staff were over 100%. Staff told us that in the past they had found it hard to find cover when colleagues were on leave but that this was no longer an issue.
- The environment was clean and the service managed infection risk well. Both units were spacious and uncluttered. The cardiac unit had invested in the latest equipment to maximise patient outcomes and the endoscopy unit was Joint Advisory Group (JAG) accredited.
- Measures were in place to ensure that staff could assess and respond to patient risk. The cardiac unit had recently revised procedures to include a safety briefing and debrief alongside each surgery. The unit also worked closely with nephrology staff to manage people with a kidney condition rather than transferring them unnecessarily.
- Staff knew how to identify sepsis and audits confirmed that recognition and management of this across the trust was good.
- Record keeping across the trust was good and nursing and medical notes were of good quality, appropriately completed, clear and timely.
- 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. Training rates for Safeguarding Level 2 Adults were 100%.
- The service provided mandatory training in key skills to all staff. Staff told us that they were up to date with all their mandatory training.
- We saw that medicines were safely and appropriately stored and in date. Medicines fridges were checked daily.

Medical care (including older people's care)

Is the service effective?

Good ●

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

- Outcomes for patients were high and there were several examples of innovative and pioneering practice.
- Patient outcomes were very good and in the cardiac unit, patients received up to 85% less than the recommended national reference radiation level. The unit's new cardioversion service had a 92% on the day success rate and 61% of patients were discharged at their six week follow up appointment. Managers spoke enthusiastically and at length about their plans to improve patient outcomes and how, despite high standards, improvement was an ongoing process.
- Patients were offered enough food and drink to meet their needs and stay healthy. The service offered adjustments for patients' religious, cultural and other preferences.
- The service provided care and treatment based on national guidance and evidence of its effectiveness and checked to make sure this guidance was being followed.
- Staff in both units told us that pain levels were checked, and pain relief was regularly offered to patients. They used suitable tools to assess people unable to communicate.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to deliver joined up care in innovative ways. Specifically, the cardiac unit was using different ways of working including upskilling nurses to free up consultant time. The teams in both units displayed collaborative, supportive relationships with colleagues.
- Staff knew their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support someone experiencing mental ill health and those who lacked capacity to make decisions about their care. Staff were 100% compliant in completing the appropriate training.
- Some endoscopy nursing staff were trained to consent patients for their procedure, including the use of specific consent tools for people with communication difficulties. Staff in both areas were particularly knowledgeable about the nuances of informed consent and situations in which this could change.
- The cardiac unit had recently received a £1500 exemplar award and was engaging in dialogue with its patients to decide how best to spend this to improve patients' experience.
- In the cardiac unit, staff had produced a video to reduce patient nerves pre-procedure and reduce the amount of people cancelling their appointment as a result. This showed patients where they would be treated and the people they might meet. This was designed following patient feedback. They were looking at ways this could be adapted for people with a learning disability.
- The lead arrhythmia nurse was piloting use of a mobile phone app for patients to record their cardiac rhythm when they experienced symptoms. This removed the need for 24-hour monitoring of patients.

Is the service caring?

Good ●

Medical care (including older people's care)

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Patients were well supported emotionally, and staff were caring and empathetic. Patients appeared well cared for and we observed positive, happy interactions in both areas.
- In the endoscopy unit, privacy and dignity was paramount and staff encouraged the use of dignity shorts for patients. They had a quiet, lockable space for delivering bad news.

Is the service responsive?

Good 

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

- The trust planned and provided services in a way that met the needs of local people. Leaders showed good oversight of the hospital's geographical constraints and mitigated this. The cardiac unit provided a valuable local service to avoid the need for patients to visit larger hospitals further away from their homes.
- There were no medical inpatient beds at this site. Day lists and overnight stays were well managed by individual units and there was good liaison and information sharing with GPs.
- The Morecambe Bay Cardiac Centre had recently begun to provide more nurse led procedures. This meant the unit could more effectively maximise limited theatre time for consultant-led procedures and nursing staff told us they valued the extra learning and responsibilities.
- Patients' individual needs were accommodated. People with a learning disability or dementia had trust wide structures in place to support them and flags on the trust's electronic system helped staff to identify them. The two units we visited had dementia friendly environments, with walls and floors of contrasting colours and appropriate signage.
- Complaints and compliments were valued. Staff told us about complaints or compliments which had led to a change in practice or environment to improve patients' experience. There had only been one formal complaint in the past year.

Is the service well-led?

Outstanding 

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

- Leaders at all levels were effective and had good oversight of their areas. They told us they were well supported, and we saw that leaders were visible. Staff told us they did not feel isolated from the other, larger hospital sites.
- The culture was very positive, and morale was high. Staff were highly motivated and spoke with each other and with patients in a respectful way. They told us that the culture had improved 'beyond recognition' over the last five years.
- The trust's vision was well embedded, and this had been developed with staff. The behaviours that had been developed subsequently were on display in the hospital.

Medical care (including older people's care)

- The trust had effective systems for identifying risk. Senior staff in the cardiac unit were clear about the risks in their department and could explain what was on their risk register.
- The trust used a systematic approach to improve quality and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Specifically, staff in the cardiac unit were continually refining their care in line with best practice and using patient experience proactively to shape service.
- The trust was using information management systems effectively and auditing this well. A recent move to an electronic audit proposal, registration, tracking and reporting system has meant that leaders could track progress easily.
- The trust worked with patients, staff, the public and local organisations to plan and manage appropriate services. Patient engagement was particularly strong at this hospital.
- The trust was committed to improving services through learning. Specifically, the cardiac unit conducted thorough literature searches following incidents to ensure learning was not missed. There were several examples of innovation at this hospital.

Outstanding practice

In the cardiac unit, the newly introduced nurse led injection loop procedure was less invasive and involved a small incision. Staff had received specific out of area training to deliver the service. Patients could take home a box which meant they could be monitored at home, reducing their time in hospital. This meant better outcomes for patients.

- The cardiac unit's lead arrhythmia nurse had entered a 'Dragon's Den' competition at the trust to fund a pilot of the use of a mobile phone App for patients experiencing physical symptoms of arrhythmias. The app allowed patients to record their cardiac rhythm when symptoms began. This would be more effective than 24-hour monitoring where the patient might be symptom free.
- The nurse led cardioversion service freed up consultant time and was having an impact on waiting lists. Staff auditing the service were aware of where further improvements could be made that would bring the service closer to the gold standard for this type of care.
- Morecambe Bay Cardiac Unit had created a video introducing patients to the staff and environment so that people could feel more prepared and comfortable when attending their appointment. This was due to be implemented imminently and it was hoped this would reduce the number of patients not keeping their appointments.

Surgery

Good   

Key facts and figures

The trust delivers its surgical services across three sites; Royal Lancaster Infirmary, Furness General Hospital, and Westmorland General Hospital.

At Westmorland General Hospital, there are 43 inpatient surgical beds across three surgical wards. The site provides elective day case surgery for breast surgery, ophthalmology, orthopaedic, urology and general surgery.

Surgery at the trust includes all main surgical specialties with the exception of cardiothoracic, neurosurgery, plastics and vascular which are provided by other local NHS foundation trusts.

(Sources: Routine Provider Information Request AC1 - Acute context, Routine Provider Information Request- Sites tab)

The trust had 35,117 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 9,630 (27.4%), 21,086 (60.0%) were day case, and the remaining 4,401 (12.5%) were elective.

(Source: Hospital Episode Statistics)

Following a comprehensive inspection in 2016, the trust was required to complete the following actions:

- ensure care pathways are reviewed in accordance with the trust policy;
- ensure hand hygiene audits take place monthly and that improvements are made;
- nursing documentation should include whether a patient has had food or drinks whilst in the emergency department;
- continue to improve referral to treatment times (RTT);
- increase orthogeriatrician input on surgical wards;
- ensure all transfers between locations are performed in line with best practice guidance and policy;
- continue to engage staff and encourage team working, to develop and improve the culture within the wards and theatre department;
- continue with staff recruitment and retention;
- ensure medicines reconciliation is completed in a timely way; and
- ensure medication fridge temperatures are checked within trust policy timescales.

Our inspection was unannounced to enable us to observe routine activity. During this inspection we visited main theatres, the day surgery unit, and wards 2, 6 and 7.

We observed care being given and surgical procedures being undertaken in theatres and recovery areas. We spoke with 10 patients and relatives and 12 members of staff. We observed care and treatment and looked at eight care records.

Summary of this service

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

Surgery

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Nurse staffing was managed using daily monitoring, acuity tools and professional judgement. The service provided mandatory training in key skills to all staff and monitored compliance.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- There were escalation policies, guidance and care pathways for deteriorating patients. Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients confirmed that staff treated them well and with kindness, providing emotional support to minimise their distress.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff used the World Health Organisation (WHO) surgical safety checklist, 'Five Steps to Safer Surgery'. National and local safety standards for invasive procedures incorporated the contents of the WHO surgical safety checklist.
- Managers checked to make sure staff followed guidance, monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. They planned and provided services in a way that met the needs of local people, taking account of patients' individual needs. The service had been reconfigured to increase availability of surgical beds and access to rehabilitation.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

However:

- Not all staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Not all staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They did not always follow trust policy and procedures when a patient could not give consent.
- Staff training compliance for Safeguarding Adults and Children, levels 1, 2 and 3, which included Mental Capacity Act and Deprivation of Liberty Safeguards training, failed to meet the trust target.
- The number of staff within surgery who had received an appraisal was below trust compliance targets.
- All specialties except ear, nose and throat (ENT) were below the England average for referral to treatment times (RTTs) within 18 weeks for admitted pathways.

Is the service safe?

Good   

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

Surgery

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Nurse staffing was managed using daily monitoring, acuity tools and professional judgement.
- The service provided mandatory training in key skills to all staff and monitored compliance. There were systems to ensure staff who were non-compliant were given opportunities to complete it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service had escalation policies, guidance and care pathways for deteriorating patients.
- Staff completed and updated risk assessments for each patient and asked for support when necessary.
- 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 followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication, at the right dose, at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- Staff used the World Health Organisation (WHO) surgical safety checklist, 'Five Steps to Safer Surgery'. National and local safety standards for invasive procedures incorporated the contents of the WHO surgical safety checklist.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

However:

- Nursing and medical staff fill rates were below planned establishment.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff assessed and monitored patients regularly to see if they were in pain. Pain assessments were undertaken and recorded in patient notes. Pain relief was provided as prescribed and there were systems to make sure additional pain relief was accessed through medical staff, if required.

Surgery

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.

However:

- Staff training compliance for Safeguarding Adults and Children, levels 1, 2 and 3, which included Mental Capacity Act and Deprivation of Liberty Safeguards training, did not meet the trust target.
- Not all staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Not all staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They did not always follow trust policy and procedures when a patient could not give consent.
- The number of staff within surgery who had received an appraisal was below trust compliance targets.

Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff supported patients to access chaplaincy services.

Is the service responsive?

Requires improvement  

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

- All specialties except ENT were below the England average for referral to treatment times (RTTs) within 18 weeks for admitted pathways.

However:

- The trust planned and provided services in a way that met the needs of local people. The service had been reconfigured to increase availability of surgical beds and access to rehabilitation.
- The service took into account patients' individual needs. The services had mechanisms in place to manage access and flow using various methods including redesigning pathways, carrying out audits to improve patient flow and working closely with commissioners.
- Elective patients' average length of stay was lower than the England average across all specialties.
- From July 2016 to June 2018, the percentage of patients at the trust whose operation was cancelled and were not treated within 28 days was lower than the England average.

Surgery

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. The service recognised the importance of the views of patients and the public, and mechanisms were in place to hear and act on their feedback.

Is the service well-led?

Good ● → ←

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The governance structure was clear and the local leadership team had plans in place to address risks to the service, with access to information, such as monthly performance reports, to maintain quality.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

Areas for improvement

Action the trust should take to improve:

- The trust should ensure all staff understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- The trust should ensure all staff understand how and when to assess whether a patient has the capacity to make decisions about their care and that they follow trust policy and procedures when a patient is not able to give consent.
- The trust should ensure staff training compliance meets trust targets for Safeguarding Adults and Children Levels 1, 2 and 3, including Mental Capacity Act and Deprivation of Liberty Safeguards training.
- The trust should ensure the number of staff within surgery who have received an appraisal meets trust compliance targets.
- The trust should continue to monitor and improve referral to treatment targets for all specialities.

Royal Lancaster Infirmary

Ashton Road
Lancaster
Lancashire
LA1 5AZ
Tel: 01539716689
www.uhmb.nhs.uk

Key facts and figures

Royal Lancaster Infirmary (RLI) is situated in the centre of the city of Lancaster and has around 426 beds. It provides a wide range of services including accident and emergency, medicine, surgery, maternity, critical care, end of life care, outpatients and diagnostic imaging and a children and young people's service, including a neonatal intensive care unit.

During this inspection we inspected medical and surgical core services and the emergency department.

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

Before this inspection we reviewed information about the service and after the inspection we requested further information from the trust.

Summary of services at Royal Lancaster Infirmary

Requires improvement ● ↓

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

- The rating for caring and responsive went down from our previous inspection in 2016. Caring went down from outstanding to good and responsive went down from good to requires improvement.
- Within ED, we lacked assurance that the process for communicating when a patient required isolation was robust. Staff outside of the department and visitors may not be aware when precautions were required.
- We found some gaps in the checking of emergency equipment in the four resuscitation trollies we looked at within the ED.
- When the ED was busy, patient's care needs were not always met, and there was a lack of evidence that comfort rounds and regular checks on patients were taking place.
- We saw examples of patient's privacy and dignity was compromised while they waited and received treatment in the ED.
- All specialties were below the England average for RTT rates (percentage within 18 weeks) for admitted pathways.
- The process for managing patient flow in the emergency department was not robust, especially for patients waiting in corridors on trollies and in wheelchairs.

Summary of findings

- The emergency department was failing to meet performance targets. They failed to meet the standard in patients waiting more than 12 hours from the decision to admit until being admitted and four-hour target performance in every month from September 2017 to August 2018.
- The mental health facilities in the emergency department did not meet the PLAN standard and mental health patients waited a long time for admission to the local mental health trust. However, the delays in patients being admitted by the local mental health trust were not under the control of UHMB.
- No testing was initiated at triage which meant patients waited longer than necessary in the emergency department to be assessed by medical staff.
- There were systems in place for learning from complaints, however, from speaking with staff we were only provided with limited examples.

However:

- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust had systems and processes in place to ensure that the needs of local people were considered when planning the service delivery.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Whilst we could not be provided with mandatory training data by site and staff group. The data we were provided with and saw on site showed that compliance was at or just below the trust target of 95%. This was an improvement from the last inspection.
- There was a focus on training and development within the department to provide staff with the skills to care for unwell patients.
- We saw examples of good multidisciplinary team working and staff demonstrated a good understanding of mental capacity and deprivation of liberty safeguards.

Urgent and emergency services

Requires improvement   

Key facts and figures

The Royal Lancaster Infirmary is part of University Hospitals Morecambe Bay NHS Foundation Trust and provides urgent and emergency care services for the people of Lancaster and the surrounding areas.

The emergency department provides 24 hour seven days a week emergency services. From August 2017 to July 2018, there were 93,223 attendances at the trust's urgent and emergency care services.

During this inspection, we visited all areas in the department.

We previously inspected this location in October 2016 and rated urgent and emergency care as requires improvement. Safe and responsive were rated as requires improvement, with all other domains rated as good.

At this inspection we inspected all five domains.

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

During our visit, the inspection team spoke with 13 patients and relatives, and 31 members of staff including consultants, junior doctors, nurses, support workers, pharmacists, students and administrative staff. We looked at equipment and reviewed records and prescription charts.

We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

Summary of this service

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

- We had concerns over nurse staffing levels and the oversight of patients in non-designated areas.
- We found gaps in daily safety checks of equipment and medicines and had concerns over the security of electronic and paper records.
- The facilities in the department for patients with a mental health problem were not suitable.
- The departments Royal College of Emergency Medicine (RCEM) audit data showed poor performance in a number of areas and we lacked assurance that robust action plans were in place to address this.
- The department was not meeting national performance standards and there had been a high number of black breaches.
- We saw examples of care that did not maintain patient's privacy and dignity. We observed when the department was busy, staff found it difficult to deliver the standard of care they would like.
- We saw limited examples of learning from complaints and lacked assurance that the governance processes ensured effective management and oversight of all identified risks.
- The mental health facilities in the emergency department did not meet the PLAN standard and mental health patients waited a long time for admission to the local mental health trust. However, the delays in patients being admitted by the local mental health trust were not under the control of the trust.

Urgent and emergency services

Is the service safe?

Requires improvement ● → ←

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

- Level two and three children's and adult's safeguarding training was below the trust target of 95%.
- We lacked assurance that the process for communicating when a patient required isolation was robust. Staff outside of the department and visitors may not be aware when precautions were required.
- We found some gaps in the checking of emergency equipment in the four resuscitation trollies we looked at.
- We were concerned that the room used for patients with a mental health problem was not suitable. Whilst ligature risks were removed this was only after they had been highlighted by the inspection team.
- The data showed, and we observed, the time to initial assessment was longer than that of the England average. The department had also experienced a high number of black breaches.
- We were concerned about the oversight of patients waiting in corridors when the department became busy. This was from our observations and from incident data provided by the trust. We were also concerned these patients were not being seen in order of clinical priority and documents to show regular checks were being done were not always completed.
- There were a significant number of nursing vacancies and there were challenges in meeting the planned staffing levels within the department.
- Paper patient records were not stored securely in the department and computer screens were not locked when not in use.
- There were some gaps in the daily stock checks of controlled drugs. The was supported by the departments own audit data. We also found fridge temperatures which were out of range that had not been actioned.
- We lacked assurance from speaking with staff that information and lessons learned following incidents were shared.

However:

- Whilst we could not be provided with mandatory training data by site and staff group. The data we were provided with and saw on site showed that compliance was at or just below the trust target of 95%. This was an improvement from the last inspection.
- We found that NEWS scores were calculated correctly and recorded in each of the sets of notes we reviewed.

Is the service effective?

Requires improvement ● ↓

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

- Royal College of Emergency Medicine (RCEM) audit data at the previous inspection showed the service needed to make improvements in the areas audited. Three re-audits had taken place since 2016, these were neck of femur, procedural sedation and pain in children. In addition, two RCEM audits were underway for 2018 / 19, these were for feverish children and vital signs in adults.

Urgent and emergency services

- Recent RCEM audits that had been undertaken showed mixed performance. The moderate and acute severe asthma audit showed the emergency department at Royal Lancaster Infirmary failed to meet any of the national standards.
- Audit data related to pain relief in children and patients with a fractured neck of femur showed poor compliance in the standards relating to pain assessment and management.
- We were not assured that there were robust actions plans in place in response to these audits. We also lacked assurance from speaking with staff that they were aware of the improvements needed in relation to audit results.
- We found checklists to evidence patients had been provided with diet and fluids were not consistently completed.
- Between September 2017 and August 2018, the unplanned reattendance rate was worse than the national standard of 5%, and since April 2018 this had increased.

However:

- The percentage of nursing staff who had undergone a recent appraisal had significantly improved since the last inspection.
- There was a focus on training and development within the department to provide staff with the skills to care for unwell patients.
- We saw examples of good multidisciplinary team working and staff demonstrated a good understanding of mental capacity and deprivation of liberty safeguards.

Is the service caring?

Requires improvement ● ↓

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

- When the department was busy, patient's care needs were not always met, and there was a lack of evidence that comfort rounds and regular checks on patients were taking place.
- We saw examples of patient's privacy and dignity was compromised while they waited and received treatment in the department.
- We observed that chaperones were not routinely offered to patients when being examined or receiving care.
- Not all patients had access to call bells.
- We observed alarms on medical equipment being ignored by staff.

However:

- Patients and relatives we spoke with gave positive feedback about the care they experience whilst in the department.
- Most patients were involved in their care and were aware of their treatment plan.
- Friends and family test data for the department was positive, with high numbers recommending the service.

Is the service responsive?

Requires improvement ● → ←

Urgent and emergency services

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

- The process for managing patient flow in the department was not robust, especially for patients waiting in corridors on trolleys and in wheelchairs.
- The department was failing to meet performance targets. They failed to meet the standard in patients waiting more than 12 hours from the decision to admit until being admitted and four-hour target performance in every month from September 2017 to August 2018.
- The mental health facilities in the department did not meet the PLAN standard and mental health patients waited a long time for admission to the local mental health trust. However, the delays in patients being admitted by the local mental health trust were not under the control of UHMB.
- No testing was initiated at triage which meant patients waited longer than necessary in the department to be assessed by medical staff.
- There were systems in place for learning from complaints, however, from speaking with staff we were only provided with limited examples.

However:

- The needs of patients with complex conditions were met.
- The frailty service was embedded in the department and encouraged joint decision making to avoid unnecessary admission to the hospital.
- The trust used technology to display live emergency department wait times and to share real time testing with specialists.

Is the service well-led?

Requires improvement ● ↓

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

- We were concerned about the strength of the local leadership in the department, particularly during times of peak activity.
- We were concerned that not all risks within the service had been identified and that there were not robust mitigating actions in place.
- There was felt to be a disconnect in the governance and assurance processes between senior leadership and staff providing direct patient care. For example, we observed a situation where staffing escalation plans were not followed through and the senior leadership team were unaware of this.
- Action plans in response to audit findings did not seem to be detailed and we lacked assurance over how they could support improvements within the service.
- Staff we spoke with told us there was a lack of staff engagement within the department.

However:

- Despite the challenges within the department, staff morale remained good.
- There were effective systems in place to monitor the performance within the department.

Urgent and emergency services

Areas for improvement

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

The service must:

- The service must ensure that all staff have received safeguarding training for adults and children.
- The service must ensure oversight and monitoring of patients in holding areas is in place to maintain their safety.
- The service must ensure daily checks of controlled drugs and fridge temperatures are undertaken and actioned as appropriate.
- The service must ensure there are systems in place to share learning from incidents with all staff in the department.
- The service must continue to work to ensure safe staffing levels in the department with robust escalation plans during busy periods.
- The service must ensure paper records are stored securely and computer screens are locked when not in use.
- The service must continue to work to improve patient outcome audit results. In particular, in relation to the assessment and management of pain for adults and children.
- The service must ensure the privacy and dignity of patients is maintained, particularly when the department is busy.
- The service must continue to work to improve access and flow in the department.
- The service must ensure governance processes within the department are strengthened and that action plans are robust and detailed enough to support service improvement.

The service should:

- The service should ensure that information on patients requiring isolation is clearly communicated to all staff and visitors.
- The service should ensure daily and weekly checks of resuscitation equipment is done in line with trust policy.
- The service should continue to work to improve the facilities in the department for patients with a mental health problem.
- The service should continue to work to improve triage times and reduce the number of black breaches.
- The service should ensure patient comfort rounds are documented.
- The service should ensure learning from complaints is shared with staff.
- The service should work to improve staff engagement within the department.
- The service should support local leadership to ensure there is appropriate oversight of activity and risk within the department.

Medical care (including older people's care)

Good   

Key facts and figures

Royal Lancaster Hospital is part of University Hospitals Morecambe Bay NHS Foundation Trust and provides medical care to people in the Lancaster area. Three sites across the trust provide medical care, these are Royal Lancaster Hospital (RLI), Furness General Hospital (FGH) and Westmorland General Hospital (WGH). Medical care is managed by the medicine care group, which also includes urgent and emergency care.

Medical care provided at this site included acute and emergency medicine, care of the elderly, gastroenterology, cardiology, respiratory medicine, endoscopy, neurology, diabetes and endocrinology. There is an acute stroke unit with six beds and one assessment trolley. Oncology and haematology services were provided at FGH.

At RLI, there are 203 medical beds including the medical assessment unit accommodated in the main Centenary building and on medical unit two. This bed base includes a 15-bed acute frailty unit adjacent to the medical assessment unit.

The trust had 38,562 medical admissions from June 2017 to May 2018. Emergency admissions accounted for 20,025 (51.9%), 463 (1.2%) were elective, and the remaining 18,074 (46.9%) were day case.

Admissions for the top three medical specialties were:

- General medicine with 19,868 admissions
- Gastroenterology with 6,052 admissions
- Medical oncology with 4,070 admissions

During this inspection, we visited the Huggett Suite (acute stroke ward), the acute medical unit (AMU), the coronary care unit (CCU), the Acute Frailty Unit (AFU) and medical wards 20,22,23 and 37. We also visited the ambulatory care unit.

We previously inspected this location in October 2016, and rated medical care as good. Safe was rated as requires improvement, with all other domains rated as good.

At this inspection we inspected all five domains.

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

Before this inspection, we reviewed information about the service and after the inspection we requested further information from the trust.

During our visit, the inspection team spoke with 14 patients and their relatives, and 36 members of staff including consultants, junior doctors, clinical support workers, nurses, therapists, pharmacists, students and administrative staff. We looked at 29 pieces of equipment and 17 sets of records including prescription charts.

Summary of this service

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

- There were good mechanisms in place to report, feedback and learn from incidents and staff were aware of the importance of doing so;

Medical care (including older people's care)

- Infection control measures were effective. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection;
- Patient records were of a good standard, up to date, legible and accessible;
- The service managed flow through the hospital well. There were no extra capacity beds open at the time of our inspection and measures were in place to facilitate the timely discharge of patients to their homes;
- The service participated in local and national audit. Where results were below the national average or expected standard, action plans were in place to address this;
- Staff demonstrated good knowledge and understanding of their responsibilities under the Mental Capacity Act 2005. Supporting documentation was of a good quality and well completed.
- Patients were cared for with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We saw that patients' dignity and privacy was maintained.
- The service was responsive to individual patients' needs. Learning disability and mental health nurses worked on wards to provide bespoke care and wider ad-hoc learning opportunities for other ward staff. People with a learning disability or dementia had their preferences recorded and respected, and their carers could visit them whenever they chose. Carers were actively encouraged to be involved during the patient's hospital stay.
- The care group leadership team had good oversight and knowledge of their strengths and weaknesses and leaders at ward level were visible and approachable. Managers had the right skills and abilities to run their service.
- Care group provision of IT and other equipment was good, and staff told us they had the right tools to do their jobs.
- Staff morale was high. They supported each other well and we saw examples of good teamwork. We saw staff from different professions working well together and staff told us they were proud of their work.

However:

- Despite the trust's ongoing work to improve its staffing position there were still areas where there were not the right numbers of staff with the right mix of skills to provide the right care;
- Medicines were not always safely stored, and we found some that were out of date;
- The physical environment meant that stroke patients were not all housed in the same building and there was potential for delays in transfer;
- The trust was not meeting its targets for mandatory training, safeguarding training and appraisals;
- The effectiveness of the care group governance system was questionable, and leaders were concerned that the flow of information 'from ward to board' was not working.

Is the service safe?

Requires improvement ● → ←

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

- There was a risk to deteriorating stroke patients as the acute unit and the stepdown ward were not in the same building. There was no definitive arrangement for transferring a deteriorating patient to the acute unit overnight and this relied on a ward nurse being available to leave the ward to travel with a patient. There was a potential for delays in transfers as a result.

Medical care (including older people's care)

- The service did not always have enough nursing staff, with the right mix of qualifications and skills to keep patients safe and provide the right care and treatment. Nurse fill rates were low on some wards. We were not assured that the trust could meet the recommended nurse staffing guidelines for patients receiving non-invasive ventilation set out by the British Thoracic Society. To mitigate risk, wards over allocated clinical support workers where possible and had developed a training conversion scheme for clinical support workers wishing to become registered nurses.
- The service did not always follow best practice when storing medicines. We found out of date medicines, and open bottles without the date of opening clearly displayed. Medicines stored in fridges did not always have the temperature recorded which was something we identified at our previous inspection. There was no monitoring of the temperature of rooms containing medicines fridges.
- Senior doctors did not always review patients in a timely way. Stroke care was nurse led at weekends, and stroke consultants did not see stroke patients in the emergency department. In the acute medical unit only three quarters of patients were reviewed by a consultant within 14 hours of arrival.
- The stroke service only employed two stroke consultants working a total of one and a half posts per week. This meant that if a consultant was on leave or sick, there may not be consultant cover even during weekdays.

However:

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Monthly matrons' records audits kept quality high.
- There was reasonable compliance with mandatory training in medical care services. The trust set a target of 95% for completion of mandatory training. Information provided by the trust showed that compliance exceeded the target of 95% in two out of eight modules with the remain six ranging from 76.8% to 91.7%.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff knew how to report an incident using the trust's electronic system and were aware of the importance of doing this. When things went wrong, staff apologised and gave patients honest information and suitable support. There were clear routes for feedback and learning from incidents to be shared and some, but not all wards, were using this effectively.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. There was an agreed procedure in place to ensure the service complied with national guidance.
- Patients were receiving encouragement and assistance to eat and drink and those we spoke with were happy with their food. The service accommodated patients' religious, cultural and other preferences.
- The service managed patients' pain well. Patients we spoke to had no concerns about their pain management.
- The trust participated in local and national audit and used this to measure and improve effectiveness of care and treatment. We saw that the trust had action plans in place to address poor performance in national and local audit.

Medical care (including older people's care)

- The trust's national stroke audit score was low but predicted to improve following the opening of the new acute stroke unit. Results of the Lung Cancer Audit were broadly in line with national expectations and showed a year on year improvement.
- Staff with different skills and knowledge worked well together as a team to provide effective patient care. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff demonstrated a good understanding of their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They understood how and when to assess whether a patient had the capacity to make decisions about their care. This was underpinned with thorough documentation of any decisions and assessments.

However:

- Staff did not receive regular appraisals, which was identified as an issue at our previous inspection. The trust's target of 100% of leadership staff and 95% of all other staff receiving an appraisal was not being met, and by September 2018 only 73% of staff had received their appraisal.

Is the service caring?

Good  → ←

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

- We saw staff caring for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- We saw that patients were treated with respect and their privacy and dignity was maintained.
- Patients told us that they were given time to speak with staff about their care, and that plans were clearly explained.
- Staff were non-judgemental when supporting people with a learning disability or living with dementia and provided emotional support to patients to minimise their distress.
- Patients and their families we spoke with told us they felt involved in decisions about their care and treatment.

Is the service responsive?

Good  → ←

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

- The trust planned and provided services in a way that met the needs of local people. It was working with local and regional partners as part of the local Integrated Care System (ICS) to develop new and innovative ways of working together to keep people well in their local community.
- The service managed flow through the hospital well and there were no extra capacity beds open at the time of our inspection. A new 'discharge to assess' system was being trialled and was reducing the numbers of readmittances to hospital. Work with a local GP was ongoing to develop a tool for use in primary care to reduce inappropriate hospital attendance in older people.
- The service took account of patients' individual needs. Arrangements were in place to support the needs of patients living with dementia or with a learning disability, including qualified learning disability nurses on some wards. Extra support and supervision was available if required.

Medical care (including older people's care)

- The management of medical patients on non-medical wards was good and patients received timely reviews and treatment from a consultant.
- Complaints were valued by the service, which took an average of 32.7 days to investigate and close. This was in line with the trust's complaints policy, which states complaints should be closed within 35 days. Lessons learned were shared with staff.

However:

- From July 2017 to June 2018, there were 1,863 patients moving wards at night at the Royal Lancaster Infirmary.
- The stroke service did not visit A&E, and there was no clinical psychology service available to support stroke patients. The trust were aware of the frailty of the current service and the impact this had on patients.

Is the service well-led?

Good   

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

- The care group leadership team had good oversight and knowledge of their strengths and weaknesses and leaders at ward level were visible and approachable. Managers had the right skills and abilities to run their service.
- The trust's vision was prominent in literature and displays and the behaviours developed from this were embedded in practice. The care group strategy was clear and linked well to the wider trust and ICS priorities.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke to were very happy with the culture of the organisation and were without exception engaged and positive.
- The trust was using information management systems effectively and staff told us they had the right systems to do their job. A new electronic review workspace ensured documents were updated on time, and managers could benchmark the performance of the service against local and national indicators.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Training, research and innovation were promoted and valued by the service and we saw examples of service improvement at all levels. An innovation fund enabled those with new ideas to put them into practice and these schemes were properly assessed and the impact captured.

However:

- While the care group risk register was up to date and included named individuals responsible for mitigation, individual wards and areas did not have oversight of their risk. When asked, ward leaders were vague and could not articulate what the risks were for their area.
- The trust was using WESEE (governance) reports to improve services and monitor incidents, disseminate learning and track compliance with training. Not all wards were using these and the effectiveness of the tool was questionable. Service leads had recognised this and questioned whether the 'ward to board' thread was working.

Medical care (including older people's care)

Outstanding practice

- In the Acute Medical Unit (AMU), staff had implemented a new initiative entitled 'purple for purpose'. Purple non-slip socks were being provided to patients with a cognitive impairment, so that any staff seeing these patients attempting to move around the ward would know instantly that this was a potential risk and assist the patient. The ward was using social media to promote this to families, patients and share good practice with other areas of the trust.
- Ward nurse staffing included learning disability and mental health trained nurses. Staff felt that this offered greater opportunities for providing care that met people's individual needs and told us that the ad-hoc learning they had received from these specialist staff had been invaluable.
- The stroke team had implemented an iPad app for use in hospital to provide patients with evidence based exercise regimes they could follow at their own pace.
- Patients' meals were ordered electronically using a new system. This meant that people had more time to choose what they wanted to eat, and reduced waste. Patients moving to a different ward still received their chosen food as the meal was allocated to them, rather than their bed
- Ward 37 had achieved the Gold Standard Framework accreditation, despite not being a specific ward for patients at the end of life.

Areas for improvement

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

The trust must:

- The trust must ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed on ward 23. Specifically, registered nurses to ensure safe staffing levels are maintained.
- The trust must review the provision for patients requiring acute non-invasive ventilation (NIV) on the respiratory ward (ward 37) to ensure it meets the British Thoracic Society guidelines.
- The trust must ensure that medicines are securely and appropriately stored and in date.

Should:

- The trust should ensure that patients using day rooms and areas that are not regularly staffed are regularly checked. Specifically, these patients should be offered regular nutrition and hydration and asked whether they still wish to be in the area, particularly if they are less mobile.
- The trust should continue to proactively recruit nursing and medical staff.
- The trust should ensure staff are given time to complete their mandatory training and that accurate compliance figures are maintained.
- The trust should ensure that all staff benefit from the appraisal process and these are completed on an annual basis in accordance with local policy.
- The trust should ensure that staff receive training in mental health.
- The trust should ensure that when medicines are stored in fridges, temperature ranges are recorded in line with policy so that the safety and efficacy of medicines are not compromised.

Medical care (including older people's care)

- The trust should continue to assess and measure the effectiveness of the WESEE governance framework and adapt practice accordingly.
- The trust should ensure that bath and shower water temperatures are being accurately recorded and actioned in line with local policy.
- The trust should ensure that all resuscitation trollies are cleaned regularly and kept free from clutter.
- The trust should ensure that hazardous substances are stored safely at all times.
- The trust should revisit its policies for transfer of patients between the main hospital building and Medical Unit 2 particularly regarding overnight and emergency protocols.
- The trust should ensure that patients in wards in Medical Unit 2 are of the correct acuity.
- The trust should ensure that medicines reconciliations are completed within 24 hours.

Surgery

Good   

Key facts and figures

The trust delivers its surgical services across three sites; Royal Lancaster Infirmary, Furness General Hospital, and Westmorland General Hospital.

At Royal Lancaster Infirmary, there are 136 inpatient surgical beds including the surgical assessment unit accommodated in the Centenary building and a two-theatre day surgery unit within medical unit one.

Surgery at the trust includes all main surgical specialties with the exception of cardiothoracic, neurosurgery, plastics and vascular which are provided by other local NHS foundation trusts.

(Sources: Routine Provider Information Request AC1 - Acute context, Routine Provider Information Request- Sites tab)

The trust had 35,117 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 9,630 (27.4%), 21,086 (60.0%) were day case, and the remaining 4,401 (12.5%) were elective.

(Source: Hospital Episode Statistics)

Following a comprehensive inspection in 2016, the trust was required to complete the following actions:

- ensure care pathways are reviewed in accordance with the trust policy;
- ensure hand hygiene audits take place monthly and that improvements are made;
- nursing documentation should include whether a patient has had food or drinks whilst in the emergency department;
- continue to improve referral to treatment times (RTT);
- increase orthogeriatricians input on surgical wards;
- ensure all transfers between locations are performed in line with best practice guidance and policy;
- continue to engage staff and encourage team working, to develop and improve the culture within the wards and theatre department;
- continue with staff recruitment and retention;
- ensure medicines reconciliation is completed in a timely way; and
- ensure medication fridge temperatures are checked within trust policy timescales.

Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Services were safe because there were systems to ensure staff who were non-compliant were given opportunities to undertake mandatory training and safeguarding training.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

Surgery

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust had systems and processes in place to ensure that the needs of local people were considered when planning the service delivery.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

However:

- The service did not follow best practice when prescribing, giving, recording and storing medicines. We found inconsistent practice across wards regarding the management of medicines.
- Not all staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Not all staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They did not always follow trust policy and procedures when a patient could not give consent.
- Staff training compliance failed to meet trust target for Safeguarding Adults level 2 which included Mental Capacity Act and Deprivation of Liberty Safeguards training.
- The number of staff within surgery who had received an appraisal was below trust compliance targets.
- All specialties were below the England average for RTT rates (percentage within 18 weeks) for admitted pathways.

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 and made sure everyone completed it. The service was safe because there were systems to ensure staff who were non-compliant were given opportunities to meet trust targets.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.

Surgery

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Nurse staffing was managed using daily monitoring, acuity tools and professional judgment.
- Staff kept detailed records of patient's care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Staff had access to records which were managed and stored securely.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service had escalation policies, guidance and care pathways for deteriorating patients.
- Staff used the World Health Organisation' (WHO) surgical safety checklist, 'five steps to safer surgery'. National and local safety standards for invasive procedures incorporated the contents of the WHO surgical safety checklist.

However:

- The service did not follow best practice when prescribing, giving, recording and storing medicines. We found inconsistent practice across wards regarding the management of medicines.
- Staff training compliance failed to meet trust target for Safeguarding Adults level 2 which included Mental Capacity Act and Deprivation of Liberty Safeguards training.
- Nursing and medical staff fill rates were below planned establishment.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed 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 preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. Pain assessments were undertaken and recorded in patient notes. Pain relief was provided as prescribed and there were systems to make sure additional pain relief was accessed through medical staff, if required.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.

However:

- Staff training compliance failed to meet trust target for Safeguarding Adults level 2 which included Mental Capacity Act and Deprivation of Liberty Safeguards training.

Surgery

- Not all staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Not all staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They did not always follow trust policy and procedures when a patient could not give consent.
- The number of staff within surgery who had received an appraisal was below trust compliance targets.

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff had access to chaplaincy services for those with a faith or none.

Is the service responsive?

Requires improvement ● ↓

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

- From August 2017 to July 2018, the trust's referral to treatment time (RTT) for admitted pathways for surgery was worse than the England average. In the most recent month, July 2018, the number of admitted pathways at the trust that were completed within 18 weeks was 49.9%, which is worse than the England average of 67.0%. This had deteriorated since our previous inspection where the trust performance was 75%.
- The average length of stay for all non-elective patients at Royal Lancaster Infirmary was 5.5 days, was higher compared to the England average of 4.9 days.

However:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patient's individual needs. The services had mechanisms in place to manage access and flow using various methods including redesigning pathways or carrying out audits to improve patient flow and working closely with commissioners.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. The service recognised the importance of the views of patients and the public, and mechanisms were in place to hear and act on their feedback.

Surgery

Is the service well-led?

Good   

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The governance structure was clear and the local leadership team had plans in place to address risks to the service, with access to information, such as monthly performance reports, to maintain quality.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

Areas for improvement

Action the trust should take to improve:

- The trust should ensure best practice is followed when prescribing, giving, recording and storing medicines.
- The trust should ensure all staff understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- The trust should ensure all staff understand how and when to assess whether a patient has the capacity to make decisions about their care and they follow trust policy and procedures when a patient is not able to give consent.
- The trust should ensure staff training compliance meets trust targets for Safeguarding Adults level 2, including Mental Capacity Act and Deprivation of Liberty Safeguards training.
- The trust should ensure the number of staff within surgery who had received an appraisal meets trust compliance targets.
- The trust should continue to monitor and improve referral to treatment targets for all specialities.

Furness General Hospital

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Barrow In Furness
Cumbria
LA14 4LF
Tel: 01539716689
www.uhmb.nhs.uk

Key facts and figures

Furness General Hospital (FGH) is one of three hospital sites of University Hospitals of Morecambe Bay Foundation Trust's (the trust) three hospitals. Furness General Hospital (FGH) is one of two main hospital sites of University Hospitals of Morecambe Bay (UHMB). FGH serves the population of Furness and the surrounding areas in the Lake District.

Furness General Hospital (FGH) has a range of 'General Hospital' services, including a full Accident & Emergency Department, Critical care unit and consultant led beds. FGH also provides a range of planned care including outpatients, diagnostics, therapies, day-case and inpatient surgery.

During this inspection we inspected medical and surgical core services and the emergency department.

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

Before this inspection we reviewed information about the service and after the inspection we requested further information from the trust.

Summary of services at Furness General Hospital

Good   

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

- Patients received care and treatment from staff who were caring, compassionate, respectful and maintained their dignity.
- Both medical and nursing staff told us the emergency department had an open supportive culture and staff felt leaders were open, helpful and listened to their concerns.
- When things went wrong, staff felt able to report them and discuss them and were confident they would receive the support they needed.
- The flow of the emergency department was well managed and there were robust systems in place to monitor deteriorating patients waiting for assessment and treatment in the department.
- There were paediatric nurses embedded in the emergency department and there were clear pathways for paediatric patients to wards and medical staff to the department.
- Learning from complaints was embedded and there were systems in place to ensure feedback was given to staff.

Summary of findings

- Risks were identified on the risk register and reviewed regularly.
- Staff were kept up to date with governance concerns via meetings and newsletters.
- The trust had systems to identify capacity and demand issues. This was reviewed regularly, and concerns escalated and managed by the team.
- The trust had introduced an updated version of the National Early Warning Score (NEWS2) to measure whether a patient's condition was improving, stable or deteriorating indicating when a patient may require a higher level of care. We saw that when a patient's score increased staff had taken the appropriate action to escalate.
- The care group leadership team were visible and approachable, and managers had good oversight of their areas. Staff said they were well supported to do their job and felt comfortable sharing any concerns with their immediate line manager.
- Staff told us there had been a marked improvement in the culture of the organisation and that the behavioural standards had made a positive difference.
- Registered nurse staffing levels had improved since our last inspection and were good on the medical wards we visited. On the day of inspection, we found that actual registered nurse staffing levels met planned levels on most wards.
- There was good multidisciplinary team working and staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- The service managed flow through the hospital well and there were no extra capacity beds open at the time of our inspection. Plans were in place to further improve flow with the reconfiguration of the acute medical unit.
- The service took account of patients' individual needs. Arrangements were in place to support the needs of patients living with dementia or with a learning disability.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action, developed with involvement from staff, patients, and key groups representing the local community.

However:

- We were not assured about the quality of care patients received because the trust had not performed well against Royal College of Emergency Medicine (RCEM) standards.
- The department was not meeting national performance standards for patients being admitted or discharged within four hours, or moved to a ward within 12 hours of a decision to admit being made. The four-hour target performance in every month from September 2017 to August 2018 had not been met.
- There were no rooms suitable to manage patients suffering from a deterioration in mental health within the ED. We had concerns about patients self-harming despite the department having ligature cutters for staff.
- Patients experienced delays at handover and there had been a high number of black breaches.
- Staff within the emergency department were not meeting mandatory training standards including safeguarding vulnerable adults and children. Additionally, staff had not undergone additional training to ensure they had the additional skills and competencies to look after children and not all staff had undergone an annual appraisal within the last 12 months.
- There was no designated room meeting the PLAN standard to ensure patients living with a mental health condition were in a safe and suitable environment within the emergency department. The trust had no plans to create a room that met PLAN standards.

Summary of findings

- Patients living with a mental health condition, waiting for beds at psychiatric facilities sometimes waited significantly longer than 12 hours in the department.
- Five specialties were below the England average for RTT rates (percentage within 18 weeks) for admitted pathways within surgery.
- The department was failing to meet performance targets. They failed to meet the standard for inpatients waiting more than 12 hours from the decision to admit until being admitted in nine out of 12 months.
- The department only had one resuscitation room, although there were plans to rectify this and building work had started to increase the number of resuscitation rooms at the time of our inspection.

Urgent and emergency services

Requires improvement   

Key facts and figures

Furness General Hospital (FGH) is one of two main hospital sites of University Hospitals of Morecambe Bay (UHMB). FGH serves the population of Furness and the surrounding areas in the Lake District.

The emergency department (ED) at FGH provides 24 hour seven days a week emergency services. Between September 2017 and August 2018, the department saw 36,035 patients. This equates to 99 patients each day. Approximately 18% of patients seen were under the age of 18.

The emergency department was a designated trauma unit. This meant the most seriously ill or injured patients were taken by road or air ambulance to the closest major trauma centre. FGH may stabilise such patients before transfer was undertaken. There were protocols in place to support decision making about which patients should be treated at FGH and which patients needed to be transferred to other centres.

Patients attended the department on foot, by ambulance and by air ambulance, landing at the helipad close by. Self presenting patients were assessed and directed to the most appropriate service such as minor injuries (minors) where they were seen by advanced clinical practitioners, or major injuries and illnesses (majors). Patients attending by ambulance were assessed and placed either in the waiting room, in a cubicle in majors or in the resuscitation area if their condition was life threatening.

The department was undergoing expansion and building works at the time of our inspection, in line with the estates strategy disclosed at our last inspection. Once completed this would increase the number of resuscitation rooms from one to three, provide more cubicles for patients in majors, a new triage room, improved facilities for relatives of deceased patients and more space to treat patients with minor injuries or illnesses.

To enable us to make our judgements, we spoke with 15 staff of all disciplines and grades, ambulance staff visiting the department and five patients and their relatives. We reviewed six clinical records of patients and analysed information provided to us by the trust, local stakeholders such as Clinical Commissioning Groups and national organisations such as the Royal College of Emergency Medicine and NHS England.

Summary of this service

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

- The department was not meeting national performance standards for patients being admitted or discharged within four hours or moved to a ward within 12 hours of decision to admit being made.
- There were no rooms suitable to manage patients suffering from a deterioration in mental health. We had concerns about patients self-harming despite the department having ligature cutters for staff.
- Patients experienced delays at handover and there had been a high number of black breaches.
- We were not assured about the quality of care patients received because the department had not performed well against Royal College of Emergency Medicine (RCEM) standards.
- Staff were not meeting mandatory training standards including safeguarding vulnerable adults and children. Additionally, staff had not undergone additional training to ensure they had the additional skills and competencies to look after children and not all staff had undergone an annual appraisal within the last 12 months.

Urgent and emergency services

However:

- Patients received care and treatment for staff who were caring, compassionate, respectful and maintained their dignity.
- Both medical and nursing staff told us the department had an open supportive culture and staff felt leaders were open, helpful and listened to their concerns.
- When things went wrong, staff felt able to report them and discuss them and were confident they would receive the support they needed.
- Staff felt valued by their colleagues and by the management team within the department.

Is the service safe?

Requires improvement ● → ←

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

- The department had medical staffing vacancies and at the time of the inspection, there was only one part time consultant employed by the department. Consultant cover for the department was limited. The most senior full time substantive medical staff employed were associate specialist grade.
- Although ambulance handover was usually within 15 minutes, the department had experienced a significant number of black breaches, meaning patients were not handed over to the department staff for more than two hours. This posed a risk to patients waiting to be seen.
- The department only had one resuscitation room. Although plans were in place to build additional resuscitation space, at the time of inspection we witnessed the problems only having one room caused.
- The department had no room safe and suitable to support patients living with a mental health problem. None of the rooms in the department met (psychiatric liaison accreditation network) PLAN standards.
- Staff in the department were not meeting the trust standard for mandatory training of 95% for most of the mandatory training modules. We identified this as an issue at our previous inspection.
- The trust could not provide us with evidence that staff were appropriately trained and up to date in safeguarding vulnerable adults and children to the correct levels. This meant we were not assured staff were aware of the most up to date guidance.

However:

- The department had a robust triage and assessment process in place and all staff had undergone some training to help them identify deteriorating patients in the waiting room and within the rest of the department.
- Medicines were managed safely and the process for managing incidents and sharing lessons learned with staff was robust.
- The department had sufficient nursing staff and no current vacancies.
- The department was clean and tidy.
- Clinical records were of a good standard and contained sufficient information to ensure patients were safe.

Urgent and emergency services

Is the service effective?

Requires improvement ● ↓

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

- Although the department took part in Royal College of Emergency Medicine (RCEM) audits, it had not met any of the standards in the audits carried out in 2016/17 or 2017/18.
- Action plans provided lacked detail; re-audit had not been carried out to provide assurance that improvements had been achieved.”
- The department was performing worse than the national standard of unplanned reattendance of patients.
- The department was not meeting the trust standard for all staff having undergone an annual appraisal.
- The department had pathways in place to ensure patients received treatment based on National Institute of Health and Care Excellence (NICE) and other national guidance. There was some clinical audit to evidence compliance. However:
 - Patients had their pain managed and their nutrition and hydration needs met.
 - Staff were competent and received training in advanced life support, advanced paediatric life support and advanced trauma life support.
 - There was a robust induction in place however this needed to be updated. New staff were supported to develop and become competent.
 - There were robust processes for consent, mental capacity assessment and mental health act in place to protect patients and staff were aware of their responsibilities to patients to keep them safe.

Is the service caring?

Good ● → ←

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

- Patients and relatives, we spoke with gave positive feedback about staff attitude and the support they gave.
- Staff we spoke with and observed were reassuring and spoke with patients in a way they could understand.
- Staff considered patients emotional and social needs during assessment and treatment.
- Patients’ needs were met and patients we spoke with felt involved in their care.
- Patients who waited in the department for a long time felt their privacy and dignity was supported.
- Staff showed resilience in the support they gave to patient’s families during difficult times.

Is the service responsive?

Requires improvement ● → ←

Urgent and emergency services

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

- The department was failing to meet performance targets. They failed to meet the standard for inpatients waiting more than 12 hours from the decision to admit until being admitted in four out of 12 months.
- Patients living with a mental health condition, waiting for beds at psychiatric facilities sometimes waited significantly longer than 12 hours in the department.
- The four hour target performance in every month from September 2017 to August 2018 had not been met.
- There was no designated room meeting the PLAN standard to ensure patients living with a mental health condition were in a safe and suitable environment. The trust had no plans to create a room that met PLAN standards.
- The department only had one resuscitation room, although there were plans to rectify this and building work had started to increase the number of resuscitation rooms at the time of our inspection.

However:

- The flow of the department was well managed and there were robust systems in place to monitor deteriorating patients waiting for assessment and treatment in the department.
- There were paediatric nurses embedded in the department and there were clear pathways for paediatric patients to wards and medical staff to the department.
- There were embedded patient pathways and bleep and referral systems in place for other departments in the hospital and at other local hospital sites.
- The department planned for local events that caused additional patient activity.
- Learning from complaints was embedded in the department and there were systems in place to ensure feedback was given to staff.

Is the service well-led?

Good   

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

- The doctor and nurse in charge on shift provided leadership and were focused on the current demands within the department to aid patient flow. They had regular discussions with other staff throughout the trust to facilitate patients being moved out of the department.
- The team reviewed the status of the department regularly to give an overview of capacity and demand.
- Staff enjoyed working in the department and felt listened to and valued. They had no concerns about the culture of the department such as bullying and thought the department was a good learning environment. Line managers supported staff and were accessible.
- The senior departmental staff had an open-door approach and initiatives were in place to encourage staff to suggest and develop ideas.
- Risks were identified on the risk register and reviewed regularly.
- Regular staff meetings were held within the department and governance was regularly discussed. Staff were kept up to date with governance concerns via meetings and newsletters.

Urgent and emergency services

- The trust had systems to identify capacity and demand issues within the department. This was reviewed regularly, and concerns escalated and managed by the team.

However:

- There was an experienced associate specialist in post as clinical lead, however the department had only one part time substantive consultant in post.
- There was little evidence of formal staff engagement to monitor staff wellbeing and staff morale.

Outstanding practice

Nursing staff in the department told us they stayed in the department because of the local leadership. They told us they felt supported, cared about, valued and as though they mattered. Without exception they told us they could raise any concerns about anything and feel listened to. When people experienced difficult personal times, they told us they felt able to talk about them and know they would be understood and supported.

At the time of the inspection, there were no nursing vacancies and staff told us one of the reasons for this was because of the local nursing leadership.

Areas for improvement

The department must:

- Ensure all staff are up to date with all mandatory training. This was highlighted at our last inspection.
- Be able to provide assurance that all staff in ED have undergone the appropriate safeguarding vulnerable adults and children training applicable to their role.
- Provide an environment for patients living with a mental health condition which is safe and meets PLAN standards.
- Continue to address the number of black breaches experienced by patients attending the department.
- Be able to demonstrate robust plans to address the department's failure to meet RCEM audit standards from 2016/17 and 2017/18 are in place, active and being monitored for progress with re-audit to provide assurance of improvement.

The department should:

- Continue to work towards meeting RCEM waiting time standards including the median time to treatment, four hour target and time patients wait for a bed after decision to admit has been made.
- Continue work to address and reduce the number of unplanned reattendances.
- Work towards recruiting substantive consultant level doctors for the department.
- Update the induction pack staff receive as this was identified as out of date during our inspection.
- Consider security availability on site and in particular in the ED to ensure staff and patients remain safe at all times.
- Continue work with providers to reduce the number of patients being sent to or attending the ED inappropriately.
- Work towards meeting the trust standard of time taken to respond to complaints.

Medical care (including older people's care)

Good   

Key facts and figures

Medical care service at the trust were provided across three sites; Royal Lancaster Infirmary, Furness General Hospital and Westmorland General Hospital.

Furness General Hospital had 128 medical beds across five medical wards including the acute medical unit (AMU) and the complex and coronary care unit (CCCU). In addition to general medicine and care of the elderly, medical specialties which were provided at this hospital (and cross bay) included stroke, respiratory, cardiology, diabetes and endocrinology, gastroenterology, dermatology and rheumatology. Neurology and nephrology services in-reached from the Royal Preston Hospital.

There was an ambulatory care unit, an oncology day unit, an endoscopy unit and a discharge lounge at this site but no cardiac catheter laboratory. The cardiology service had a cardiac catheter lab at the Westmorland hospital site and had strong network links to the Cardiac Centre in Blackpool.

The trust had 38,562 medical admissions from June 2017 to May 2018. Emergency admissions accounted for 20,025 (51.9%), 463 (1.2%) were elective, and the remaining 18,074 (46.9%) were day case.

Admissions for the top three medical specialties were:

- General medicine with 19,868 admissions
- Gastroenterology with 6,052 admissions
- Medical oncology with 4,070 admissions

On this inspection we visited the AMU, CCCU, Ward 6 (stroke and frail elderly), Ward 7 (respiratory rheumatology and general medicine) and Ward 9 (gastro, cardiology and general medicine) which included the Coniston Suite (Inpatient oncology). We also visited the endoscopy unit, the ambulatory care unit, the oncology day unit and the discharge lounge.

At the last inspection in October 2016, medical care at this hospital was rated overall as good. Caring was rated as outstanding, effective, responsive and well-led were rated as good and safe was rated as requires improvement.

At this inspection we inspected all five domains.

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

Before the inspection, we reviewed the information about this service and information requested from the trust.

During the inspection visit, the inspection team spoke with 15 patients and relatives, and 40 staff including consultants, junior doctors, nurses, therapists, health care assistants, pharmacists, house keepers, administrative assistants and student nurses. We looked at 20 pieces of equipment, 10 patient records and 13 prescription charts.

Summary of this service

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

- The care group leadership team were visible and approachable and managers had good oversight of their areas. Staff said they were well supported to do their job and felt comfortable sharing any concerns with their immediate line manager.

Medical care (including older people's care)

- The trust was committed to improving services and we found a willingness from staff to implement changes which would lead to better services for patients. Training, research and innovation were promoted and valued by the service and we saw examples of service improvement at all levels.
- Staff cared for patients with compassion and provided them with emotional support. Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives spoke very highly of medical staff and said that doctors took the time to explain things properly.
- There was good staff engagement and managers across the trust promoted a positive culture that supported and valued staff. Staff told us there had been a marked improvement in the culture of the organisation and that the behavioural standards had made a positive difference.
- Registered nurse staffing levels had improved since our last inspection and were good on the medical wards we visited. On the day of inspection, we found that actual registered nurse staffing levels met planned levels on most wards.
- Staff had good knowledge and understanding of the trusts safeguarding policies and their role and responsibilities in relation to protecting patients from abuse. Staff had training on how to recognise and report abuse and knew who to contact if they needed further advice.
- Staff kept detailed records of patients' care and treatment and measures were in place to ensure that staff assessed and responded to patient risk.
- Staff gave patients enough food and drink to meet their needs and improve their health. Patients told us they were happy with the food choices available and that their portion sizes were good. Special dietary needs were catered for.
- There was good multidisciplinary team working and staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients who lacked the capacity to make decisions about their care and this was well documented.
- The service managed flow through the hospital well and there were no extra capacity beds open at the time of our inspection. Plans were in place to further improve flow with the reconfiguration of the acute medical unit.
- The service took account of patients' individual needs. Arrangements were in place to support the needs of patients living with dementia or with a learning disability.

However:

- The service did not always follow best practice when prescribing, giving, recording and storing medicines. Staff did not always act when medicines fridges were out of the correct temperature range and did not always record a date opened for medicines that have a shortened expiry when they are opened or stored outside of a fridge.
- We had concerns that there was minimal medical staffing at night and no additional support for medical staff on duty at night to keep patients safe. There was no hospital at night nursing team or critical care outreach team on this site to support the medical team.
- Seven-day services were not fully embedded. Consultant ward rounds were generally Monday to Friday only with limited medical cover at weekends and out of hours. A shortage of therapy staff meant that they were not able to provide seven-day services.
- While the care group risk register was up to date and included named individuals responsible for mitigation, individual wards and areas did not have oversight of their risk. When asked, ward leaders were vague and could not articulate what the risks were for their area.

Medical care (including older people's care)

Is the service safe?

Good  

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

- Registered nurse staffing levels had improved since our last inspection and were good on the medial wards we visited. On the day of inspection, we found that actual registered nurse staffing levels met planned levels on most wards.
- Staff had good knowledge and understanding of the trusts safeguarding policies and their role and responsibilities in relation to protecting patients from abuse. Staff had training on how to recognise and report abuse and knew who to contact if they needed further advice.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean and used control measures to prevent the spread of infection. In most cases we saw that staff decontaminated their hands before and after patient contact.
- Measures were in place to ensure that staff assessed and responded to patient risk. Staff completed and updated risk assessments for each patient. The trust had introduced an updated version of the National Early Warning Score (NEWS2) to measure whether a patient's condition was improving, stable or deteriorating indicating when a patient may require a higher level of care. We saw that when a patient's score increased staff had taken the appropriate action to escalate.
- 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 reported them appropriately. Managers investigated incidents and shared lessons learned.
- There was reasonable compliance with mandatory training in medical care services. The trust set a target of 95% for completion of mandatory training. Information provided by the trust showed that the compliance exceeded the target of 95% in two out of eight modules with the remain six ranging from 76.8% to 91.7%.

However:

- There was minimal medical staffing at night and no additional support for medical staff on duty at night to keep patients safe. There was no hospital at night nursing team or critical care outreach team on this site to support the medical team.
- The service did not always follow best practice when prescribing, giving, recording and storing medicines. Staff did not always act when medicines fridges were out of the correct temperature range and did not always record a date opened for medicines that have a shortened expiry when they are opened or stored outside of a fridge.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. The care group had a programme of reviewing current practice against national guidelines.

Medical care (including older people's care)

- Staff gave patients enough food and drink to meet their needs and improve their health. Patients told us they were happy with the food choices available and that their portion sizes were good. Special dietary needs were catered for.
- Staff assessed and monitored patients regularly to see if they were in pain and provided pain relief if needed. Patients we spoke with had no concerns about how their pain was managed.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. The trust participated in local and national audit and used their results to drive changes to improve care and treatment.
- Staff were positive about the opportunities to develop and grow both within their current role and the wider trust.
- Staff of different professions worked well together as a multidisciplinary team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients who lacked the capacity to make decisions about their care and this was well documented.

However:

- Seven-day services were not fully embedded. Consultant ward rounds were generally Monday to Friday only with limited medical cover at weekends and out of hours. A shortage of therapy staff meant that they were not able to provide seven-day services.
- Staff appraisal rates were not meeting the trust target of 100% for leadership staff and 95% for all other staff. The overall appraisal rates for September 2018 was 73.3% for staff within medicine.
- The service could not provide us with assurance that registered nurses working on the respiratory ward had the right skills and competencies to safely care for patients on non-invasive ventilation. They told us they did not capture this information at this hospital.

Is the service caring?

Good  

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

- Staff cared for patients with compassion. Patients and relatives told us that they had been treated kindly and that staff were polite and respectful.
- Staff provided emotional support to patients to minimise their distress. We heard staff speaking to patients with dementia in a kind and respectful manner and staff were caring and empathetic.
- Staff were non-judgemental when supporting people with a learning disability or living with dementia and provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives spoke very highly of medical staff and said that doctors took the time to explain things properly.

However:

- Staff were not always able to respond quickly to the needs of patients. We heard call bells ringing for long periods on ward 7 and ward 9 as staff were busy and unable to respond.

Medical care (including older people's care)

Is the service responsive?

Good   

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

- The trust planned and provided services in a way that met the needs of local people. The hospital had strong links with other local hospitals for specialist services such as cardiology and was involved in regional discussions about the reconfiguration of stroke services to a hub and spoke model.
- The service managed flow through the hospital well and there were no extra capacity beds open at the time of our inspection. To further improve patient flow, the service was planning to reconfigure medical beds in the acute medical unit (AMU) to create a short stay bedded area. The reconfiguration included relocating the ambulatory care unit and the discharge lounge next to the AMU.
- The management of medical patients on non-medical wards was good and patients received timely reviews and treatment from a consultant.
- The service took account of patients' individual needs. Arrangements were in place to support the needs of patients living with dementia or with a learning disability.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. There were a low number of complaints about this service and they were investigated and closed quickly, in line with their complaints policy.

However:

- Staff on the Complex and Coronary Care Unit (CCCU) were unclear about what constituted a mixed sex breach. We raised this with the trust who assured us that in future they would ensure that any breaches were reported against the guidance using their incident reporting system.

Is the service well-led?

Good   

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

- The care group leadership team were visible and approachable and managers had good oversight of their areas. Staff said they were well supported to do their job and felt comfortable sharing any concerns with their immediate line manager.
- The care group had a clear strategic plan which aligned to the trust strategy and was underpinned by an operational delivery plan. The trust's vision and expected behaviours were displayed around the hospital and were embedded in practice.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us there had been a marked improvement in the culture of the organisation and that the behavioural standards had made a positive difference.
- There were clear governance structures for the medicine care group. They used a framework of simple integrated reporting mechanisms which began with ward managers and escalated through the governance structures to care group governance and management meetings.

Medical care (including older people's care)

- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems. Staff told us they were provided with the right systems to do their job.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services and we found a willingness from staff to implement changes which would lead to better services for patients. Training, research and innovation were promoted and valued by the service and we saw examples of service improvement at all levels.

However:

- Whilst the care group risk register was up to date and included named individuals responsible for mitigation, individual wards and areas did not have oversight of their risk. When asked, ward leaders were vague and could not articulate what the risks were for their area.

Outstanding practice

The acute medical unit and the medicine ward (ward 9) at Furness General Hospital had received Gold Standard Framework accreditation for their work with end of life patients. Staff were very proud of this and the care they provided to patients who were nearing the end of their life and their families.

Areas for improvement

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

The trust must:

- Ensure that oxygen is always prescribed on the medication administration chart for patients requiring oxygen therapy, as per trust policy.
- Ensure that intravenous fluids containing potassium are stored separately from other intravenous fluids on all wards.
- Ensure that drugs are stored securely and at the correct temperature on all wards. Staff must monitor the temperature in rooms where medicines are stored and take appropriate action if rooms and/or drugs fridges are not at the correct temperature range.
- Ensure that staff always record a date opened for medicines that have a shortened expiry when they are opened or stored outside of a fridge.
- Ensure that when staff transfer controlled drug balances to a new record book, they always sign to confirm the stock level is correct or if there are any items missing, as per trust policy.

The trust should:

- Improve compliance with staff appraisal by ensuring all staff receive an annual appraisal in line with trust policy.
- Review medical staffing cover at night and consider additional support to keep patients safe.
- Continue to improve seven-day services including the implementation of a bay wide 24-hour gastrointestinal bleed rota.
- Continue to work on strategies to improve the recruitment and retention of therapy staff in medical care services.
- Ensure that staff on individual wards and clinical areas are clear of their local risks and have a plan to effectively minimise and manage their risks.

Medical care (including older people's care)

- Keep an up to date record of nursing staff competencies for providing care for patients requiring acute non-invasive ventilation (NIV) on the respiratory ward (ward 7).

Surgery

Good   

Key facts and figures

The trust delivers its surgical services across three sites; Royal Lancaster Infirmary, Furness General Hospital, and Westmorland General Hospital.

At Furness General Hospital (FGH), there are 92 inpatient beds

Surgery at the trust includes all main surgical specialties with the exception of cardiothoracic, neurosurgery, plastics and vascular which are provided by other local NHS foundation trusts.

The surgical services are managed care group across all three acute hospitals.

The University Hospitals of Morecambe Bay NHS Foundation Trust (UHMB) was last inspected in October 2016 to confirm whether the trust had made improvements to its services since our previous comprehensive inspection in July 2015. At that time, surgical services at Furness General Hospital (FGH) received an overall rating of good, with all five key domains rated good in safe, effective, caring, responsive and well led.

Following our inspection of the service in 2016, no requirement notices were issued for surgical services at FGH.

Actions we said the hospital SHOULD consider taking to improve, were:

The trust was requested to:

- Continue to improve referral to treatment times (RTT) for patients and continue to implement trust wide initiatives to improve response
- Prioritise hip fractures (within 48 hours)
- Ensure all procedures were performed in line with best practice guidance. Where practice deviates from the guidance, a clear risk assessment should be in place.
- Continue to engage staff and encourage team-working to develop and improve the culture within the wards and theatre department
- Continue with staff recruitment and retention
- Improve the completion of NEWS
- Improve environmental cleanliness
- Improve the monitoring of fridge temperature and take action if temperatures exceed the expected range

At our most recent unannounced inspection, we followed key lines of enquiry and rated all five key domains; safe, effective, caring, responsive and well led.

On this inspection we visited the surgical services area on ward two (trauma and orthopaedics), ward four (patient progression unit, mixed sex) and ward five (surgical emergency ambulatory care, mixed sex). We also visited the main theatres which includes seven theatres, one of which is currently de commissioned for refurbishment. The unit has a recovery area with seven bays incorporating a dedicated paediatric bay and dementia friendly bay.

Surgery

We observed care and treatment, looked at six complete patient records (and specific documentation in several others, including consent, mental capacity and deprivation of liberty safeguards documents) and five medicines charts. We also interviewed key members of staff, medical staff and the senior management team who were responsible for leadership and oversight of the service.

We observed patient care, the environment within wards and theatres, handovers and safety briefings. We also reviewed the hospital's performance data in respect of surgical services.

We spoke with 12 patients and relatives and 20 members of staff and looked at six complete care records. We observed patient care, the environment within wards and theatres, handovers and safety briefings. We also reviewed the hospital's performance data in respect of surgical services.

Summary of this service

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

- The service provided mandatory training in key skills to all staff and had systems in place to ensure compliance. The services were safe because there were systems to ensure staff who were non-compliant were given opportunities to undertake mandatory training and safeguarding training
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Nurse staffing was managed using recognised tools and professional judgment. To maintain safe staffing levels, the service monitored staffing levels and reviewed these daily using nationally recognised tools alongside clinical judgment.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. The services were effective because processes were in place to ensure that guidance used by staff complied with national guidance, such as that issued by National Institute for Health and Care Excellence.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- Staff identified patients at risk of nutritional and dehydration risk or requiring extra assistance at pre-assessment stage. Patients were offered support when required.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed positive, kind and caring interactions on the day units and between staff and patients.
- The care group had stable management structures in place, with clear lines of responsibility and accountability. We saw evidence of learning, continuous improvement and innovation within surgical services at the location.
- The service had systems for reporting, monitoring and learning from incidents. Staff we spoke with knew how to report incidents, learning was disseminated to learn from incidents and prevent recurrence.
- Patients we spoke to felt involved in their care and had been provided with information to allow them to make informed decisions.

Surgery

- The trust had systems and processes in place to ensure that the needs of local people were considered when planning the service delivery.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

However:

- Staff training compliance for safeguarding children and adults level 2 training and Level 3 Mental Capacity and Deprivation of Liberty Safeguards training failed to meet the trust target.
- Nursing and medical staffing fill rates were below planned establishment.
- The trust failed to meet four of the National Hip Fracture Database standard metrics.
- The number of nursing and medical staff within surgery who had received an appraisal was below trust compliance targets.
- The average length of stay for elective and non-elective patients at Furness General Hospital was higher than the England average.
- Five specialties were below the England average for RTT rates (percentage within 18 weeks) for admitted pathways within surgery.

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 and had systems in place to ensure compliance. The services were safe because there were systems to ensure staff who were non-compliant were given opportunities to undertake mandatory training and safeguarding training.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent. Patients were consented for treatment appropriately.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. The service was visibly clean, and the environment was clutter free on both wards and theatres.
- The service had suitable premises and equipment and looked after them well. We found the hospital was accessible to wheelchair users, with clear signage. Access to all areas was controlled using magnetic door locks and by use of reception areas staffed by ward clerks.
- Medicines, gases, and intravenous fluids were stored and managed safely with plans in place to replace all theatre on site controlled drug cabinets by May 2019.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Surgery

- Nurse staffing was managed using recognised tools and professional judgment. To maintain safe staffing levels, the service monitored staffing levels and reviewed these daily using nationally recognised tools alongside clinical judgment.
- Staff kept detailed records of patient's care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Staff had access to records which were managed and stored securely.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Nurse staffing was managed using daily monitoring, acuity tools and professional judgment.
- The service had escalation policies, guidance and care pathways for deteriorating patients.
- In theatres staff used the World Health Organisation' (WHO) surgical safety checklist, 'five steps to safer surgery'. The national and local safety standards for invasive procedures incorporated the contents of the WHO surgical safety checklist.
- Surgical service bed occupancy and theatre utilisation rates were high. Overall, there was a lower than expected risk of readmission for elective and non-elective admissions compared to the national average.
- In the 2016 National Emergency Laparotomy Audit (NELA), Furness General Hospital achieved a green rating for the crude proportion of cases with pre-operative documentation of risk of death.
- Patient reported outcome measures (PROMS) in 2016/17, performance for groin hernias, hip and knee replacements was about the same as the England average.

However:

- Staff training compliance for safeguarding children and adults level 2 training failed to meet trust target.
- Nursing and medical staffing fill rates were below planned establishment.

Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Staff could access, guidelines, policies and procedures relevant to their role. The service ensured national guidelines were used in its published guidelines and there was an effective system in place to share updates with staff.
- Staff identified patients at risk of nutritional and dehydration risk or requiring extra assistance at pre-assessment stage. We observed patients being offered food and drinks post procedure and saw patients supported to eat and drink if assistance was required. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. Pain assessments were undertaken and recorded in patient notes. Pain relief was provided as prescribed and there were systems to make sure additional pain relief was accessed through medical staff, if required.

Surgery

- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.

However:

- Staff training compliance failed to meet trust target for Mental Capacity Act and Deprivation of Liberty Safeguards training.
- The number of staff within surgery who had received an appraisal was below trust compliance targets.
- The trust failed to meet four of the National Hip Fracture Database standard metrics.

Is the service caring?

Good ● → ←

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

- Staff provided emotional support to patients to minimise their distress. Staff showed understanding and a non-judgmental attitude when caring for or talking about patients with mental health needs, learning disabilities, autism or dementia. Staff supported patients who became distressed in an open environment, and helped them maintain their privacy and dignity.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff had access to chaplaincy services for those with a faith or none. There was a multi faith prayer room available for staff and patients.

Is the service responsive?

Requires improvement ● ↓

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

- The average length of stay for elective and non-elective patients at Furness General Hospital was higher than the England average.
- Five specialties were below the England average for RTT rates (percentage within 18 weeks) for admitted pathways within surgery

However:

- The trust planned and provided services in a way that met the needs of local people.
- We saw that information leaflets and advice posters were available on the units we visited, these included discharge information, specialist services and general advice about nutrition and hydration.
- The service took account of patient's individual needs. The services had mechanisms in place to manage access and flow using various methods including redesigning pathways or carrying out audits to improve patient flow and working closely with commissioners.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. The service recognised the importance of the views of patients and the public, and mechanisms were in place to hear and act on their feedback.

Surgery

Is the service well-led?

Good   

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Staff spoke positively about their leaders and felt respected.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff reported a positive culture, good team working, and various places in which to receive and share information and concerns.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. The governance structure was clear and the local leadership team had plans in place to address risks to the service, with access to information, such as monthly performance reports, to maintain quality.
- The governance structure was clear and the local leadership team had plans in place to address risks to the service, with access to information, such as monthly performance reports, to maintain quality.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Staff we spoke with felt valued by the trust.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

Areas for improvement

Action the trust should take to improve:

- The trust should ensure staff training compliance meets trust targets for Safeguarding Adults level 2, including Mental Capacity Act and Deprivation of Liberty Safeguards training.
- The trust should continue with staff recruitment and retention for both nursing and medical staff to achieve planned fill rate establishment.
- The trust should prioritise hip fracture outcomes to meet national standards.
- The trust should continue to monitor and increase staff appraisal rate compliance to ensure staff continue to develop, are given clear direction and the chance to develop professionally.
- The trust should ensure that all relevant staff undertake mental capacity, deprivation of liberty safeguards and consent training to meet the required trust compliance standard.

Surgery

- The trust should continue to monitor and improve referral to treatment targets for all specialities.
- The trust should continue to monitor the average length of stay for elective and non-elective patients to improve performance standards measured against the England national average.

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 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Our inspection team

Sarah Dronsfield, Head of Hospital Inspections, chaired this inspection and Nicola Kemp, Inspection Manager, led it. An executive reviewer, Jane Tomkinson, supported our inspection of well-led for the trust overall.

The team included 9 inspectors, 2 Assistant Inspectors, 4 executive reviewers, and 5 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.