

# Royal Berkshire NHS Foundation Trust

## Quality report

Royal Berkshire NHS Foundation Trust  
Craven Road  
Reading  
RG1 5AN

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

| Overall rating for this trust          | Requires improvement |   |
|--|----------------------|---|
| Are services at this trust safe?       | Requires improvement | ● |
| Are services at this trust effective?  | Good                 | ● |
| Are services at this trust caring?     | Good                 | ● |
| Are services at this trust responsive? | Requires improvement | ● |
| Are services at this trust well-led?   | Requires improvement | ● |

## Letter from the Chief Inspector of Hospitals

Royal Berkshire NHS Foundation Trust provides acute services to a population of 600,000 people across Reading, Wokingham and West Berks, and specialist services to a wider population across Berkshire and the surrounding borders. Royal Berkshire Hospital is the main inpatient site, with five other sites including West Berkshire Community Hospital, Windsor Dialysis Unit, Prince Charles Eye Unit, Royal Berkshire Bracknell Clinic and Townlands Hospital Outpatients.

During the inspection, we visited the Royal Berkshire Hospital, West Berkshire Community Hospital (Day Surgery Unit and Outpatient services), Windsor Dialysis Satellite Unit and Prince Charles Eye Unit.

We carried out this comprehensive inspection because the Royal Berkshire NHS Foundation Trust was initially placed in a high risk band 1 in CQC's intelligent monitoring system. Immediately prior to the inspection the intelligent monitoring bandings were updated and the trust was placed in a low risk band 5. The inspection took place between 24 and 26 March 2014 and an unannounced inspection visit took place on 29 March and 2 April 2014.

Overall, this hospital requires improvement. We rated it good for being caring and effective but improvement was required in providing safe care, being responsive to patients' needs and being well-led.

We rated the A&E service, end of life care and services for children and young people as good, but we rated outpatients, medical, surgical, maternity and critical care as requiring improvement.

Our key findings were as follows:

- Staff were caring and compassionate and treated patients with dignity and respect.
- The hospital was clean and well maintained; although there were some examples where cleanliness fell below expected standards.
- The workforce were committed and we noted an open culture during the inspection.
- Infection control rates in the hospital were similar to those of other trusts except the C.Difficile rates, which were higher than average and the trust was taking steps to improve.
- Staffing levels were not always sufficient to meet the needs of patients on all ward areas, with a consequent reliance on bank and agency staff.
- Medical records and the electronic patient record system and processes were not robust, which resulted in patient records not being available, reliance on temporary records and inability to access records as required in a timely manner, impacting on the ability to deliver care.
- ICU capacity was insufficient and operations were going ahead when no ICU bed was available, resulting in patients being cared for in the recovery area overnight.
- The observation ward in A&E was a room with three beds but it was not included in the four-hour decision to discharge, admit or treat A&E target as it was used as a ward, although it did not have any shower facilities. There were concerns about appropriate use and care of patients in this observation area.
- The major incident process associated with decontamination was not appropriate because of the distance and journey for patients through the hospital.
- Safeguarding processes and knowledge of the Mental Capacity Act was not sufficient.
- DNACPR forms were not consistently completed.
- The end of life care team worked collaboratively with key stakeholders.
- Paediatric care was generally positive.

We saw several areas of outstanding practice including:

- Caring interventions and support for families in in the Intensive Care Unit.
- The Children's A&E department.
- Consultant geriatricians worked in the A&E department 8am to 8pm seven days a week.
- The responsiveness of the Palliative Care team.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Ensure that medical records are kept securely and records can be located and accessed promptly when needed to appropriately inform the care and treatment of patients.
- Maintain the privacy and dignity of patients placed in the observation bay in the A&E department.
- Ensure that the design and layout of the emergency department protects patients and staff against the risks associated with unsafe or unsuitable premises.

- Take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced staff employed to care for patients' needs, and safeguard their health, safety and welfare.
- Accurately complete 'Do not attempt cardio-pulmonary resuscitation' (DNA CPR) forms, and document the discussions about end of life care with patients.
- Take proper steps to ensure that each patient is protected against the risks of receiving care or treatment that is inappropriate or unsafe by planning the delivery of care and appropriate treatment to meet patients' individual needs, and have procedures in place to deal with emergencies which are reasonably expected to arise.
- Review the ICU capacity across the trust; employ suitably qualified, skilled and experienced staff; and have necessary equipment available to care for patients who require intensive or high dependency care.
- Ensure that planning and delivery of care meets patients' individual needs, and ensure the safety and welfare of all patients.
- Increase staff knowledge of Deprivation of Liberty Safeguards (DOLs) and the Mental Capacity Act (MCA) through necessary training to improve safeguarding.
- Improve contemporaneous record keeping by all staff to avoid misplacing records of care and observations.
- Ensure the staffing levels and admission criteria in the Rushey Midwife-led unit is maintained to ensure safe care is provided to all women.
- Ensure that at all times there is a sufficient number of suitably qualified, skilled and experienced staff employed to provide safe midwifery care in all areas.
- Take action to improve the ventilation system on the delivery suite, to protect patients and others who may be at risk from the use of unsafe equipment.

**Professor Sir Mike Richards**  
Chief Inspector of Hospitals

## Background to Royal Berkshire NHS Foundation Trust

Royal Berkshire NHS Foundation Trust has been a foundation trust since June 2006. It employs around 5,000 staff and has 745 beds and 22 operating theatres (across three surgical sites). The trust's turnover is £330 million with a £2.68 million deficit in 2012/13.

The Royal Berkshire NHS Foundation Trust's inpatient site is the Royal Berkshire Hospital. The trust also provides services at West Berkshire Community Hospital (Day Surgery Unit and Outpatient services), Windsor Dialysis Satellite Unit and Prince Charles Eye Unit, Bracknall Clinic and Townlands Hospital Outpatients.

The former chief executive left the trust in December 2013 and the medical director became interim chief executive until a formal appointment was made. The executive team comprised of six permanent executive positions and five interim executives. The trust had adopted a clinically led model with three of the executives holding positions as Care Group Directors of urgent care, planned care and networked care. At the time of the inspection the trust did not have a chief operating officer (COO) post, but an interim COO was starting immediately post inspection. The significant number of interim appointments presented challenges for consistent leadership.

The Chairman had been in post since July 2012 and four of the five non-executive directors had joined following his appointment, with the most recent being in December 2013.

The trust had recently been under enforcement action from Monitor because its A&E consistently failed to meet the four-hour target, its financial stability, its quality governance, and *C. difficile* rates. At the time of the inspection concerns had been signed off by Monitor and the trust was rated as green, with no evident governance concerns. The trust continued to face financial challenges with a financial stability rating of 2 from Monitor, meaning that there was a material level of financial risk. The trust had also recently faced concerns in the media regarding its radiology waiting times.

## Our inspection team

Our inspection team was led by:

**Chair:** Professor Kay Riley, Chief Nurse, Barts Health

**Head of Hospital Inspections:** Heidi Smoult, Care Quality Commission

The team of 45 included CQC inspectors and analysts, consultants, junior doctors, senior nurses, a student nurse, a senior physiotherapist, patients and public representatives, experts by experience and senior NHS managers. Some team members were present at the inspection for one of the two days on site.

The Patients Association was also part of our team to review how the trust handled complaints.

## How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team inspected the following eight core services at the Royal Berkshire Hospital:

- Accident and emergency
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and family planning
- Services for children and young people
- End of life care
- Outpatients.

In addition, the inspection team also inspected the following core services at other locations linked to the Royal Berkshire Hospital:

- Medical provision at the Windsor Dialysis Satellite Unit
- Day surgical and outpatient services at West Berkshire Community Hospital
- Surgical services at Prince Charles Eye Unit.

Prior to the announced inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group (CCG), Monitor, NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), Royal Colleges and the local Healthwatch.

We held a listening event, in Reading on 24 March 2014, when 128 people shared their views and experiences of the Royal Berkshire Hospital. As some people were unable to attend the listening events, they shared their experiences via email or telephone.

We carried out the announced inspection visit between 24 and 26 March 2014. We held focus groups and drop-in sessions with a range of staff in the hospital, including nurses, junior doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually as requested.

We talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We carried out unannounced inspections on 29 March and 02 April 2014. We looked at how the hospital was run out of hours and at night, the levels and type of staff available and the care provided.

## What people who use the trust's services say

- We held a listening event, which 128 people attended. Some people told us about us that they had good care at Royal Berkshire Hospital. However, people had concerns about the long waiting times in A&E particularly for care of older people.
- The Adult Inpatient Survey in 2012 Royal Berkshire Hospital NHS Foundation Trust scored 'about the same' as other trusts for all 10 areas. The trusts performance had reduced in one area and improved in three areas. Of the 60 questions asked the trust performed better than other trust in one question.
- The results from the Friends and Family Test (FFT) between September 2013 to December 2013 show the trust has scored below the England average for all four of the months, achieving the lowest in October. Response rates are fairly consistent over the four months. A&E scores compared to the England averages were higher in two months and lower in two months.
- The Cancer Patient Experience Survey (CPES), Department of Health, 2012/13, showed that out of 69 questions, for which the trust had a sufficient number of survey respondents on which to base findings, the trust was rated by patients as being in the bottom 20% of all trusts nationally for 14 of the 69 questions and performed better in 9 questions.
- CQC's Survey of Women's Experiences of Birth 2013 showed that under the 'Care during labour and birth' that the trust is performing better than other trust's for one of the three areas of questioning. Comparison with the 2010 results highlighted an upward trend in one of the eight questions. The other seven questions saw no change in the results.
- Between January 2013 and February 2014, Royal Berkshire Hospital had 294 reviews from patients on the NHS Choices website. It scored 4 out of 5 stars overall, with 91 comments with a rating of 5 stars and 34 with a rating of one star. The highest ratings were for cleanliness, staff co-operation, dignity and respect, involvement in decisions and same sex accommodation. The lowest ratings were for staff being rude, breach of confidentiality, patient aftercare, pain management and communication.
- Patient-Led Assessment of the Care Environment (PLACE) is self-assessments undertaken by teams focus NHS and independent healthcare staff and also the public and patients. In 2013, Royal Berkshire scored greater than 92% for all four measures, with cleanliness scoring the highest at 99.2%.
- The patients association attended the inspection and will publish their report independently.

## Facts and data about this trust

### Context

- Foundation trust since June 2006
- Approximately 745 beds
- Population 600,000
- Staff approximately 5,000
- Annual turnover: 330 million
- Deficit: £2.68m in 2012/13

### Activity (2012/13)

- Inpatient admissions 94,755
- Outpatient attendances 449,627
- A+E attendances 101,497

### Intelligent Monitoring – Low risk (March 2014)

|              | Items     | Risks    | Elevated | Score    |
|--------------|-----------|----------|----------|----------|
| Safe         | 8         | 1        | 0        | 1        |
| Effective    | 31        | 0        | 1        | 2        |
| Caring       | 18        | 0        | 0        | 0        |
| Responsive   | 10        | 0        | 0        | 0        |
| Well led     | 26        | 2        | 0        | 2        |
| <b>Total</b> | <b>93</b> | <b>3</b> | <b>1</b> | <b>5</b> |

### Safety

- 4 never events (Dec 2012-Jan 2014)
- STEIs 93 SI's (Dec 2012-Jan 2014)
- NRLS Deaths 13
  - Severe 5
  - Abuse 14
  - Moderate 680

### Caring:

CQC inpatient survey (10 areas): Average for all 10 areas

Cancer patient experience survey (69 questions):  
 Above for 9 questions  
 Average for 46 questions  
 Below for 14 questions

### Responsive:

Bed occupancy 89.1%  
 A&E: four hour standard Below average  
 Cancelled operations Similar to expected  
 Delayed discharges Similar to expected  
 18 week Referral to treatment (RTT) Similar to expected  
 Diagnostic target Below average

### Well-led:

|                             |  |
|-----------------------------|--|
| Staff survey (28 questions) | Above average for 18 questions<br>Average for 6 questions<br>Below for 4 questions |
| Sickness rate 3.5 %         | Below national average   |

## Summary of findings

### Are services at this trust safe?

Requires improvement ●

Overall we rated the safety of services in the trust as 'requires improvement'. For specific information please refer to the report for Royal Berkshire Hospital.

Nursing staffing levels were insufficient on many wards and consequently there was a significant reliance on agency and bank staff. The agency and bank staff were appropriately checked and had an induction checklist carried out. The trust was taking steps to recruit nurses internationally due to the difficulty in recruiting. Midwifery staffing was a concern in the Rushey unit, however, immediately after our inspection the trust closed two beds until further staff were recruited. Consultant presence in obstetrics was not in line with national standards. Medical staffing out of hours was a concern, particularly in medicine. Due to capacity pressures and workload, medical staffing needed improvement in some areas and in particular the critical care unit as consultants regularly needed to stay in overnight when they were on call.

Clinical data was not always easily accessible due to the fragmented structure of the trust's electronic patient record (EPR) and patient records were not easily accessible or well-maintained with an over-reliance on 'temporary' records. This affected patient care as significant information was not available and in some instances patients had more than one test as the initial result was not available. The trust recognised the safety concerns relating to medical records and set up a working group led by the interim medical director to address the issues as a priority.

Medical equipment checks were not consistently completed or recorded and staff reported difficulties in being able to get equipment checked or replaced.

### Are services at this trust effective?

Good ●

Overall we rated the effectiveness of the services in the trust as 'good'. For specific information please refer to the report for Royal Berkshire Hospital.

Most patients were treated according to national evidence-based guidelines and clinical audit was used to improve practice. There were good outcomes for patients and mortality rates were within the expected range. Seven-day services were in development and there were good examples of seven-day working. There were good examples of robust ward rounds and multi-disciplinary team working with input from allied health professionals. There were examples of clear documented pathways of care.

### Are services at this trust caring?

Good ●

Overall we rated the caring aspects of services in the trust as 'good'. For specific information please refer to the report for Royal Berkshire Hospital.

Overall, patients received compassionate care and were treated with dignity and respect. The Critical Care service provided some excellent caring interventions both for the patients and their families, with positive feedback about their bereavement service. Patients and relatives we spoke with said they felt involved in their care. There were examples of patients not feeling appropriately cared for in A&E and some ward

areas where staff were busy. Staff acknowledged that, at times, workload pressures could prevent the level of care and support patients needed. Staff were extremely committed and aimed to put the needs welfare of patients as their priority.

### Are services at this trust responsive?

Requires improvement ●

Overall we rated the responsiveness of services in the trust as 'requires improvement'. For specific information please refer to the report for Royal Berkshire Hospital.

The trust faced significant capacity pressures. The A&E department was not consistently meeting the four-hour target for treatment, admission or discharge. The department was designed for 65,000 attendances but had around 100,000 attendances a year at the time of the inspection. This resulted in patients waiting in corridors to be seen and, in some instances, spending longer than 12 hours in A&E.

The flow throughout the trust was not robustly managed, with patients who were clinically fit for discharge not being discharged in a timely manner. There were significant waiting times for radiology diagnostic procedures, which impacted on both inpatients and outpatients. The trust was taking steps to improve the radiology waiting times and looking at other ways of providing diagnostic treatment.

The critical care capacity was not sufficiently meeting the demand and resulted in either patients' operations being cancelled or patients staying in recovery overnight. The trust did not have clear robust plans to address the capacity and flow issues. However the appointment of the interim chief operating officer was intended to concentrate on addressing them.

### Are services at this trust well-led?

Requires improvement ●

The trust's leadership was rated as 'requires improvement'. Many of the executive team were interim positions and the former chief executive had left in December 2013. The trust had proactively commissioned a review into its leadership and governance processes and we had confidence that they were beginning to take appropriate steps to address some of the trust wide issues found during the inspection. They were aware of the potential risks associated with interim posts and were in the process of appointing a new chief executive. This recent instability in leadership has resulted in front line staff not feeling fully informed about the recent changes and unclear on the overall vision for the trust. Staff did not feel the executive team were visible enough, although many staff told us that the Director of Nursing was more visible and had 'made a difference' in the relatively short time she had been in post since June 2012.

Whilst the trust board was aware of the improvements that were required, they were facing a legacy of some areas of governance not being standardised or robust and systems and process being inconsistently applied, which would take some time to address. During the inspection there was some evidence of improvement starting, but it was too soon to establish the impact. There were some areas that needed stronger leadership from the board to the ward to realise the required changes.

#### Vision and strategy for this service

- The trust had been through significant change at board level and was awaiting recruitment of a permanent chief executive.
- The trust was managing the capacity pressure as a priority and the longer term vision was being reviewed awaiting new leadership.
- The impact of numerous interim directors being in post resulted in staff not feeling they were clear on the future vision of the trust given the financial pressures.

#### Governance, risk management and quality measurement

- The overall governance structures lack standardisation and clear performance management, which



impacted on the board holding to account in a timely manner.

- Whilst the care group structure has some inevitable benefits through the clinical leadership model the trust aimed to achieve, each care group was operating primarily independently of each other in 'silos' without robust standardisation of reporting to the board on performance and quality.
- The care group directors were accountable to the board for performance and quality of their care group, however they were not consistently held to account on delivery of their targets and key performance indicators. Furthermore, it was not clear how the corporate functions were structured to work with the care groups and where the lines of accountability were in all cases.
- The trust had recognised there were significant improvements needed in their quality governance structure and had commissioned work from an external company to commence work within the immediate few weeks following the inspection.
- During the inspection it was evident that there were significant data quality issues across the trust, which, at times, resulted in the board taking assurance from data that could not always be relied on. Whilst the majority of the board recognised there was a data quality concern, the care groups were not interrogating the data consistently in the reports they presented to the board.
- The levels of incident reporting were a concern as there was a theme that staff members did not always report incidents because they did not always see resultant changes when they had reported in the past.
- The care group 'silo' working had meant that learning from incidents and complaints was not shared effectively trust wide. Whilst themes and aggregated data was, at times, discussed at the trust board, this communication of learning was not fed back to the clinical staff delivering care to patients in a robust manner.
- The care groups had recently recognised the lack of formal information sharing as an issue and consequently set up a new formal meeting where each care group shared learning and discussed performance and quality with the aim to eradicate the 'silo' working and encourage 'trust-wide' operational working where appropriate. However, it remained unclear how the corporate functions linked into this approach.

### **Leadership of service**

- The leadership of the trust had been through some significant changes in the preceding months of the inspection as the chief executive left in December 2013, which left some resultant confusion among staff at all levels.
- The board was made up of a significant number of interim positions with more commencing in post following the inspection. At the time of the inspection the executive team comprised of six permanent executive positions and five interim executives. The significant number of interim appointments, presented challenges for consistent leadership.
- Under the leadership of the former chief executive, a clinically-led model had been adopted with three of the executives holding positions as Care Group Directors of urgent care, planned care and networked care. The care group directors worked clinically and were ultimately accountable for their care group performance, however the amount of time allocated specifically for the care group director role was not consistent.
- Development of board members had not been a priority and it was apparent that the executives were not, at times, joined up in their approach. When the three care group directors were appointed there was limited formal support and development provided in relation to the new roles.
- At the time of the inspection the trust did not have a Chief Operating Officer (COO) post but an interim COO was starting immediately post inspection.
- Feedback from staff highlighted that many staff members did not know who the members of their executive team were and there was a consistent theme that executives were not visible enough. One main exception was that many staff members knew the director of nursing and felt she was

visible, although they would like visibility to still increase.

- The consistent leadership of the trust was an issue raised by staff at all levels, particularly given the financial pressure the trust faced.

#### **Culture within the service**

- The trust wide culture was one of pride and commitment among staff who were very positive about the trust as a place to work, with many clinical staff having worked at the trust for the majority of career.
- The staff focus groups were very well attended and, whilst there were many issues raised regarding staffing and systems and processes, the overriding message received was that that they were proud to work for the trust and they felt well supported by managers in their development.
- The recent resignation of the former chief executive had impacted on the culture as a consequence of staff not feeling they were aware of the plans for the trust and what changes might occur with new leadership.
- There was an open and transparent culture among staff at all levels.

#### **Public and staff engagement**

- Staff consistently stated they felt involved in the development of their work and in particular more locally in their clinical areas.
- The care group structure meant that staff often felt involved in their 'care' group' rather than the trust overall.
- Patient feedback was obtained through the Friends and Family test and the NHS Choices website and inpatient feedback captured by volunteers.

#### **Innovation, improvement and sustainability**

- Staff were encouraged to improve standards of care through innovation and felt support in developing their own practice locally, however capacity and staffing pressure meant that they did not feel they were able to improve the standards of care proactively in all cases as time constraints prevented them doing so.
- The sustainability of the trust was a concern to staff given the instability at the executive level and to compounding financial pressure and staff were awaiting the commencement of the new chief executive and a permanent executive team to secure a sustainable future for the trust.

## Overview of ratings

Our ratings for Royal Berkshire Hospital are:

|                               | Safe                 | Effective                            | Caring      | Responsive           | Well-led             | Overall              |
|-------------------------------|----------------------|--------------------------------------|-------------|----------------------|----------------------|----------------------|
| Accident and emergency        | Good                 | Inspected but not rated <sup>1</sup> | Good        | Requires improvement | Good                 | Good                 |
| Medical care                  | Requires improvement | Good                                 | Good        | Requires improvement | Requires improvement | Requires improvement |
| Surgery                       | Requires improvement | Good                                 | Good        | Requires improvement | Requires improvement | Requires improvement |
| Critical care                 | Requires improvement | Good                                 | Outstanding | Requires improvement | Requires improvement | Requires improvement |
| Maternity and family planning | Inadequate           | Requires improvement                 | Good        | Requires improvement | Requires improvement | Requires improvement |
| Children and young people     | Good                 | Good                                 | Good        | Good                 | Good                 | Good                 |
| End of life care              | Good                 | Good                                 | Good        | Outstanding          | Good                 | Good                 |
| Outpatients                   | Requires improvement | Inspected but not rated <sup>1</sup> | Good        | Requires improvement | Requires improvement | Requires improvement |
| Overall                       | Requires improvement | Good                                 | Good        | Requires improvement | Requires improvement | Requires improvement |

|               | Safe                 | Effective | Caring | Responsive           | Well-led             | Overall              |
|---------------|----------------------|-----------|--------|----------------------|----------------------|----------------------|
| Overall trust | Requires improvement | Good      | Good   | Requires improvement | Requires improvement | Requires improvement |

### Notes:

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both accident and emergency and outpatients.

## Outstanding practice

We saw several areas of outstanding practice including:

- Caring interventions and support for families within in the Intensive Care Unit.
- The Children's A&E department.
- Consultant geriatricians worked in the A&E department 8am to 8pm seven days a week.
- The responsiveness of the Palliative Care team.

## Areas for improvement

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Ensure that medical records are kept securely and records can be located and accessed promptly when needed to appropriately inform the care and treatment of patients.
- Maintain the privacy and dignity of patients placed in the observation bay in the A&E department.
- Ensure that the design and layout of the emergency department protects patients and staff against the risks associated with unsafe or unsuitable premises.
- Take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced staff employed to care for patients' needs, and safeguard their health, safety and welfare.
- Accurately complete 'Do not attempt cardio-pulmonary resuscitation' (DNA CPR) forms, and document the discussions about end of life care with patients.
- Take proper steps to ensure that each patient is protected against the risks of receiving care or treatment that is inappropriate or unsafe by planning the delivery of care and appropriate treatment to meet patients' individual needs, and have procedures in place to deal with emergencies which are reasonably expected to arise.
- Review the ICU capacity across the trust; employ suitably qualified, skilled and experienced staff; and have necessary equipment available to care for patients who require intensive or high dependency care.
- Ensure that planning and delivery of care meets patients' individual needs, and ensure the safety and welfare of all patients.
- Increase staff knowledge of Deprivation of Liberty Safeguards (DOLs) and the Mental Capacity Act (MCA) through necessary training to improve safeguarding.
- Improve contemporaneous record keeping by all staff to avoid misplacing records of care and observations.
- Ensure the staffing levels and admission criteria in the Rushey Midwife-led unit is maintained to ensure safe care is provided to all women.
- Ensure that at all times there is a sufficient number of suitably qualified, skilled and experienced staff employed to provide safe midwifery care in all areas.
- Take action to improve the ventilation system on the delivery suite, to protect patients and others who may be at risk from the use of unsafe equipment.

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity  | Regulation  |
|---|---|
| Treatment of disease, disorder or injury<br>Surgical procedures       | <p>Regulation 9 HSCA 2008 (Regulated Activities)<br/>Regulations 2010 Care and welfare of people who use services</p> <p>How the regulation was not being met: People who use services and others were not protected against the risks of receiving care or treatment that is inappropriate or unsafe by means of carrying out an assessment of the needs of the services user and the planning and delivery of care and, where appropriate, treatment to meet the needs and ensure the safety and welfare of the service users. Regulation 9 (1) (a) (b) HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> |
| Treatment of disease, disorder or injury<br>Diagnostics and screening | <p>Regulation 16 HSCA 2008 (Regulated Activities)<br/>Regulations 2010 Safety, availability and suitability of equipment</p> <p>How the regulation was not being met: The registered person had not ensured that equipment was properly maintained and available in sufficient quantities in order to ensure the safety of service users and meet their assessed needs. Regulation 16 (1) (a) (2) Safety, availability and suitability of equipment</p>   |
| Treatment of disease, disorder or injury                              | <p>Regulation 17 HSCA 2008 (Regulated Activities)<br/>Regulations 2010 Respecting and involving people who use services</p> <p>How the regulation was not being met: The registered person had not, so far as reasonably practicable, made suitable arrangements to ensure the privacy and dignity of service users. Regulation 17 (1) (a) Respecting and involving people who use services</p>   |

| <b>Regulated activity</b>   |   |
|---|---|
| Treatment of disease, disorder or injury<br>Maternity and midwifery services                        | <p>Regulation 15 HSCA 2008 (Regulated Activities)<br/>Regulations 2010 Safety and suitability of premises</p> <p>How the regulation was not being met: The registered provider must ensure service users are protected against the risks associated with unsafe or unsuitable premises by means of- suitable design and layout and adequate maintenance of the premises in connection with the regulated activity.<br/>Regulation 15 (1) (a) (ii) (c) (i) Safety and suitability of premises</p>  |
| <b>Regulated activity</b>   |   |
| Treatment of disease, disorder or injury<br>Surgical procedures<br>Maternity and midwifery services | <p>Regulation 18 HSCA 2008 (Regulated Activities)<br/>Regulations 2010 Consent to care and treatment</p> <p>How the regulation was not being met: The provider did not have suitable arrangements in place for obtaining and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. Regulation 18<br/>Consent to care and treatment</p>   |
| <b>Regulated activity</b>   |   |
| Treatment of disease, disorder or injury<br>Surgical procedures<br>Maternity and midwifery services | <p>Regulation 22 HSCA 2008 (Regulated Activities)<br/>Regulations 2010 Staffing</p> <p>How the regulation was not being met: The provider had not taken appropriate steps to ensure that at all time there were sufficient numbers of suitably qualified and experienced persons employed for the purpose of carrying on the regulated activity.<br/>Regulation 22 Staffing</p>   |
| <b>Regulated activity</b>   |   |
| <b>Regulation</b>   |   |
| Treatment of disease, disorder or injury  | <p>Regulation 20 HSCA 2008 (Regulated Activities)<br/>Regulations 2010 Records</p> <p>How the regulation was not being met: Service users were not protected against the risk of unsafe or inappropriate care and treatment arising from the lack of proper information about them by means of the maintenance of: an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided. The registered provider must ensure that records are kept securely and can be located promptly when required.<br/>Regulation 20 (1) (a) (2) (a) Records</p> |