

# Torbay and South Devon NHS Foundation Trust

## Torbay Hospital

### Inspection report

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### Ratings

#### Overall rating for this service

Inspected but not rated ●

Are services safe?

Inspected but not rated ●

Are services effective?

Inspected but not rated ●

Are services responsive to people's needs?

Inspected but not rated ●

Are services well-led?

Inspected but not rated ●

# Our findings

## Overall summary of services at Torbay Hospital

### Inspected but not rated



At Torbay Hospital, medical services include (but are not limited to) general medicine, respiratory medicine, cardiology, renal services, gastroenterology, elderly care, dementia services, dermatology services, stroke services and specialist cancer services.

The trust provides inpatient facilities and outpatient clinics, with clinics at the main hospital sites and as part of wider services based in the community. During this inspection we only visited medical services at Torbay Hospital.

We carried out a short announced focused inspection on 1 December 2021 where we visited the Emergency Assessment Unit 4 (EAU4), Forrest Ward (the trust's escalation ward at the time of the inspection) and for comparison George Earle Ward. These three wards were part of the medical care directorate. We carried out this inspection because a number of concerns had been raised with us relating to: staff shortages on EAU4; concerns that patients were not receiving enough nutrition and hydration on Forrest Ward; and, concerns that staff were not completing observations on patients in a timely manner on both wards.

This inspection had a short announcement (30 minutes) to enable us to carry out our work safely and effectively. Due to the narrow focus of this inspection, we did not rate the service at this inspection. As we did not rate this service at this inspection, the previous rating of requires improvement remains.

We spoke with 10 members of staff, including members of the senior leadership team, nurses, doctors, allied healthcare professionals, healthcare assistants, domestic and housekeeping staff and three patients.

We reviewed 14 sets of patient records, which included medical, nursing and observation records.

You can find further information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

# Medical care (including older people's care)

Inspected but not rated



- Staff did not always complete and update risk assessments for each patient and did not always remove or minimise risks. The service did not have enough staff to keep patients safe from avoidable harm and to provide the right care and treatment. Staff did not keep detailed records of patients' care and treatment and records were not always clear and up-to-date.
- Leaders and teams did not always use systems to manage performance effectively. Staff did not always identify and escalate identified nursing risks and issues or implement actions to reduce their impact. Staff could not be assured patients had enough food and drink to meet their needs and improve their health. They used hydration techniques when necessary, but this was poorly documented.
- Managers did not always have the skills and abilities to run the service. They did not always understand and manage the priorities and issues the service faced and were not always visible and approachable in the service for patients and staff. Governance processes did not always operate effectively as managers did not always have oversight of issues.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The service usually managed patient safety incidents well. Staff recognised and reported incidents and near misses. Incidents were investigated and lessons learned shared with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored. Managers reviewed and tried to adjust staffing levels and skill mix. Records were stored securely and easily available to all staff providing care.

Following the inspection, we raised our concerns with the trust and requested immediate actions were taken to review these risks to patients. The trust acted on our feedback and sent us an action plan detailing the actions they immediately took.

## Is the service safe?

Inspected but not rated



### Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Most staff had completed the required training.

Training on nutrition and hydration (including use of the malnutrition universal screening tool) was delivered as part of the clinical induction training and new patient assessment was also delivered as part of the Registered Nurse induction. The Malnutrition universal screening tool (MUST) is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition or obesity. It also includes guidelines to develop a care plan to meet individual patient nutritional needs.

# Medical care (including older people's care)

Induction training rates for EAU4 and Forrest Ward between 2019 and– 2021 demonstrated that the four new staff during this period on Forrest Ward had all completed their induction training. There were no new starters in this period for EAU4. The induction training included MUST and new patient assessment training.

We also reviewed national early warning score (NEWS2) training rates between 2019 and 2021 and found 94% of staff on Forrest Ward and 81% of staff on EAU4 had completed this training. Trust target rates for training compliance was 85%. This showed most nursing staff were trained to complete the nursing risk assessments.

## Assessing and responding to patient risk

Staff did not always complete and update risk assessments for each patient and did not always remove or minimise risks.

Staff did not identify patients at risk because they did not know whether patients were able to eat and drink independently or were at risk of malnutrition. The acute and community safety assessment (nutritional risk assessment) audits between December 2020 to October 2021 showed the number of patients who required a nutritional risk assessment was 25 on EAU4 and 24 on Forrest Ward. The number of patients who did not receive a nutritional risk assessment during that time was 12% for EAU4 and 67% for Forrest Ward. The number of patients receiving a nutritional risk assessment within 24 hours of admission, as per trust policy, was 50% for EAU4 and 21% for Forrest Ward.

There were no audit results for the period of July to September 2021 (EAU4) and audit results only for the months of July and October 2021 (Forrest Ward), which demonstrated results for completed risk assessments of 37.5% July, 31.3% for October and 100% for November. Patients were at risk of malnutrition because staff did not know when a patient required specialist input or additional dietary requirements. We reviewed a sample of MUST risk assessments (five from Forrest Ward, six from EAU4 and three from George Earle Ward). Of the 11 patient records reviewed from Forrest Ward and EAU4, six MUST assessments were completed, signed and dated. However, only two care plans were completed and follow up actions recorded.

One patient record had a note in the care plan stating the patient required assistance with communication but did not specify what assistance was required.

Intentional rounding charts (a chart to record nursing interventions with patients) demonstrated that regular and timely observations were completed.

## Staffing

The service did not always have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and tried to adjust staffing levels and skill mix

The trust used a staffing risk matrix framework, which formed part of the Torbay and South Devon Safer Staffing Escalation Policy. This risk matrix tool rated the safety of staffing levels by colour: green through to black, green being no risk and black being the highest risk.

We were told there were not enough staff to nurse patients who were very sick (acuity). The levels of patient acuity and dependency were assessed using the safer nursing care tool. Patient acuity was reviewed and recorded by staff three times a day. We requested information for staffing and patient acuity for Forrest Ward and EAU4.

# Medical care (including older people's care)

Staffing numbers, per ward between 1 November and 30 November 2021 showed for EAU4 there were 16 amber days and the highest registered nurse to patient ratio was 1:7 and for Forrest Ward there were six amber days and the highest registered nurse to patient ratio was 1:9. Although the service followed their escalation policy and attempted to flex staffing across the trust, to try and maintain registered nurse to patient ratios, this was not always maintained due to staffing shortages. There was no evidence to suggest this impacted patient safety.

EAU4 was the allocated ward to treat patients with Coronavirus and a high number of these patients required non-invasive ventilation (NIV). The British Thoracic Society Quality Standards for acute non-invasive ventilation in adults' states: "providers should ensure there are adequate staff and capacity to provide non-invasive ventilation to all eligible patients." They recommended a ratio of one registered nurse to every two non-invasive ventilation patients. We requested the trust's policy on staffing ratios for patients with non-invasive ventilation which was not provided.

The average bed occupancy in November 2021 was 95% for Forrest Ward and 75% for EAU4. The recommended bed occupancy was 85%. The service attempted to flex staffing across the trust but this was not always possible due to staffing shortages.

On 1 November 2021, EAU4 had a bed occupancy of 88% and a registered nurse to patient ratio of 1:7, on the 2 November a bed occupancy of 80% with a registered nurse to patient ratio of 1:5 and on 3 November a bed occupancy of 73% with a registered nurse to patient ratio of 1:5. On the first and second day there were no agency staff to fill the required nursing hours and on 3 November only 6.25% agency staff to fill the required nursing hours. We requested the data for the number of patients on non-invasive ventilation (daily), for this ward during the period 1 November and 20 November 2021 and it was not provided.

There was a high percentage of agency staff used on Forrest Ward. During November 2021 there were agency staff deployed on the ward each day and on one day 79% of staff were temporary staff, which included bank staff and agency staff. The trust could not be assured all agency staff had an induction. While patient acuity was recorded, there was no evidence the trust was assured that staffing numbers matched the patient needs or acuity on the ward.

Staff told us they felt overworked to the point of not submitting incident forms to alert the trust about lack of adequate staffing because it would mean staying behind after their shift to submit an incident report. They told us they would have to do this so frequently that it would not make a difference.

There was a focus across the trust on recruitment with over two million-pound being invested to increase the workforce. There had been success with international recruitment and the service planned to continue with overseas recruitment but acknowledged this had to be carefully managed to continue to be successful. The service had recruited 23 nursing apprentices over the last year.

## Medical Staffing

**During times of increased demand, the trust redeployed junior doctors to areas where they were needed more. The service acknowledged that this caused disruption and concerns for junior doctors. The leadership team told us they worked with junior doctors to communicate changes better.**

## Records

Staff did not keep detailed records of patients' care and treatment. Records were not always clear and up-to-date. However, records were stored securely and were easily available to all staff providing care.

# Medical care (including older people's care)

We found gaps in risk assessments and nursing records. For example, The nursing records for a patient admitted on 15 November did not have care plans fully completed. This included no completed food and fluid charts for this patient even though they had a MUST risk assessment score which required this higher level of observation. There was little documentation in the records regarding their nutrition and hydration. Also, the patient had had an early warning score indicating their condition had deteriorated and required escalation but there were no actions recorded in the nursing notes. The patient had been prescribed high calorie supplemental drinks, but these had not been administered regularly.

Records of another patient, admitted on 15 November 2021, had gaps in documentation. These

included: No record of a fluid balance chart to show the fluid input to or output from the patient despite them having intravenous fluid administered. Observation records only being completed once between 15 November and 1 December (on 26 November 2021). When this was recorded, there was no documentation of the actions taken where their condition deteriorated.

A further patient's records (admitted on 17 November 2021) had gaps in nursing documentation. These included: no record in the nursing notes of a referral being made or the patient being seen by the dietician despite the MUST assessment indicating a requirement for a referral to a dietitian. A lack of documentation regarding the fluid balance of the patient despite them having intravenous fluids administered. A lack of recording of food intake.

In comparison, all notes reviewed on the George Earle ward had completed risk assessments and nursing records.

## Incidents

The service usually managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

We reviewed StEIS (NHS England's web-based serious incident management system) reports for Forrest Ward and EAU4 for the period between 1 June 2021 and 30 November 2021. During this period there were no reportable incidents relating to nutrition and hydration or staffing levels.

We also reviewed the trust's electronic incident reporting system (Datix) reports for the period between 1 June 2021 and 30 November 2021. There was one incident reported of a failure to recognise the deteriorating patient for Forrest Ward and two failure to monitor incidents for Forrest Ward and one failure to monitor incidents for EAU4. There were no incidents relating to Speech and Language Therapy (SALT) or dietetic incidents. This meant incidents concerning the lack of assessment and referrals to a dietitian was not being reported correctly.

## Is the service effective?

Inspected but not rated



## Nutrition and hydration

# Medical care (including older people's care)

Patients told us staff gave them enough food and drink to meet their needs. However, we were concerned that patients who could not feed themselves or needed assistance with eating were not receiving adequate support. The service had no records to show these patients had received food and risk assessments were not completed.

There were no records of when patients did not eat or drink all of their meals. We observed food and drink being collected following breakfast, but staff were not able to identify which patients had or had not eaten or drunk all of their food or where this was recorded. For example a lidded beaker full of drink and a full bowl of breakfast which had not been consumed was being disposed of. Staff acknowledged that a record of this should have been placed on the fluid and food charts but could not identify which patient had left this food and drink.

There was a board which had a daily update of patients dietary needs and identified, for example if patients were required to take nothing by mouth, percutaneous endoscopic gastrostomy (PEG), and which patients had a red tray (allocated to patients who required assistance with eating). We were told that when the meals arrive a bell would ring, and staff would come from around the ward area to feed those patients in need of assistance. While inspecting we did not hear the bell ring but saw that patients were assisted to eat and drink.

We spoke with a number of patients on the ward. They confirmed they had received enough nutrition and hydration.

## Is the service well-led?

Inspected but not rated



### Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Leaders told us of how they made themselves visible and accessible to staff. However, staff reported they were not always visible. They supported staff to develop their skills and take on more senior roles.

The Chief Nursing Officer (CNO) told us how they undertook daily area site visits and regular ward visits. This meant they provided a safe space for staff to speak to the leadership team. The Chief Executive Officer (CEO) shared regular video blogs (VLOGS) to celebrate achievements, provide clinical messages and provide regular trust updates.

The CEO felt supported by the Chairman of the Board and told us of strong Non-Executive Director appointments and the time invested to support their development.

There was an active Freedom to Speak Up Guardian and staff were able to tell us of examples raised with the guardian.

### Nursing Leadership

We were told the service had a clear understanding of what succession looks like, but recognised they had to focus more on succession planning. Work continued to strengthen nurse and allied health professional leadership roles.

# Medical care (including older people's care)

The CNO met with the Associate Directors of Nursing & Professional Practice (ADNPPs) every Friday morning. They also with the senior nurses and Allied Health Professional (AHP) leaders on a fortnightly basis and this meeting includes ADNPPs, Matrons ward / community band 7 managers.

## Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff told us they were tired and concerned there were not enough staff, both now and for any further increase in activity. In the recent 2020 staff survey staff on EAU4 reported that they did not feel there were enough staff to do their job properly (64% versus 40% for the overall trust). Only 39% of staff on EAU4 felt that the organisation valued their work.

Staff reported they felt able to do their job to a standard they were happy with (70%) and that they were satisfied with the support they receive from their manager (79% versus 71% for the overall trust). They also reported that they felt their immediate manager took a positive interest in their health and wellbeing (82%).

Staff did report a different picture with senior managers not communicating effectively or acting on their concerns.

We were told leaders promoted shared decision making with staff and encouraged front line staff to make decisions. The service worked closely with the education sector to encourage younger people to consider a career in health and social care.

## Governance

Leaders did not always operate effective governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The quality assurance committee was chaired by a non-executive director and there was an overarching governance framework. We were told there had been a recent independent review of the corporate government framework and the trust were advised on some areas to review. The trust had an action plan and was working on the improvements identified.

The risk register was reported in the board assurance framework. Each executive has responsibility for particular risks. Each sustained risk was raised to the board with assurance on how these are being managed. Staffing was included within the risk register for medical care. Risks about staffing and risk assurance were reviewed by an extraordinary board. This meant the board was sighted on the staffing risks.

However, the governance framework to ensure activities were operating as intended was not effective. Audits were not completed effectively to give an accurate picture of the areas that were performing well and those that needed improvement. There were no audit results for the period of July to September 2021 (EAU4) and audit results only for the months of July and October 2021 (Forrest Ward). Furthermore, local ward audits that were undertaken weekly demonstrated a low compliance rate and no follow actions.



# Medical care (including older people's care)

## Management of risk, issues and performance

The systems used to manage performance were not always effective. There was an audit process designed to give assurance on performance and identify shortfalls. However, these were not always completed accurately and the systems had not picked up that these audits were either not happening or where actions were identified, they had not been completed.

There were issues outstanding which had been identified in previous reviews which actions had either not been effective in resolving or were outstanding. In 2019 an external review was undertaken to provide assurance that patients were risk assessed, in a timely manner, and that corresponding care plans were prepared when required. There were a number of areas which showed poor performance and lacked assurance which included risk assessment and care planning documentation. Actions were assigned to improve compliance including processes for regular and ongoing monitoring of performance and dating and timing of risk assessments. However, our inspection showed these issues still remained.

The service understood the pressures on performance and challenges facing the service in the immediate future. There was acknowledgement that there were more job vacancies than applicants for those posts. The service had an ambition to fill 95% of vacancies by the autumn of 2022.

The service had formed a harms review group to retrospectively review reports of delayed diagnosis and treatment incidents to share learning from the harm caused. This harms review group were also assessing the elective list delays as part of this review.

## Areas for improvement

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

- Ensure risk assessments are completed fully for each patient, within 24 hours of admission to hospital, in line with trust policy. The service must also ensure they consistently keep detailed clear and up-to-date nursing records of patients' care and treatment (Regulations 12 12(2)(a) and 12(2)(h)).
- Ensure patients requiring additional support with nutrition and hydration are quickly identified and actions taken (Regulation 17 2(c)(f)).
- Ensure governance processes are improved to undertake consistent audits and thereafter that these results are reviewed and acted upon (Regulation 17 17(2)(b)).

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

- Improve governance processes to have clear identification of patient risk.
- Improve processes to identify the acuity of patients on EAU4 and adjust staffing levels appropriately.
- Review the Core Training Policy which includes statutory and mandatory training.

# Our inspection team

The team that inspected the service comprised a CQC lead inspector, inspector and inspection manager. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

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