

# Lancashire Teaching Hospitals NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Requires improvement 

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

# Summary of findings

## Combined quality and resource rating

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.

## Background to the trust

Lancashire Teaching Hospitals NHS Foundation Trust is an acute trust providing services to an estimated 438,000 people in the Preston and Chorley areas and a range of specialised services to patients in Lancashire and South Cumbria. The trust has two hospitals delivering acute services: Royal Preston Hospital and Chorley and South Ribble Hospital.

In October 2016-September 2017 there were 65,308 inpatient admissions, 597,651 outpatient attendances, 101,518 A&E attendances and 4,431 babies delivered. The trust had 915 general and acute beds, 68 maternity beds and 32 critical care beds.

As of October 2017 the trust employed 6,986 whole time equivalent staff (medical 796, nursing 1,759 and other 4,431)

We carried out a comprehensive inspection of the trust in July 2014. We carried out a follow-up inspection of all core services in September 2016.

## Overall summary

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



## What this trust does

Lancashire Teaching Hospitals NHS Foundation Trust provides acute hospital services to people in the Preston and Chorley areas and a range of specialist services to people in Lancashire and South Cumbria. The trust has two hospitals delivering a range of acute services: Royal Preston Hospital and Chorley and South Ribble Hospital.

## 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.

# Summary of findings

Between 12 and 21 June 2018 we inspected six core services provided by this trust at its two hospital sites as part of our ongoing inspection programme. We inspected urgent and emergency care, medical care, surgery, maternity, services for children and young people and outpatients.

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 at the trust level. Our findings are in the section headed is this organisation well-led?

## What we found

### Overall trust

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

- We rated safe, effective, responsive and well-led as requires improvement, and caring as good. We rated two of the trust's eight services as requires improvement and four services as good. In rating the trust, we took into account the current ratings of the two services not inspected this time.
- We rated well-led for the trust overall as requires improvement.
- Our ratings for Royal Preston Hospital and Chorley and South Ribble Hospital were both requires improvement which was the same as the last inspection
- Our ratings for urgent and emergency services and medical care, at both hospitals, were requires improvement which was the same as the last inspection.
- Our ratings for surgery and services for children and young people at Royal Preston Hospital were good which was an improvement from the last inspection. Our rating for surgery at Chorley and South Ribble Hospital was good which was the same as the last inspection.
- We previously inspected maternity jointly with gynaecology and outpatients jointly with diagnostic imaging so we cannot compare our previous ratings. We rated maternity and outpatients good at both hospitals.

### Are services safe?

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

- The trust had made improvements to compliance with mandatory training, life support training and safeguarding training since the last inspection but compliance in some areas such as urgent and emergency care was still below the trust's targets.
- The trust did not always have enough staffing in every area to keep people safe. While there had been improvements since the last inspection some areas such as the medical core service did not always have enough staff. The emergency departments did not have enough paediatric nursing staff.
- Some of the areas used for escalation were unsuitable. The trust did not have appropriate areas for patients in the emergency departments with mental health needs, although there were work plans in place to address this.
- The trust was not doing everything it could to assess and respond to the risk for patients using the emergency departments. Patients did not always receive timely triage and risks to children using Chorley and South Ribble Hospital had not been fully mitigated. However, data provided since our inspection showed an improving performance trend.
- The trust was not always managing medicines well. There were different issues with medicines management at the trust. Patient group directions were not properly managed and there was no trust wide policy.

# Summary of findings

- Patient records were not always completed in line with best practice and stored securely.

However:

- The trust was managing infection control well. Most of the areas we visited were visibly clean.
- The trust was carrying out appropriate risk assessments for most patients and had processes for identifying when a patient deteriorated and take action.
- The hospital was managing safety incidents well in most areas.

## Are services effective?

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

- While the number of staff who had received an annual appraisal had improved since the last inspection, in areas it was not at the trust target.
- Staff lacked understanding and awareness of the Mental Capacity Act and the Deprivation of Liberty Safeguards in areas of the hospital. Patients who lacked capacity had do not attempt cardio pulmonary resuscitation orders in place without a capacity assessment or best interest meeting.
- Policies were not always reviewed and updated to ensure that they were in line with latest national guidelines and best practice.

However:

- While policies were not all up-to-date, care was provided in line with national guidelines and best practice and services were participating and carrying out local audits to improve practice.
- Patients' care and treatment outcomes were monitored and compared with similar services, with results used to assist development
- Staff gave patients enough food and drink to meet their needs and improve their health. In general, pain relief was given to patients when they needed it.
- Staff worked well together as a team to benefit patients and seven-day services were available to patients.

## Are services caring?

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

- Staff throughout the trust were kind, compassion and caring to patients, their carers and family members.
- Patients were generally involved in decisions about their care and given emotional support when they needed it.

However:

- Patients' privacy and dignity patients was not always protected. In the medicine division handovers took place at the bedside where patient details could be heard by other people on the ward.

## Are services responsive?

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

- The access and flow of patients was an issue for the trust which was demonstrated by the hospital not meeting national performance targets and performing worse than the England average for its performance. There were a high number of bed moves at night.

However:

# Summary of findings

- The trust planned and provided services to meet the needs of its service users. Services were provided to reflect the needs of the local population.
- Staff were responsive to people's individual needs. We saw good examples of how the service had adapted and improved services to support people with additional needs.
- The trust treated complaints and concerns seriously, investigated them and shared the lessons learnt in a variety of formats.

## Are services well-led?

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

- Urgent and emergency services had not met most of the national targets and performance in a range of internal trust targets, such as training, safeguarding, and staff appraisals was below trust target. Although recruitment was underway and improvement work had been started to improve performance.
- Medical services did not have a clear strategy for the service. Staff in different areas were not always aware of the wider trust vision and strategy
- Governance and the management structures had recently been reviewed in the medical division and were yet to be fully embedded. In other areas governance structures were working effectively.
- Urgent and emergency services and medicine had not always managed risks, issues and performance well. Risks were not always escalated appropriately and the services were sometimes slow to implement changes to mitigate risks.

However:

- Staff were positive about the local, divisional and trust wide leadership, this included in areas with new leaders or that had faced staffing and demand pressures.
- There was a positive culture and staff were proud to work at the trust and were positive about the future. Staff were always open and honest and committed to working for the trust.
- In general, the service collected, analysed, managed and used information to support all its activities, using secure electronic systems.
- The service engaged with patients, staff, and the public and local organisations to plan and manage appropriate services. Within core services and trust wide there were many initiatives to engage with people.
- Staff were committed to making improvements, although some of these processes were yet to be embedded. Staff were positive about the focus on continuous improvement and initiatives such as the safety triangulation accreditation review process.

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in urgent and emergency services, medical care, surgery, maternity and services for children and young people.

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

# Summary of findings

## Areas for improvement

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

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

## Action we have taken

We issued requirement notices to the trust and asked the trust to provide us with a report of how the trust was complying with the regulation for good governance (Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014) and what plans there were to improve the service of standards provided to service users. This related to the care and treatment of children at Chorley and South Ribble Hospital's emergency department. Our action related to breaches of legal requirements in the urgent and emergency, medical care and maternity core services.

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

## What happens next

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

## Outstanding practice

### Royal Preston Hospital

#### In urgent and emergency care:

- The service had equipment within the resuscitation area to enable the remote monitoring of patients suspected of having suffered a stroke. Consultants could review a patient's scan, reach a diagnosis, and recommend treatment remotely if they were not on site. This meant treatment could be started earlier.
- The service provided patients, who were at risk of falls, with purple socks. This enabled staff to quickly identify those patients who needed additional support and reduced the risk of the patient falling.
- The service had advance nurse practitioners, and allied health professionals, based in the minors area. This assisted the medics within the area as patients presenting with a range of minor illnesses and conditions, including musculoskeletal problems, could receive rapid assessment and treatment.

#### In surgery:

- For patients living with dementia or those feeling agitated staff on the orthopaedic ward had access to an electronic therapy system preloaded with a range of vintage music, poetry and wartime speeches. Nurses spoke enthusiastically about the system, saying it helped calm patients.
- Staff competed and won funds from local garden centres to help landscape a sensory garden area for patients and their loved ones to enjoy, located in a small courtyard within the neurology ward area

#### In maternity:

# Summary of findings

- Staff were empowered to lead initiatives to improve care. This included an initiative where staff in theatres had their name on their theatre caps so that women and their partners knew who was in the team and an initiative to promote women's dignity when catheters were inserted, before birth by caesarean section.
- The service had won a national film award for their film "24 Hours in Maternity" which highlighted what it was like to work in their maternity department.

## **In services for children and young people:**

- This service had started an initiative whereby children and young people sat on interview panels for new staff. Staff members who had experienced this at their interview recommended this as good practice and found it very rewarding.

## **Chorley and South Ribble Hospital**

### **In medical care:**

- The coronary care unit had facilitated a centralised stock and ordering service for resuscitation equipment. This had improved efficiency in ordering and reduced the levels of medicines needing to be destroyed in clinical waste.
- Staff on the stroke rehabilitation ward had received a national horticulture award for development of a sensory garden for dementia patients.

### **In surgery:**

- Patients having knee or hip surgery attended physiotherapy led group sessions prior to admission for their operation to learn how to use equipment they would need after their operation.
- Anaesthetic practitioners followed patients through admission and into theatre and recovery and then back to the ward, improving the patient journey through the service.

### **In maternity:**

- The Chorley midwifery led birth unit had been selected as a beacon site for its choice of all four midwifery options for place of birth. The service was selected for its ability to provide patient choice combined with on depth patient knowledge and person-centred care.

## Areas for improvement

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

Action the trust **MUST** take to improve

## **Royal Preston Hospital**

### **In urgent and emergency care:**

- The trust must ensure that staff, including medical staff, receive appropriate mandatory and role-specific training including life support training, to enable them to safely carry out their duties.
- The trust must ensure that managers undertake nursing appraisals to assure themselves that staff deployed are competent, skilled and experienced to carry out their duties.

# Summary of findings

- The trust must ensure staff are trained to the appropriate level for safeguarding vulnerable adults and vulnerable children for their role.
- The trust must ensure that cubicle four is safe to use for its intended purpose of assessment, monitoring and treatment of patients presenting with mental health symptoms or conditions.
- The trust must ensure that performance is managed and care and treatment is provided in a safe way to patients through the timely triage, assessment and reasonable mitigation of risks to the health and safety of service users.
- The trust must ensure, that where patients are transferred to or from the urgent care centre provider or mental health care provider, it works with these other providers to ensure timely care planning takes place to ensure, or reasonably mitigate the risks to, the health, safety and welfare of the patients.
- The trust must ensure the proper and safe management of medicines in line with the requirements of the Human Medicines Regulations 2012, and that it has a robust audit trail for medicines leaving the department.

## **In medical care:**

- The trust must ensure that suitable numbers of qualified nursing staff are available to cover shift requirements and provide safe care and treatment for patients including areas which are used as escalation beds.
- The trust must ensure that patient records are maintained in a secure and way to protect confidential personal information.
- The trust must ensure staff are trained to the appropriate level for safeguarding vulnerable adults and vulnerable children for their role.
- The trust must ensure that patients' privacy and dignity is maintained at all times, including during staff handovers.
- The trust must take action to reduce the number of bed moves at night and the impact on patients.
- The trust must ensure that assessments of patients' mental capacity are completed and documented in accordance with trust policy and the requirements of the Mental Capacity Act 2005.

## **In maternity:**

- The trust must ensure that all staff receive the medical devices training.

## **Chorley and South Ribble Hospital**

### **In urgent and emergency care:**

- The trust must ensure that it continues to act on and monitor the progress of the action plan created to address the risks and issues in relation to the assessment and treatment of children within the emergency department.
- The trust must ensure it has staff with the appropriate skills to meet the needs of the patients.
- The trust must ensure that all staff who have contact with children, young people or parents have received the appropriate safeguarding training for their role, in line with the intercollegiate document (2014).
- The trust must ensure that staff, including medical staff, receive appropriate mandatory and role-specific training including life support training, to enable them to safely carry out their duties.
- The trust must ensure that controlled drugs are recorded appropriately in line with The Misuse of Drugs Regulations 2001 and trust policy.

### **In medical care:**



# Summary of findings

- The trust must ensure that suitable numbers of qualified nursing staff are available to cover shift requirements and provide safe care and treatment for patients.
- The trust must ensure that patient records are maintained in a secure and way to protect confidential personal information
- The trust must ensure staff are trained to the appropriate level for safeguarding vulnerable adults and vulnerable children for their role.
- The trust must ensure that patients' privacy and dignity is maintained at all times, including during staff handovers.
- The trust must ensure that resuscitation equipment is checked daily with stock replaced as necessary.
- The trust must ensure that assessments of patients' mental capacity are completed and documented in accordance with trust policy and the requirements of the Mental Capacity Act 2005.

Action the trust SHOULD take to improve

## Trust wide

- The trust should ensure that where the duty of candour applies it always sends the report of the investigation to the patient or their family.
- The trust should ensure it reviews the patient group directions across the trust and ensures that staff are appropriately trained and authorised to carry out the directions.
- The trust should consider how it ensures the executive team and other leaders are visible to staff across the trust.
- The trust should ensure that the succession planning started in 2017-18 is completed.
- The trust should consider developing a clear and coherent strategy document to articulate the trust's strategic direction.
- The trust should consider the reporting of the compliance with the duty of candour regulation to the board.
- The trust should continue its work to review the role of the freedom to speak up guardian and consider how it can increase awareness of the role.
- The trust should review the processes for recording, reporting and mitigating risk to ensure that risk registers and the board assurance framework are up-to-date, in line with the trust's policy and reflective of the risks and their impact on the trust.
- The trust should review its finance report and consider whether to include information about forecast/trend analysis, sensitised risk assessment or coverage of remedial actions being taken to address adverse performance.
- The trust should consider the involvement of patients and families in the investigation of serious incidents.

## Royal Preston Hospital

### In urgent and emergency care:

- The trust should consider what further steps can be taken to recruit paediatric registered nurses in line with the department's recruitment plan to meet the resourcing recommendations in national guidance.
- The trust should ensure sharps bins are 'part closed' when not in use.
- The trust should consider regularising the frequency of hand-hygiene audits to ensure they are carried out within appropriate timeframes.

# Summary of findings

- The trust should consider how it can improve the consistency of completion of the patient safety checklists.
- The trust should consider how it can ensure patients who need pain relief are consistently provided with it.
- The trust should consider providing refresher training for staff on the deprivation of liberty safeguards.
- The trust should consider how it can improve the privacy and dignity of patients waiting in the ambulance corridor.
- The trust should consider how it can improve the robustness of complaint action plans to assure itself that staff learning had taken place where appropriate.
- The trust should continue work started on learning and improvement to meet the Royal College of Emergency Medicine standards.

## **In medical care:**

- The trust should improve consistency in the way in which patient risk assessments are completed and recorded.
- The trust should implement a robust system for the medical review of patients who are placed as medical outliers or within escalation areas and communicate this to both medical and nursing staff.
- The trust should consider the appropriateness of escalation areas used in terms of safety, meeting individual needs and impact to the running of day-to-day services.
- The trust should continue with work to develop more patient-centred and individualised care plans.
- The trust should ensure staff understand what incidents to report and feel confident to report incidents.
- The trust should consider how the existing estates can be better used to prevent storage of large volumes of equipment in corridors on wards where this could pose a risk to patient safety.
- The trust should continue with plans to improve access and flow throughout the service.
- The trust should create and implement a strategy for the service which aligns to trust level strategic goals.
- The trust should continue to embed robust governance systems throughout the service.
- The trust should continue with on going work to improve systems to identify, monitor and mitigate risk within the service.
- The trust should share local level improvement work as examples of good practice so that other areas can learn from this.

## **In surgery:**

- The trust should ensure it meets the compliance target for mandatory training.
- The trust should ensure it meets the compliance target for safeguarding training for levels two and three.
- The trust should ensure commode cleaning is completed in line with trust policy.
- The trust should ensure the scope cleaning checks in theatre areas are fully completed each day by a fully trained member of staff.
- The trust should ensure prescription charts clearly identify patient details.
- The trust should ensure medicines are administered as required without missing doses.
- The trust should ensure that all staff are aware of the trust values.
- The trust should reduce theatre overruns and perceived stress levels amongst staff.

# Summary of findings

## **In maternity:**

- The trust should continue to ensure that all guidelines and policies are reviewed within the review date.
- The trust should consider providing community midwives with mobile devices that enable remote access to guidelines and policies.
- The trust should continue to monitor the capacity of obstetric theatres in emergency situations.
- The trust should continue to improve staff appraisal rates.
- The trust should continue to monitor the unplanned home birth rates.
- The trust should ensure all staff complete mandatory safeguarding training.
- The trust should continue to work to improve the 1:1 care in labour rate.

## **In services for children and young people:**

- The trust should ensure fridge temperatures are checked and recorded in accordance with the medicines management policies and that medicines are appropriately stored.
- The trust should continue to review the medical and nursing staffing levels to ensure that they remain safe. The trust should continue to monitor and act on risks in relation to compliant with British Association of Perinatal Medicine (BAPM) staffing levels for the neonatal unit.
- The trust should ensure that medical staff complete the appropriate life support training for their roles.
- The trust should ensure that urine samples are appropriately stored in the outpatient area.
- The trust should consider the development of a standard operating procedure or policy for the management of children and adolescent service users with mental health needs.
- The trust should ensure that all medical records have legible names in all entries so the clinician can be identifiable
- The trust should ensure that policies and guidelines are up-to-date and within their review dates.
- The trust should review the environment to ensure that they are child friendly and where appropriate there are toys or entertainment.
- The trust should ensure that it collects information on middle grade and consultant review so it is able to monitor compliance with national standards.

## **In outpatients:**

- The trust should ensure it reviews the information available in outpatients so that it is in a format that meets patients' needs.
- The trust should ensure it reviews its arrangements to manage patient records so that records are accurate, up to date and reflect the care and treatment provided for each individual patient.
- The trust should ensure that records are stored securely to maintain patient confidentiality.
- The trust should ensure that patients who require additional support are flagged so that staff can identify and support them appropriately.
- The trust should ensure that staff awareness of the arrangements necessary to support patients with mental capacity needs are consistent, fully understood and adhered to by all staff involved in direct patient care.

# Summary of findings

- The trust should consider a review of its outpatient facilities and premises to ensure they are sufficiently adapted to meet the individual needs of patients.
- The trust should ensure it continues to embed its governance structures to ensure there are effective systems and audit processes to identify and manage risks.

## **Chorley and South Ribble Hospital**

### **In urgent and emergency care:**

- The trust should ensure that all patients receive an initial assessment within 15 minutes of arrival, in line with the Royal College of Emergency Medicine standards.
- The trust should ensure that the signage to the department and within the department is clear to direct patients appropriately.
- The trust should ensure that patients are appropriately monitored whilst in the waiting areas.
- The trust should consider implementing a cleaning log for children's toys in the children's waiting area.
- The trust should ensure that plans for a new room for mental health assessments are completed.
- The trust should ensure that patient records are completed in line with national standards.
- The trust should ensure noticeboards display up to date information.
- The trust should ensure that systems and processes are effectively used to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

### **In medical care:**

- The trust should continue with the identified improvement actions for managing infection prevention and control on medical wards
- The trust should ensure hazardous substances are kept securely in locked cupboards or rooms when not in use.
- The trust should ensure records of resuscitation equipment checks are kept in a secure and orderly way.
- The trust should ensure medicines charts are fully updated to reflect entries in medical records.
- The trust should ensure policies are updated to reflect changes in national guidance.
- The trust should continue to implement training and raise awareness for staff regarding the Mental Capacity Act and Mental Health Act
- The trust should ensure that care plans consistently record and identify patient needs appropriately, in discussion with patients' relatives
- The trust should continue to review and make best use of existing facilities without compromising patient care or visitor access, including provision of a dedicated discharge lounge area.
- The trust should ensure continued leadership development of the service through identification of a service strategy
- The trust should ensure the development of effective governance and risk management systems within the service

### **In surgery:**

- The trust should ensure the cleanliness of the patient's skin is always assessed before surgery.

# Summary of findings

- The trust should ensure it takes action to reduce the length of the procurement process and repairs are carried out in a timely way.
- The trust should ensure that medical prostheses are not stored on the same corridor through which clinical waste is taken.
- The trust should ensure that records are always kept secure so they are only accessed and amended by authorised people.
- The trust should ensure it reduces the average length of stay for both elective and non-elective patients.
- The trust should ensure it takes action to reduce the number of cancelled elective operations.
- The trust should ensure that staff in theatres have timely access to theatre lists in line with trust policy and that patient records are available to theatre the day before surgery.
- The trust should ensure that the risk register is reviewed regularly to ensure that all risks are managed in a timely way.

## **In maternity:**

- The trust should ensure that all patient records are stored securely at all times.
- The trust should consider how senior managers are visible in all maternity areas.
- The trust should ensure substances hazardous to health are stored appropriately.
- The trust should continue to ensure that all guidelines and policies are reviewed within the review date.
- The trust should continue to make improvements to midwifery staffing numbers, sickness and vacancy rates to maintain safe skill mix and staffing levels.

## **In outpatients:**

- The trust should ensure it reviews the information available in outpatients so that it is in a format that meets patients' needs.
- The trust should ensure it reviews its arrangements to manage patient records so that records are accurate, up to date and reflect the care and treatment provided for each individual patient.
- The trust should ensure that patients who require additional support are appropriately flagged in order that staff can identify and support them appropriately.
- The trust should ensure that staff awareness of the arrangements necessary to support patients with mental capacity needs are consistent, fully understood and adhered to by all staff involved in direct patient care.
- The trust should ensure it continues to embed its governance structures to ensure there are effective systems and audit processes to identify and manage risks.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

# Summary of findings

We rated well-led at the trust as requires improvement because:

- The trust had not made sufficient improvements since the last inspection to improve the overall ratings for the trust. Urgent and emergency and medical care had not improved ratings in any area since our last inspection. While we saw evidence of changes and improvements since the last inspection many of these were very recent and yet to be embedded.
- The trust had struggled to manage financial pressures, with a deterioration of the financial performance during the course of 2017 to 2018 and a deficit greater than the planned control total deficit. Control totals are annual financial targets that must be achieved to unlock access to national funding and other financial benefits.
- The trust did not always manage risks well. Risks, issues and performance were not always dealt with appropriately or quickly enough. While there was a comprehensive process to identify and monitor risks the process was not consistently used. Risks did not always have actions put in place to mitigate them and actions were not always completed in a timely way. Some of the risks identified on our inspection were not reflected in the risk registers.
- The trust did not have an up-to-date strategic plan or document which articulated the strategic aims and ambitions which had been developed. Progress against delivery of the strategy and plans was not consistently or effectively monitored or reviewed and it was unclear what measurable outcomes were used to support strategic objectives. While the trust had made progress with the development of a long-term strategy aligned to local plans in the wider health and social care economy this was under development at the time of the inspection.
- The trust had recently reviewed arrangements for governance and performance management. This had not been fully embedded throughout the organisation. The governance arrangements at divisional level were not yet consistent. The trust had recently implemented an accountability framework, setting out what staff and teams are accountable for, and to whom.

However,

- The trust leaders had the experience, capacity, and integrity to ensure that the strategy could be delivered. Staff were positive about the changes to the senior leadership team since the last inspection and were positive that they would drive future improvements. Leaders were, overall, visible and approachable. The trust was committed to developing staff to become future leaders through the delivery of development programmes. Leaders were knowledgeable about issues and priorities for the quality and sustainability of services and had a shared understanding of the risks and challenges.
- The trust was a good place to work. Staff at all levels and in all areas of the trust were positive about the organisation as a place to work and felt respected, valued and supported by leaders. Staff were positive about improving services and the developments to continuous improvement across the trust. The trust was committed to the wellbeing of staff which was supported through different initiatives and groups. Staff were honest and open and encouraged to report incidents or when things went wrong. Staff were encouraged to develop and were supported to do so by the development and education programmes.
- The trust used information well to monitor performance across the trust. The trust had developed the integrated performance report which covered a mix of quality, operational and financial information. Staff received helpful data which supported them to adjust and improve performance in their departments. The trust was developing new ways to share real time information to staff. The trust had processes to ensure that the information was accurate, valid, reliable, timely and relevant. The trust was using information technology systems effectively to monitor and improve the quality of care.

# Summary of findings

- The trust engaged with others to improve and develop services. The service proactively engaged with staff, patients and local communities and hard to reach groups about their health and the services provided. The service also involved all staff in decisions and changes which affected them. The trust had recently improved the relationship with the commissioners. The trust was now working well with stakeholders to build a shared understanding of challenges to the system and designing and participating in improvements to meet them.
- The trust had a strong focus on education, research and innovation and collaborated well with other partners across the North West. The trust had strengthened its focus on continuous improvement with the appointment of senior staff and the implementation of a continuous improvement strategy. Although this was yet to be embedded across the organisation. The team were coordinating and strengthening the existing knowledge of improvement methods and skills throughout the organisation. The trust had developed a safety and quality accreditation scheme for clinical areas which had supported improvements at ward level. Individuals and teams had received national recognition and been nominated for awards for improvements, initiatives and care.

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at [www.cqc.org.uk/provider/RXN/Reports](http://www.cqc.org.uk/provider/RXN/Reports)

## 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 ↔ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018

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
Royal Preston Hospital	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018
Chorley and South Ribble Hospital	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018
<b>Overall trust</b>	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018

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 Royal Preston Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018
Medical care (including older people's care)	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018
Surgery	Good ↑ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018
Critical care	Requires improvement Apr 2017	Requires improvement Apr 2017	Good Apr 2017	Requires improvement Apr 2017	Good Apr 2017	Requires improvement Apr 2017
Maternity	Good Oct 2018	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Services for children and young people	Good ↑ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018
End of life care	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017
Outpatients	Good Oct 2018	N/A	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
<b>Overall*</b>	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018

\*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 Chorley and South Ribble Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Oct 2018	Good ↑ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018
Medical care (including older people's care)	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↓ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018
Surgery	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018
Critical care	Good Apr 2017	Requires improvement Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017
Maternity	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Outpatients	Good Oct 2018	N/A	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
<b>Overall*</b>	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018

\*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.

# Royal Preston Hospital

Sharoe Green Lane  
Fulwood  
Preston  
Lancashire  
PR2 9HT  
Tel: 01772716565  
[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

## Key facts and figures

Royal Preston Hospital provides a full range of district general hospital services including emergency department, critical care, general medicine including elderly care, general surgery, oral and maxillo-facial surgery, ear nose and throat surgery, anaesthetics, children's services, neonatal intensive care, women's health and maternity, and several specialist regional services including cancer, neurosurgery and neurology, renal, plastics and burns, rehabilitation, and the major trauma centre for Lancashire and South Cumbria. The urgent care centre on the site is not provided by this trust.

## Summary of services at Royal Preston Hospital

**Requires improvement** ● → ←

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

- The hospital had made improvements to compliance with mandatory training, life support training and safeguarding training in some areas but compliance in other areas such as urgent and emergency services were still not meeting the trust's targets.
- The access and flow of patients was an issue for the hospital which was demonstrated by the hospital not meeting national performance targets or performing worse than the England average. There were also a high number of bed moves at night.
- Some of the areas used for escalation, at times of high demand, were unsuitable for patient use.
- The hospital did not always have enough staffing in every area. While there had been improvements since the last inspection some areas such as some medical wards and the neo natal unit did not always have enough staff on duty.
- The hospital was not always managing medicines well. There were different issues with medicines management in areas of the hospital such as patient group directions and to take home medicines.
- While the number of staff who had received an annual appraisal had improved since the last inspection, in areas it was not at the trust target.
- Staff lacked understanding and awareness of the Mental Capacity Act and the Deprivation of Liberty safeguards in areas of the hospital.

# Summary of findings

- Patient records were not always completed in line with best practice.
- Risks were not always recorded accurately, with timely action to mitigate risks. Some of the governance processes have recently been developed so were not yet embedded.
- Policies in a number of areas were not reviewed to ensure that they were up-to-date and in line with best practice.

However:

- The hospital was managing safety incidents well in most areas. The environment and equipment was kept clean and on the whole used appropriately for the services provided.
- While policies were not up-to-date, services were provided in line with national guidelines and best practice and services were participating and carrying out local audits to improve practice.
- Staff throughout the hospital were kind, compassion and caring to patients, their carers and family members. Patients were involved in decisions about their care and given emotional support.
- Services were planned to meet the needs of people using the hospital and services were in general responsive to the individual needs of patients. The hospital engaged well with patients and members of the local community.
- Staff were positive about their leaders across the hospital. There was a positive culture and staff were proud to work at the hospital.
- Staff were committed to making improvements, although some of these processes were yet to be embedded. Staff were positive about the focus on continuous improvement and initiatives such as the safety triangulation accreditation review process.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

Urgent and emergency services are provided by the trust at the Royal Preston Hospital and at Chorley District Hospital. Between 1 February 2017 and 31 January 2018, 91,272 patients attended the trust's emergency departments, of which 15,790 were children aged 17 years and under. On average, during this time, 250 people per day attended the departments. The emergency department is part of the trust's acute medicine directorate.

At the Royal Preston Hospital, the urgent and emergency service operates 24 hours a day, seven days a week. The emergency department is a major trauma centre, accepting adult patients with more severe injuries following trauma. These patients may be brought to hospital directly following the incident, or transferred from other hospitals. There is a helipad on site.

The department does not provide major trauma care for children. Instead more severely injured children are taken by ambulance or helicopter to a regional children's hospital if their condition allows them to travel. If not, they are stabilised and treated or transferred in line with their needs.

There is a separate urgent care centre at the same site. This is provided by a different provider and was not inspected.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. During our inspection we spoke with three patients and carers and 42 staff, including the department's senior leaders, doctors, nurses, emergency and advanced nurse practitioners, health care assistants, reception and domestic staff. We also reviewed 21 patient records and observed daily activity and clinical practice within the department. Prior to and following our inspection we analysed information about the service which was provided by the trust.

## Summary of this service

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

- We identified regulation breaches by the service relating to safe care and treatment, staffing competency, medicines, the environment and governance.
- Mandatory training, life support training and safeguarding training compliance was low and did not meet the trust's targets. Managers were not assured that staff were competent as the service's nursing appraisal rates were low.
- The service's mental health assessment, monitoring and treatment room was not fit for the purpose it was being used for. Staff awareness of the deprivation of liberty safeguards was poor.
- The current processes for booking patients into the service and referral between the service and the urgent care service, in combination with lack of beds elsewhere in the trust, meant the trust's performance against national targets was poor, and had shown a deteriorating trend.
- To take home medicines were not audited, and labels did not include information required by medicines regulations.
- The service did not meet the Royal College of Emergency Medicine's benchmarked standards on a number of measures.

# Urgent and emergency services

- Despite the service's leaders appropriately identifying the risks and contributory factors affecting the department, the service did not meet most of the national targets for urgent and emergency care. Performance in a range of internal trust targets in training, safeguarding, and staff appraisals remained below trust target. Improved performance as a result of planned recruitment and physical developments had yet to be realised.

However:

- The service managed incidents well, and staff could demonstrate knowledge of how they would report incidents and safeguarding concerns.
- The trust had recently agreed additional staffing for the service and it was actively recruiting to raise staff numbers. The service had plans for physical development of the department, which would enable it to provide a rapid assessment and treatment service, and to more effectively stream, transfer and manage patients with the on-site urgent care centre provider.
- Staff were kind, compassionate and caring in their interactions with patients, and involved them and their carers or relatives in decisions about their care and treatment.
- The service's local leaders had the right skills, competency, experience and vision to lead the service and were visible to staff. Although the service's performance was challenged, the leaders promoted a positive culture that was evident from the staff we spoke with.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service provided mandatory training in key skills to all staff; however, training completion compliance levels were consistently lower than the trust target of 90%. Although this meant the service could not assure itself that staff providing care and treatment had the competence, skills and experience to do so safely, data provided by the service since inspection showed an improving trend in completion rates.
- Compliance with life support training including adult and children's basic, immediate and advanced life support, was poor, and fell significantly short of the trust's target of 90% in each area.
- The service provided training to staff on how to recognise abuse and to protect patients from abuse although mandatory safeguarding training completion compliance rates did not meet the trust's policy target of 90%.
- The service's premises were limited by the layout and construction of the department and had the potential to impact on patient flow through the department, particularly during periods of increased demand. Cubicle four in the majors area, used for assessing monitoring and treating patients presenting with mental health symptoms, was not fit for purpose, although the service had workable plans to improve the cubicle.
- Although the service had two paediatric trained emergency medicine consultants, it did not have sufficient paediatric registered nurses to meet national recommendations for a minimum of two paediatric staff during opening hours.
- Patients who used the department were not always triaged in a timely way potentially leading to delays in diagnosis and treatment. This was in part due to the department being co-located with an urgent care centre. However, data provided by the service since our inspection showed an improvement in performance as a result of planned changes to the triage process.

# Urgent and emergency services

- Although staff kept records of patients' care and treatment that included consistent recording of risk assessments and observations, the patient safety checklists were not consistently completed by staff.
- The service prescribed and gave medicines well, but 'to take out' medicines were not labelled with the issuing locations address and contact number, and daily checks of the controlled drugs were missed on a number of occasions.

However:

- Although safeguarding training compliance levels were low, staff could describe the types of indicators of abuse or neglect that would lead them to consider reporting a safeguarding concern.
- The service controlled infection risk well. Staff kept the equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had agreed and were recruiting to a staffing establishment that ensured it had enough staff with the right qualifications, skills, training, and experience to keep adults safe from avoidable harm and abuse and to provide the right care and treatment.
- The service at Royal Preston Hospital had sufficient consultant staff in post to meet the requirement of 16-hour consultant cover seven days a week between 8am and midnight.
- The service managed patient safety incidents appropriately. When things went wrong managers appropriately investigated to determine the contributory factors and to identify areas for individual and systemic improvement, and shared learning.
- The service used safety monitoring results. Staff collected safety thermometer information and used information to improve the service.

## Is the service effective?

**Requires improvement** ● → ←

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

- The service monitored the effectiveness of care and treatment. The service participated in the Royal College of Emergency Medicine audits. It achieved variable results, but failed to meet any of the standards for moderate and severe asthma and consultant sign-off.
- The service was not compliant against the trust's target for completion of nursing appraisals or mandatory training. Managers could not assure themselves that nursing staff were competent for their roles.
- Staff gave patients pain relief when required, although not always consistently.
- Staff did not have a clear understanding or knowledge of the deprivation of liberty safeguards.

However:

- The service provided care and treatment for adults based on national guidance and evidence of its effectiveness.
- Staff gave patients food and drink to meet their needs. The service made adjustments for patients' religious, cultural, and other preferences.
- Although the service did not meet the national target for unplanned re-attendance by patients within seven days, it performed better than the England average.

# Urgent and emergency services

- 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. We observed effective multidisciplinary working between all groups of staff.
- Staff in the department identified and took opportunities to promote health to patients where appropriate.
- Staff understood their responsibilities to seek patients' consent to treatment and to escalate care to medics if a capacity assessment was needed.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion. We observed kind, caring, and compassionate interactions between staff and patients. Patients and carers we spoke with were positive about the care provided. Patients' privacy and dignity was maintained within the majors and minors areas with cubicle curtains consistently drawn while patients were receiving care and treatment.
- Staff provided emotional support to patients to minimise their distress. Staff were aware of the impact on patients and carers as a result of the care and treatment provided.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients spoke positively about their involvement in their care and treatment. The service introduced carer's lanyards to help staff identify carers and to include them as much as possible in the provision of care to their relatives.

However:

- There were no facilities within the ambulance corridor to maintain patients' privacy and dignity while awaiting a cubicle.
- The service's NHS Friends and Family Test results were consistently lower than the England average and dropped significantly between February and April 2018

## Is the service responsive?

**Requires improvement** ● → ←

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

- The service's performance against national targets was consistently poor and deteriorating. Leaders in the service could describe factors that impacted on performance and expected that increased staffing numbers, alongside plans for physical development of the department, would reverse the deteriorating performance trend.
- Complaint action plans were not always robust and included no detailed mechanism for the service to assure itself that staff had learnt from the events.

However:

- The service planned and provided care and treatment in a way that met the needs of local people. It worked with local commissioners and other healthcare providers to understand current and future demand, and to redevelop its services appropriately.



# Urgent and emergency services

- The service took account of patients' individual needs. It undertook patient risk assessments and ensured staff were aware of any patient communication needs or reasonable adjustments that were needed.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results.

## Is the service well-led?

**Requires improvement** ● → ←

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

- Despite the service's leaders appropriately identifying the risks and contributory factors affecting the department, the service did not meet most of the national target for urgent and emergency care. Performance in a range of internal trust targets in training, safeguarding, and staff appraisals remained below trust target. Improved performance as a result of staff recruitment and physical development of the department had yet to be fully embedded but was starting to be realised.

However:

- The service had managers at all levels with the right skills and abilities to run a service providing quality sustainable care.
- The service had a vision and strategy for what it wanted to achieve and workable plans to turn it into action which were developed with involvement from key staff, commissioners and other stakeholders.
- The service used a systematic approach to continually improve the quality of its services. There was a clear escalation and governance committee structure in place with clear lines of accountability for staff at all levels that ensured a line of sight from the service to the board.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information to support all its activities, using secure electronic systems.
- The service engaged with patients, staff, and the public and local organisations to plan and manage appropriate services.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Outstanding practice

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

## Areas for improvement

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

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

The medical care service at the trust provides care and treatment for 15 specialities. There are 482 medical inpatient beds located across 25 wards. At Royal Preston Hospital there are 339 beds across 16 wards. The three most common medical admissions are attributed to gastroenterology, respiratory medicine and geriatric medicine.

At the time of our inspection, the medical assessment unit (MAU) had been open for two weeks and accepted admissions from the accident and emergency department only. Any GP referrals were seen at the medical assessment unit at the Chorley and South Ribble site.

We inspected the whole core service across all key questions; is the service safe, effective, caring, responsive and well led? We determine which core services to inspect and when based on an assumption of risk from intelligence gathered during our monitoring phase which includes information from the public, whistleblowers, stakeholders and national data sources.

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

The inspection took place over three days and during this time we visited eight wards including the medical assessment unit, stroke unit and discharge lounge. We reviewed the records of 40 patients and spoke with 43 members of staff, including; medical staff, nursing staff, students, clerical and domestic staff, and 7 patients.

## Summary of this service

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

- The safety of patients had been compromised by inappropriate areas of the hospital being used as escalation areas at times of high activity, specifically, the cardiac catheterisation lab.
- We were not assured that there were robust systems in place to ensure patients who were placed as medical outliers had their care and treatment routinely reviewed by a doctor. The existing system was open to human error and nursing staff told us that they were uncertain of the arrangements for medical cover in relation to patients who were categorised as outliers.
- There was not always enough nursing staff available on every ward to meet people's needs.
- We observed a nursing handover that took place at the patient's bedside which meant that the privacy and confidentiality of patient's information was not always maintained. Staff told us that it was the trust policy for handovers to take place at the bedside.
- Staff lacked understanding of their role in the application of the Mental Capacity Act (2005). Do not attempt cardio pulmonary resuscitation (DNACPR) forms had been completed for patients documented as lacking capacity without a formal mental capacity assessment having taken place.
- Patients did not always receive care which was centred around their needs. Patients were frequently moved to other wards at night.
- We found that on a number of wards, patient records were being stored at the bedside and in bays which meant that these were easily accessible and not securely stored.

However:

# Medical care (including older people's care)

- Patients were cared for by staff who were compassionate, approachable and kept them informed of their treatment plans.
- The service carried out regular safety triangulation accreditation reviews (STAR) on each ward to monitor safety and performance and there was an action plan in place for each ward to address performance issues identified.
- Newly qualified staff were supported in their role and had their competencies assessed as part of a robust preceptorship programme.
- We saw examples of good practice in relation to the care of patients with cognitive impairment.
- There was a new leadership team in place at the time of our inspection. Staff we spoke to felt that leaders within the service were visible and approachable.
- Staff were positive about recent changes that had been implemented such as the new medical assessment unit and said that they felt empowered to make improvements within their specialisms and areas of work.

## Is the service safe?

**Requires improvement** ● → ←

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

- There were not always adequate numbers of suitably qualified staff in place to ensure that people were safe at all times. During our inspection, we visited ward 17 (neurology) where there was one nurse to 14 patients many of which were high acuity patients.
- Not all staff reported incidents when appropriate which impacted upon the service's ability to effectively monitor incidents and learn from them. Some of the staff we spoke to had stopped reporting incidents such as low staffing as they felt that nothing was done with this information.
- During times of increased activity within the hospital patients were moved to escalation areas, including the cardiac catheter suite recovery bays. We found that this was not a safe environment as patient call bells were not audible in the bays or corridor, there was no allocated consultant cover and there were no patient shower or wash.

However:

- Staff received effective training in safety systems, processes and practices. Throughout the service, staff compliance with mandatory training was high.
- There were systems, processes and practices to keep people safe and safeguarded from abuse. Staff were aware of how to access support from the safeguarding team and had received training at the appropriate level.

During our inspection we found the wards and clinical areas to be visibly clean and we spoke to patients who told us they observed staff members washing their hands regularly.

- Risks to patients were assessed, monitored and managed so that they were supported to stay safe. Staff used national early warning scores when appropriate to detect deterioration in a patient's condition and these were acted on as needed.
- Staff had access to information and up to date records they needed in order to deliver safe care and treatment to people.
- There were processes in place to ensure the proper and safe use of medicines. We found that medicines were stored correctly and administered as prescribed.

# Medical care (including older people's care)

- Staff were aware of how to report incidents and most could provide examples of changes to practice which came about through learning from incidents.

## Is the service effective?

**Requires improvement**   

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

- Staff lacked understanding of their role in the application of the Mental Capacity Act (2005). Do not attempt cardio pulmonary resuscitation (DNACR) forms had been completed for patients documented as lacking capacity without a formal mental capacity assessment having taken place.

However:

- Staff across the service worked effectively together in order to deliver effective care and treatment.
- The care, treatment and support provided by the service were based on best practice guidance. We found policies and pathways in place which reflected current national standards and guidelines.
- The service supported people to live healthier lives. Staff took a holistic approach to planning care using health assessments where appropriate.
- People's care and treatment outcomes were monitored and compared with similar services. The service had made improvements to the care of patients who experience a stroke and the results of the SSNAP audit had increased from a grade D to B as a result.
- The service ensured that staff had the right skills, knowledge and experience in order to deliver effective care, support and treatment. Staff had regular appraisals in which they could identify any additional training needs.

## Is the service caring?

**Good**   

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

- Staff throughout the service treated people with kindness, dignity, respect and compassion. We observed staff interacting with patients in a way which was empathetic and sensitive to their needs.
- Staff supported people to express their views and be involved in decision making about their care as well as involving those close to them such as relatives and carers.

However:

- People's privacy and dignity was not always maintained. We observed a nursing handover that took place at the patient's bedside which meant that sensitive information about their care and treatment could be overheard by others. This was the service's policy for handovers.

## Is the service responsive?

**Requires improvement**   

# Medical care (including older people's care)

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

- Care plans were not always individualised to provide effective care and treatment however, in cardiology, we saw that there was work being undertaken to create more patient-centred care plans.
- Patients did not always receive care that was tailored to meet their needs. Moves at night were a regular occurrence and the service reported 1507 patient moves to another ward at night time across a 12-month period.
- People could not always access care and treatment in a timely way. The service had reported referral to treatment times against the 18-week target which were consistently below the England average. The use of the cardiac catheter suite as an escalation area meant that procedures had been cancelled for some patients.

However:

- Services were planned to meet the needs of local people.
- We saw examples where people's individual needs had been taken into account as part of service planning. For example, on one ward a "reminisce room" had been created for use by patients living with dementia and in all the areas we visited vibrant colours had been used to make the areas suitable for people living with dementia.
- Concerns and complaints were listened to and used to improve the quality of care. Feedback from patients formed part of the safety triangulation accreditation review (STAR) tool on each ward.

## Is the service well-led?

**Requires improvement** ● → ←

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

- There were not always clear and effective processes for managing risk, issues and performance across the service. Risks were not always escalated appropriately and the service was sometimes slow to implement changes to mitigate risks.
- There was not a clear strategy for the service. Staff at all levels were unable to explain how their work aligned to the service strategy.
- There had not always been clear systems of accountability to support good governance and management throughout the service. However, a new governance structure was under development within the service.

However:

- There was effective leadership throughout the service with the capacity to deliver high-quality, sustainable care. Although the current leadership structure was in its infancy, staff spoke positively about the impact of this leadership within the service.
- There was a culture throughout the service which focussed on the delivery of high-quality, sustainable care. Staff spoke with passion about their roles and were supported by their colleagues and managers.
- The service engaged well with patients, the public and external organisations to support high-quality, sustainable services.
- Leaders throughout the service encouraged staff to strive for continuous learning and improvement although some of this work was in its early stages we saw examples where staff were engaged in service improvement.

# Medical care (including older people's care)

## Areas for improvement

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

# Surgery

Good  

## Key facts and figures

Surgery services at Royal Preston Hospital consist of 14 surgical wards and 22 theatres. Whilst the hospital has additional gynaecological and maternity theatres we did not review these as part of this core service inspection.

Care was provided for specialist areas including orthopaedic, ophthalmology, urology, upper and lower gastrointestinal colorectal, vascular, neurosurgery, ear, nose and throat, maxilla-facial, plastics, and day case surgery.

The hospital had 33,179 surgical admissions from April 2017 to March 2018. There were 16,138 day case patients, 5,452 elective patients and 11,589 non-elective patients cared for by the service during this time.

Our inspection team included a CQC inspector, a divisional director of nursing, a theatre nurse and a theatre practitioner. We inspected a range of emergency, vascular, main and general theatres and a sample of nine surgical wards. We spoke with three patients and 30 staff and reviewed four patient records and ten patient medicine charts.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff and prompted them to complete it.
- Staff understood how to protect patients from abuse and had training on how to recognise and report abuse.
- The service continued to control 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.
- Staff monitored and responded to risks in good time. The service had enough medical staff with the right qualifications and experience to keep people safe and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Staff recorded and stored medicines well.
- The service managed patient safety incidents and monitored results well. Staff continued to provide care and treatment based on national guidance.
- Staff gave patients enough food and drink to meet their needs and promoted health improvement. They monitored the level of pain in patients, providing pain relief when required.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Staff of different kinds worked together as a team to benefit patients.
- Ward rounds took place seven days a week by a consultant. Patients were comprehensively assessed so that their clinical needs and general health status could be considered.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness and staff involved patients and those close to them in decisions about their care and treatment.

# Surgery

- The service planned and provided services in a way that met the needs of local people. Staff took account of patients' individual needs and concerns and complaints were treated seriously, investigated and lessons were learned from the results.
- The service had managers at all levels with the right skills and abilities to run a service.
- The service had a vision for what it wanted to achieve and managers promoted a positive culture amongst most staff that supported and valued them.
- The service used a systematic approach to improve the quality of its services and maintained existing and effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems.
- The service continued to engage with patients and staff to plan and manage appropriate services.
- The service remained committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- People could access the service when they needed it but waiting times for treatment and arrangements to admit, treat and discharge patients remained a challenge.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and prompted them to complete it.
- Staff understood how to protect patients from abuse and had training on how to recognise and report abuse.
- The service continued to control 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.
- Staff monitored and responded to risks in good time.
- The service had enough medical staff with the right qualifications and experience to keep people safe and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Staff recorded and stored medicines well.
- The service managed patient safety incidents and monitored safety results well.

## Is the service effective?

Good   



# Surgery

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

- Staff continued to provide care and treatment based on national guidance.
- Staff gave patients enough food and drink to meet their needs and promoted health improvement. They monitored the level of pain in patients, providing pain relief when required.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Staff of different kinds worked together as a team to benefit patients.
- Ward rounds took place seven days a week by a consultant. Patients were comprehensively assessed so that their clinical needs and general health status could be considered.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

## Is the service caring?

**Good** ● → ←

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

- Feedback from patients confirmed that staff truly respected and valued them as individuals and treated them well and with kindness.
- Examples showed that staff went the extra mile to support patients and those close to them to manage their emotional response to care and treatment. They showed determination and creativity to overcome obstacles to delivering supportive care.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff cared for patients with compassion. Patients felt supported and said staff cared about them.
- Patients understood their care, treatment and condition and the advice they received. People and staff worked together to plan care and there was shared decision-making about care and treatment.

## Is the service responsive?

**Requires improvement** ● → ←

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

- Waiting times for treatment and arrangements to admit, treat and discharge patients remained a challenge.
- Referral to treatment times in specialities including urology, ophthalmology and oral surgery were below the England average.
- Cancellations made on the day were not always rescheduled within 28 days which was a national standard

However:

- The service planned and provided services in a way that met the needs of local people.
- Staff took account of patients' individual needs.

# Surgery

- Concerns and complaints were treated seriously, investigated and lessons were learned from the results.

## Is the service well-led?

Good  

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

- The service had managers at all levels with the right skills and abilities to run a service.
- The service had a vision for what it wanted to achieve and managers promoted a positive culture amongst most staff that supported and valued them.
- The service used a systematic approach to improve the quality of its services and maintained existing and effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems.
- The service continued to engage with patients and staff to plan and manage appropriate services.
- The service remained committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- Not all staff were aware of the trust values.
- Some theatre staff reported concerns because of theatre lists regularly running past their expected finish times.

## Outstanding practice

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

## Areas for improvement

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

# Maternity

Good 

## Key facts and figures

The service provides 24-hour maternity services for women in and around the Preston area.

Between January 2017 to December 2017 there were 4,046 births at the trust.

The service has 62 maternity beds at the Sharoe Green Lane site. These consist of an antenatal ward (21 beds), a post-natal ward (23 beds), a labour ward (12 beds) and the alongside midwifery led unit (four beds) which also has two postnatal rooms. The department also facilitates a home birth service.

Outpatient areas include the hospital antenatal clinic, maternity day unit, a triage assessment area and obstetric sonography (pregnancy scanning) service.

Community antenatal clinics are held in GP surgeries and children's centres.

We inspected the maternity department as part of an unannounced inspection between 19 and 21 June 2018. We visited all maternity areas within the hospital maternity department including obstetric theatres. As part of the inspection we reviewed information provided by the trust in subjects such as staffing, training and monitoring of performance.

During the inspection we spoke to over 40 members of staff including administrative support staff, maternity support workers, health care assistants, student midwives, junior and senior midwives, lead midwives, midwifery matrons, the head of midwifery, obstetricians of varying grades, anaesthetists of varying grades, operating department practitioners, eight women who were using the service and two relatives.

We reviewed 13 prescription charts and 13 women's maternity records.

## Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our ratings directly with the previous ratings.

We rated it as good because:

- Staff safeguarding training was improving, the baby tagging system worked well on the postnatal ward and the areas and equipment appeared visibly clean.
- There was a significant midwifery staffing shortfall but the service had put in place measures to mitigate this as much as they could, such as having an extra band seven midwife on all the time and having twice daily safety huddles.
- Women's maternity records were kept securely and there was good reporting of, and good learning from, incidents.
- Staff worked well with each other and with other maternity services and national bodies to improve care for women and provide evidence based care. Women were offered a variety of conventional and non-conventional pain relief. However, medical devices training and staff appraisal rates were below targets.
- We found the department to be caring as they provided compassionate care to women and their families. Women were encouraged to ask questions and be involved in their care and women's dignity was protected and respected.

# Maternity

- We found that the service was responsive to the needs and wishes of service users. The trust had specialist midwives to co-ordinate care for women with specific needs. A small team of midwives provided continuity of care throughout elective caesarean section births and mothers and babies stayed together at all times by administering baby intravenous antibiotics on the postnatal ward.
- We found the department to be well led. The head of midwifery was a very well-respected leader by all the staff that we spoke to during our inspection. There was a very good culture of nurturing staff to develop their initiatives and, despite the staffing shortfall, the team were all working together for the benefit of the women. There was good engagement with staff and service users. However, guidelines had not all been updated.

## Is the service safe?

**Good** 

We previously inspected maternity jointly with gynaecology so we cannot compare our ratings directly with the previous ratings.

We rated it as good because:

- The service provided mandatory training in key skills to all staff. The completion of mandatory training was higher than the target of 90% compliance.
- Staff we spoke with understood how to protect women and their babies from abuse and the service worked well with other agencies to do so. Completion of all safeguarding training was close to the trust target of 90% and the service had robust procedures to identify and act on safeguarding issues to prevent baby abduction.
- All clinical areas and equipment were visibly clean and equipment was within dates for servicing and calibration. There was sufficient equipment for staff to use to carry out their duties.
- We saw evidence that potential risks to patients during caesarean section births were minimised by following World Health Organisations Five Steps to Safer Surgery. The department regularly audit this compliance and data from the last three months highlighted an average of 98.8% compliance.
- The service acknowledged that they were short of midwives. However, they had put in place plans to mitigate the risks caused by this to the extent that patient satisfaction and staff morale was improving. All midwife vacancies would be filled by a new intake of midwives in September and October 2018.
- Staff kept appropriate records of patients care and treatment. Records were clear, up to date and available to staff when providing care.
- The service prescribed, stored, documented and gave medications well. Women 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. Incidents were investigated by a multi-disciplinary team and lessons from learning were shared with the whole team. When things went wrong, staff apologised and gave women honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, women using the services and visitors.

However:

- There were bags of intravenous fluids on the emergency obstetric trolley on the birth centre that were accessible to unauthorised people.

# Maternity

## Is the service effective?

**Requires improvement** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our ratings directly with the previous ratings.

We rated it as requires improvement because:

- Appraisal rates had only improved slightly since our last inspection of this service when they were 54%. At this inspection they were 65% which was still below the trust target.
- Medical devices training was still poor, which was also an issue at the last inspection. Only 38% of staff had received training.
- More than 20% of their guidelines were out of date, which was the same as last inspection.

However:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. The service carried out audits to ensure both compliance and effectiveness of care provided and to benchmark their performance and highlight areas for improvement.
- Staff gave women enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff managed pain well. Women had access to a variety of analgesia in labour if they wished, including paracetamol, nitrous oxide, pethidine, epidural and remifentanyl.
- The service achieved good outcomes for women and babies. The staff offered support and guidance to assist women with breastfeeding.
- The department was achieving low rates for third and fourth degree tear rates and good rates of breastfeeding initiation.
- Staff of differing professions worked together as a team to benefit women and babies. Midwives, obstetricians and other healthcare professionals supported each other to provide good care.
- Maternity services were available 24 hours per day, seven days per week. Midwifery, obstetric and anaesthetic cover was provided outside of normal working hours and the midwifery staff told us that they felt supported during these periods.
- The service promoted the health and wellbeing of mother and baby at various opportunities throughout the pregnancy and supported women leading healthier lifestyles.
- Staff understood their roles and responsibilities under the Mental Health Act 2015. They knew how to support women experiencing mental ill health and those who lacked capacity to make decisions about their care.

## Is the service caring?

**Good** ●

# Maternity

We previously inspected maternity jointly with gynaecology so we cannot compare our ratings directly with the previous ratings.

We rated it as good because:

- Staff cared for women and their families with compassion. Feedback and observations confirmed that staff treated them well, with kindness and compassion. Women described care from midwifery staff as good or excellent.
- Staff provided emotional support to women and their partners to minimise their distress.
- Staff involved women and those close to them in decisions about their care and treatment. We observed staff interacting positively with women and those close to them.

## Is the service responsive?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our ratings directly with the previous ratings.

We rated it as good because:

- The service planned and provided services to meet the needs of its service users. Services were provided to reflect the needs of the local population such as specialist clinics and home appointments for women who did not speak English as their first language.
- The service took account of people's individual needs. The service provided additional support and services to women such as pregnant teenagers, women with mental health needs and women who did not speak English as a first language.
- Women could access the service when they needed and wanted to.
- The service treated complaints and concerns seriously, investigated them and shared the lessons learnt in a variety of formats.

## Is the service well-led?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our ratings directly with the previous ratings.

We rated it as good because:

- The service had leaders at all the levels with the right skills and abilities to run a maternity service that provides high-quality sustainable care.
- Staff were positive about the leaders, especially the head of midwifery, and the changes they had made. All staff that we spoke to during our inspection were supported by the leadership team to improve the care provided.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action, developed with involvement from staff and students, women and key groups representing the local community.

# Maternity

- Leaders across the department promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. All staff were positive about the improvements to the service since our last inspection.
- The service employed a clinical governance and risk lead for neonatal and women's health and a consultant obstetric lead for governance. They facilitated weekly risk meetings within the maternity department.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The maternity service had a robust data collection system in the form of a dashboard. It was presented in way, using a colour coded system, so that it was easy to see where any issues may be.
- The service engaged well with women, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. The service had started innovative initiatives led by staff.

However:

- More than 20% of their guidelines were out of date, which was the same as last inspection. We observed a plan to rectify this trust wide issue.

## Outstanding practice

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

## Areas for improvement

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

# Services for children and young people

Good  

## Key facts and figures

Services for children and young people at the trust mainly operate from Royal Preston Hospital, although outpatient clinics also run from Chorley and South Ribble District General Hospital. The services for children and young people comprise of 7 main areas: -

- Paediatric ward with 30 inpatient beds.
- Paediatric assessment unit based on the ward with eight bed spaces.
- Paediatric day case area on the ward containing seven bed spaces (one as a separate room).
- Paediatric isolation with 10 cubicles at one end of the ward.
- Neonatal intensive care unit, which comprised of 30 beds, six of which were intensive care beds, eight high dependency beds, 14 special care beds and two transitional beds for parents to use with their babies prior to discharge. Paediatric outpatient clinic at the Preston site, which has its own entrance. Within this department, there are 10 clinic rooms, eight consultation rooms and a room for interventions such as bloods and ECGs, as well as a room for weighing and measuring. There are also some paediatric clinics that run at the Chorley site.
- Two community clinics held at two sites across the trust.

There is also a paediatric outreach nursing team that provide continuity of care for children in their own homes.

During inspection we visited these areas, except for the two community clinics.

We spoke with 24 members of staff including senior managers, matrons, nurses, medical staff, play specialists, health care assistants, students, housekeepers and domestics. We also spoke to two patients and five parents.

Our inspection took place between the 12 June and 14 June 2018 and was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Our inspection team included a CQC inspector, a paediatric consultant and a paediatric nurse. We inspected all the paediatric unit, inclusive of day case, inpatients and the assessment unit, as well as the neonatal unit and the outpatient department at Royal Preston Hospital and the clinic base at the Chorley Hospital site. We spoke with two patients and five parents and 24 staff and reviewed ten patient records.

## Summary of this service

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

- The trust had made improvements since the last inspection to safeguarding training levels. Safeguarding training levels had improved significantly since the last inspection, although were still lower than the trust target.
- The service was taking action to assess and respond to patient risks. The service was using early warning scores more consistently to monitor deteriorating patients which was an improvement from the last inspection.
- The service kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Although signatures were not always clearly identifiable. Records in outpatients were kept securely which was an improvement from the last inspection.



# Services for children and young people

- The service had suitable premises and equipment and controlled infection risk. This was an improvement since the last inspection. The trust had improved the security in all areas and was checking resuscitation equipment daily.
- The service had improved nurse staffing on the paediatric ward since the last inspection.
- Staff were competent in their roles and mandatory training was close to the trust's target.
- The service managed patient safety incidents well, as staff recognised incidents and reported them appropriately using the trust's reporting system.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service gave patients enough food and drink to meet their needs and pain relief when it was required.
- Staff were caring, involved patients and those close to them in decisions about their care and treatment and provided emotional support to patients who needed it.
- Services were planned to meet the needs of patients and patient's individual needs were met.
- While a number of the leaders were new in post, staff were positive about the leadership team. The leaders promoted a positive culture that supported and valued staff. Staff were open, honest and proud to work within the service.
- There was a clear governance structure and clear lines of accountability for staff at all levels and effective systems for identifying and mitigating risks.
- The service engaged well with children, their parents and carer, staff, the public and local organisations and was committed to improving services.

However:

- While the service prescribed, gave and recorded medicines well, all the hard copies of the patient group directives, were out of date and that there were lots of dates for different fridges where the temperature had either not been checked, or not recorded.
- In our previous inspection we reported that staffing levels in the neonatal unit needed to be maintained in accordance with national guidelines. We found that the neonatal unit, they were still not compliant with British Association of Perinatal Medicine (BAPM) although had taken action to mitigate the risks. There were still some issues with medical staffing levels.
- Policies were not all within their review dates.
- The decorations of the paediatric ward were not all child friendly.
- There were gaps in the information the service collected, analysed, managed and used to support all its activities, such as information about timeliness of medical reviews.

## Is the service safe?

**Good** ● ↑

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

- The service provided mandatory training in key skills to all employees and generally compliance figures were high and close to the trust target of 90%.

# Services for children and young people

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Safeguarding training levels had improved significantly since the last inspection, although were still lower than the trust target.
- The service controlled infection risk well. All the areas we visited, inclusive of the ward, the neonatal unit and outpatient clinics, were visibly clean and tidy.
- The service had suitable premises and equipment and looked after them well. This was an improvement since the last inspection. The trust had improved the security in all areas and was checking resuscitation equipment daily.
- The service was taking action to assess and respond to patient risks. The service was using early warning scores to monitor deteriorating patients which was an improvement from the last inspection.
- The service kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Although signatures were not always clearly identifiable. Records in outpatients were kept securely which was an improvement from the last inspection.
- The service managed patient safety incidents well, as staff recognised incidents and reported them appropriately using the trust's reporting system.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used the information to improve the service.

However:

- While the service prescribed, gave and recorded medicines well, all the hard copies of the patient group directives, were out of date and that there were lots of dates for different fridges where the temperature had either not been checked, or not recorded.
- In our previous inspection we reported that staffing levels in both the neonatal and children's unit needed to be maintained in accordance with national guidelines. On this inspection, we found that on the neonatal unit, they were still not British Association of Perinatal Medicine (BAPM) compliant although had taken action to mitigate the risks, such as closing cots. There were still some issues with medical staffing, although nursing staffing levels were nearly up to establishment.
- Medical staff had not all completed the life support training appropriate for their roles.

## Is the service effective?

Good   

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

- Staff gave patients enough food and drink to meet their needs and improve their health. The service adjusted for patient's religious, cultural and other preferences, with various choices available.
- Staff gave pain relief to patients when required. There was an effective process in place to ensure patients' pain relief needs were met and pain was well managed in the service.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles and managers appraised staff's work performance. The service provided opportunities for development and further study. The service had improved its induction in response to feedback about the retention of staff.

# Services for children and young people

- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other health care professionals supported each other to provide good care to children. As well as good working within the department the service worked well with other areas of the hospital.
- Children and young people could access a full inpatient, service seven days a week.
- The service promoted the health and wellbeing of children. The service had leaflets, information boards and posters about information such as alcohol, eating disorders and healthy eating.
- Staff understood their roles and responsibilities under mental health and capacity legislation. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- Although the service provided care and treatment based on national guidance, during inspection we looked at eight policies and found that six of those were out of date.

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Throughout our inspection, we saw all staff interacting with patients and their parents, carers and family members in a caring, polite and friendly manner.
- Staff provided emotional support to patients to minimise their distress. We saw staff involving both patients and parents and carers in their own care, allowing time to answer any questions and supporting them if they were distressed.
- Staff involved patients and those close to them in decisions about their care and treatment. All the carers we spoke with told us they were involved in their child's care and everything had been explained to them in a language that they could understand.

## Is the service responsive?

Good ● → ←

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

- The service planned and provided services in a way that met the needs of local people. The service provided a 24-hour service for the babies, children and young people of the local population. The service employed play specialists and had age appropriate toys for children.
- The service took account of patients' individual needs. The service provided separate rooms for patients with mental health needs or other additional needs. The service offered translation services and children's books in different languages.
- People could access the service when they needed it. Even at times of higher demand the service had capacity to admit patients 24 hours a day, seven days a week.

# Services for children and young people

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff. Staff were open and honest and gave us examples of changes that had been made following complaints.

However:

- There were very few child friendly decorations or pictures through the paediatric area which did not make it a welcoming environment.

## Is the service well-led?

**Good** ● ↑

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. While a number of the leaders were new in post, staff were positive about the leadership team.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action, which had been developed with involvement from staff, patients and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. All the staff we spoke with reported an approachable, open and honest culture and leaders were easily accessible and supportive.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care. There was a clear governance structure and clear lines of accountability for staff at all levels.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service engaged well with children, their parents and carer, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. The service had started a number of initiatives to support engagement and listen to children using the service.
- The service was committed to improving services by learning from when things go well and when they go wrong. The service had made changes since the last inspection and was using the ward accreditation tool to drive improvements.

However:

- There were gaps in the information the service collected, analysed, managed and used to support all its activities. The service was not collecting information about whether it was compliant with Royal College standards on medical review.

## Outstanding practice

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

## Areas for improvement

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

# Outpatients

Good 

## Key facts and figures

The core outpatient department provides support to a large geographic population across two sites: Royal Preston Hospital and Chorley and South Ribble Hospital. The department can facilitate more than 500 clinics per week.

There are clinics for general surgery, neurosurgery, vascular, plastics, dermatology, head and neck, and all medical specialties.

Attendance for outpatients between January 2017 and December 2017, for Royal Preston Hospital was 416,057 this was an increase of 1% over the previous reporting year and was an average by comparison to other services of the same size.

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

We inspected the outpatient department between 11 to 15 June 2018. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During the inspection the inspection team attended 22 separate clinics and some of the administrative functions. The inspection team spoke with 24 patients and carers who were using the service, 54 staff members including management, medical staff, occupational therapists, physiotherapists, nurses, healthcare assistants and administrative staff. We reviewed 28 patient records in paper format and electronically.

## Summary of this service

We previously inspected outpatients jointly with diagnostic imaging in September 2016, so we cannot compare our new ratings directly with previous ratings.

We rated the service as good because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Care and treatment was delivered in line with best practice guidance. Patient outcomes were reviewed during clinic appointments to make sure patients were receiving appropriate care and treatment.
- Staff demonstrated a consistently caring attitude to supporting patients that was compassionate and kind. Patients' dignity was always maintained.
- 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.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Patients could access care and treatment in a timely manner.
- Staffing numbers and skills were flexibly managed to make sure there was sufficient staff to support the clinics as needed.

# Outpatients

- There was a clear strategy based on best practice and values that assisted the service in developing quality care and treatment.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However:

- The assessment and recording of a patient's mental capacity and staff understanding of the Mental Capacity Act 2005 was not always consistent.
- Systems designed to flag patients needing extra support were not consistently used.
- Information for patients was not always available in formats that met their needs
- Appropriate records of patients' care and treatment were not being kept in all outpatient clinics. Some records were not clear, up to date and available to all staff providing care.

## Is the service safe?

**Good** ●

We rated safe as good because:

- The service provided mandatory training in key skills to all staff and most courses had a completion rate in line with trust targets.
- Staff understood their role in recognising and preventing potential abuse. There were systems in place to ensure that patients were appropriately protected and action taken when potential abuse was recognised.
- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection in most areas.
- The service had well-maintained premises and equipment but some outpatient areas were crowded and lacked an effective ventilation system.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Any staff shortages were responded to quickly and adequately.
- The service prescribed, gave, recorded and stored medicines well in general. However, we did find patient group directions that did not reflect the correct versions held electronically and did not record which staff were authorised to use them. Patients received the right medication, at the right dose, at the right time.
- Staff members understood and met their responsibilities to raise concerns, report incidents and near misses. When things went wrong arrangements were in place to ensure that patients were told when they were affected, given an apology and informed of any actions taken as a result. However, lessons learnt from incidents were not consistently shared with all staff for them to understand the improvements needed.

However:

- Appropriate records of patients' care and treatment were not being kept in all outpatient clinics. Some records were not clear, up to date and available to all staff providing care.

# Outpatients

## Is the service effective?

We do not rate effective in outpatients our findings were:

- The service made sure that staff provided care and treatment based on national guidance and evidence to achieve positive outcomes for patients.
- Staff learning needs were identified with training provided to meet their needs. Staff members were supported to maintain, further develop their skills, experience and their competency to undertake their job role.
- Staff spoken with and records reflected that patients were prescribed simple pain relief as required.
- Staff worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide care.
- There was a focus on early identification, prevention and on supporting patients to improve their health and wellbeing.

However:

- There were limited arrangements in place to recognise patients who may have nutritional needs that needed to be met.
- Accurate and up-to-date information about the effectiveness of care and treatment was not routinely gathered to be used to improve outcomes for patients.
- Not all staff understood their roles and responsibilities under the Mental Health Act 1983 and Mental Capacity Act 2005. Not all staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

**Good** ●

- 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.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- Waiting times from referral to treatment were improving although not all specialities were above the England average.
- Waiting times and delays in the department and cancellations of clinics were minimal and managed in a manner that met patients' needs.

# Outpatients

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.

However:

- The service took account of patients' individual needs in general but systems designed to flag patients needing extra support were not consistently used and information for patients was not always made available in formats that met their needs.
- Facilities and premises were not always sufficiently adapted to meet the individual needs of patients.

## Is the service well-led?

**Good** 

- Leaders had the experience, capacity, capability and integrity to make sure that a quality service was delivered and risks to performance were addressed.
- Leaders at every level demonstrated shared values that encouraged pride and positivity in the organisation and focussed attention on the needs and experiences of patients.
- The service 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 promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care. An environment in which quality of care would flourish was encouraged.
- The service had effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected. Audit processes to identify risks functioned well in most areas and had a positive impact.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. The service was transparent, collaborative and open with all relevant stakeholders about performance considering the needs of the population to design improvements.
- There was a positive focus on continuous learning and improvement for all staff.

However:

- Senior leaders were not always visible in the outpatient services.
- The service did not always manage and use its information to support all its activities. There were some delays in scanning electronic notes to medical records.

## Areas for improvement

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



# Chorley and South Ribble Hospital

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## Key facts and figures

Chorley and South Ribble Hospital provides a full range of district general hospital services including emergency department (8am-8pm), critical care, coronary care, general medicine including elderly care, general surgery, orthopaedics, anaesthetics, stroke rehabilitation, midwifery-led maternity care, and a breast service. The urgent care centre on the site is not provided by this trust.

## Summary of services at Chorley and South Ribble Hospital

**Requires improvement** ● → ←

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

- The hospital had made improvements to compliance with mandatory training, life support training and safeguarding training in some areas but compliance in other areas such as urgent and emergency care was still not meeting the trust's targets.
- The emergency department at the hospital did not have the appropriately trained staff to assess and treat children. The hospital did not have staff with the appropriate level of life support training working on every shift within the department.
- The access and flow of patients was an issue for the hospital which was demonstrated by the hospital not meeting national performance targets or performing worse than the England average. There were also a high number of bed moves at night.
- The hospital did not always have enough staffing in every area. While there had been improvements since the last inspection some areas such as some medical wards and maternity did not always have enough staff.
- The hospital was not always managing medicines well. There were different issues with medicines management in areas of the hospital such as patient group directions and controlled drugs.
- While the number of staff who had received an annual appraisal had improved since the last inspection, in areas it was not at the trust target.
- Staff lacked understanding and awareness of the Mental Capacity Act and the Deprivation of Liberty Safeguards in areas of the hospital.

# Summary of findings

- Patient records were not always completed in line with best practice and were not always kept securely.
- Some of the environment was cluttered and in disrepair and some items of equipment in the resuscitation trollies was past the manufacturer's expiry date.
- Risks were not always recorded accurately, with timely action to mitigate risks. Some of the governance processes have recently been developed so were not yet embedded.

However:

- The hospital was managing safety incidents well. The environment and equipment were kept clean.
- Services were provided in line with national guidelines and best practice and services were participating and carrying out local audits to improve practice.
- Staff throughout the hospital were kind, compassion and caring to patients, their carers and family members. Patients were involved in decisions about their care and given emotional support.
- Services were planned to meet the needs of people using the hospital and services were in general responsive to the individual needs of patients. The hospital engaged well with patients and members of the local community.
- Staff were positive about their leaders across the hospital. There was a positive culture and staff were proud to work at the hospital.
- Staff were committed to making improvements, although some of these processes were yet to be embedded. Staff were positive about the focus on continuous improvement and initiatives such as the safety triangulation accreditation review process.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

Urgent and emergency services are provided by the trust at the Royal Preston Hospital and at Chorley and South Ribble Hospital. Between 1 February 2017 and 31 January 2018, 91,272 patients attended the trust's emergency departments, of which 15,790 were children aged 17 years and under. On average, during this time, 250 people per day attended the departments. The emergency department is part of the trust's acute medicine directorate.

Urgent and Emergency care services are provided at Chorley and South Ribble Hospital under the trust's acute medicine division. The service can accept patients who require a mental health assessment.

Since January 2017 the department has provided emergency care between the hours of 8am and 8pm daily. Services are provided to both adults and children for medical / surgical emergencies and have a separate waiting area.

Prior to this in April 2016 the trust temporarily changed the purpose of the centre to provide urgent care rather than emergency care. When we last inspected this core service it was only providing urgent care.

There is a separate urgent care centre at the same site. This is provided by a separate provider and was not inspected.

We inspected the whole core service across all key questions; is the service safe, effective, caring, responsive and well led? We determine which core services to inspect and when based on an assumption of risk from intelligence gathered during our monitoring phase which includes information from the public, whistleblowers, stakeholders and national data sources.

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

We visited the emergency department during our inspection. The inspection took place over three days. During the inspection visit, the inspection team:

- Spoke with 10 patients who were using the service
- Spoke with 16 members of staff across all specialisms and grades different disciplines including clinical directors, medical staff, matrons, nurses, emergency nurse practitioners, health care assistants, reception and domestic staff.
- Reviewed 12 electronic and paper records including patient risk assessments, observations and medication records.
- Observed daily activity and clinical practice within the department. Prior to and following our inspection we analysed information about the service which was provided by the trust.

## Summary of this service

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

The service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

# Urgent and emergency services

- The service did not always have sufficient paediatric trained nursing and medical staff to keep self-presenting critical ill children safe. Risks to patients, including children, were not always assessed, monitored, managed and responded to in a timely way so that people were supported to stay safe. Compliance with life support training including adult and children's basic, intermediate and advanced life support, was poor.
- The service did not always ensure that mandatory training was completed by all staff. Records indicated that compliance with training for nursing and medical staff was low.
- Staff did not always have the correct level of training to prevent patients from abuse. The service did not always ensure that safeguarding training was completed by all staff in line with 'Safeguarding children and young people: roles and competences for health care staff Intercollegiate Document Third edition: March 2014. Records indicated that compliance with level two training for nursing staff and levels two and three for medical staff was low.
- The service did not always manage medicines well. Controlled drugs were not recorded in line the Royal College of Emergency Medicine standards.

However:

- Patients were cared for by staff who were compassionate, approachable and kept them informed of their treatment plans. Staff took account of individual patient needs and helped patients to maintain their dignity.
- Staff of different kinds worked together as a team to benefit patients. We observed positive examples of staff working well together.
- We saw good practice in relation to the care of patients with a cognitive impairment. Forget Me Not wrist bands were in use to aid the identity to support staff to care for patients living with dementia.
- Staff understood their role and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- The service monitored safety and performance by regular safety triangulation accreditation reviews (STAR) and there was an action plan in place for each ward or service to address any performance issues identified.
- The service had a vision for what it wanted to achieve and had plans to put them into action.
- The service's leaders worked at promoting a positive culture and staff were feeling more supported and valued, creating a sense of common purpose.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service provided mandatory training in key skills to all staff; however, although improving, training completion compliance levels were consistently lower than the trust target of 90%. This meant the service could not assure itself that staff providing care and treatment had the competence, skills and experience to do so safely.
- Risks to patients, including children, were not always assessed, monitored, managed and responded to in a timely way so that people were supported to stay safe. Compliance with life support training including adult and children's basic, intermediate and advanced life support, was poor.
- The service provided training to staff on how to recognise abuse and to protect patients from abuse, but there were low training completion rates for nursing and medical staff in safeguarding vulnerable children level three training.

# Urgent and emergency services

- The service did not have sufficient paediatric registered nurses to meet national recommendations for a minimum of two paediatric staff during opening hours.
- The service did not always manage records of controlled medicines in line with national guidance. We were unable to locate evidence of staff training or authorisation for the administration of medicines under patient group directions.
- Premises were not all suitable for the purpose for which they were being used. The room assigned for monitoring and assessing patients admitted with mental health needs was not fit for this purpose, although the service was opening a new purpose-built room.

However:

- While safeguarding training levels were not meeting trust targets, staff knew how to report abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept the equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had sufficient consultant staff in post to meet the requirement of consultant cover at Chorley from Monday to Friday 8am to 5pm.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- When things went wrong managers appropriately investigated reported incidents to determine the contributory factors and to identify areas for individual and systemic improvement, and shared learning.
- The service had staffing vacancies but it was recruiting to a higher agreed staffing establishment to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

## Is the service effective?

**Good** ● ↑

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

- The care, treatment and support provided by the service was based on best practice guidance. The service's policies and pathways reflected current national standards and guidelines.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other preferences.
- The service had a full-time supernumerary practice-based educator to support the training needs for staff across both sites, to oversee the training processes for new and existing nursing staff, and to ensure that staff had the right skills, knowledge and experience to deliver effective care, support and treatment.
- 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. The service supported people to live healthier lives.
- Staff were aware of how to access health promotion information for patients and they identified and took opportunities to promote health to patients where appropriate.
- 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.

# Urgent and emergency services

However:

- The service monitored the effectiveness of care and treatment and used the findings to improve them. The service participated in the Royal College of Emergency Medicine audits between 2016 and 2017 but achieved variable results. It failed to meet any of the standards for moderate and severe asthma and consultant sign-off.
- The service was not compliant against the trust's target for completion of nursing appraisals.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion. We observed kind and compassionate interactions between staff and patients and we heard staff introducing themselves to patients by name. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Patients and those close to them felt involved in decisions about their care and treatment. Chorley performed better than the trust average in the Friends and Family test with 93% of patients saying they would recommend the care and treatment provided by the urgent and emergency service at Chorley and South Ribble Hospital.

## Is the service responsive?

**Good** ● → ←

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

- The service planned and provided care and treatment in a way that met the needs of local people. It worked with local commissioners and other healthcare providers to understand current and future demand. It had increased the provision of services since re-opening as an emergency department in January 2017.
- The service took account of patients' individual needs. Patients who required additional support, such as those living with dementia, at risk of falls, or who needed assistance with eating were appropriately identified and care adjustments made accordingly.
- The service treated concerns and complaints seriously, investigated them and used them to improve the quality of care. Lessons learned were shared with all staff. Staff sought feedback from people who used the service.

However:

- The service's performance against national targets was mixed. The service was not meeting national standards for triage of self-presenting patients, although performance against the national four-hour target to admit, transfer or discharge patients was improving and just short of the target. Leaders in the service could describe factors that impacted on performance.

## Is the service well-led?

**Requires improvement** ● → ←

# Urgent and emergency services

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

- The service had systems for identifying risks, planning to eliminate or reduce them but had not identified all of the risks we identified on the inspection. The risks associated around children using the department did not reflect the concerns we identified.
- The service did not meet a range of national and internal targets such as the national targets for triaging patients who used the service and the internal trust targets in training, safeguarding, and staff appraisals.

However

- The service had managers with the right skills and abilities to run a service providing sustainable care. The service was clinically led by the clinical director, matron and business manager, supported by a unit manager for the site.
- The service had a vision and strategy for what it wanted to achieve and workable plans to turn it into action which were developed with involvement from key staff, commissioners and other stakeholders
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values, and was focussed on providing the best care and treatment for patients. The re-opening of the emergency department in January 2017 and the introduction of internal rotation of the team has led to the staff coming together with their common goal.
- The service had a governance structure which escalated information to the directorate and then to the trust board.
- The service collected, analysed, managed and used information to support all its activities, using secure electronic systems.
- The service engaged well with patients, staff the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation and improving patient outcomes. There was a culture of supportive learning, improvement and development in the department, which was supported by the trust's director of continuous improvement.

## Areas for improvement

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

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

The medical care service at the trust provides care and treatment for 15 specialities.

Chorley and South Ribble Hospital had 143 beds across nine wards.

During the inspection we visited the Medical Assessment Unit, Rookwood A (medical and elderly care ward), Rookwood B (Stroke rehabilitation ward), Coronary Care Unit, Brindle ward (respiratory) and Hazelwood Ward (gastroenterology). We spoke with 18 patients and their relatives or carers, and 37 members of staff, including doctors, nurses, healthcare assistants, allied health professionals, administrative staff, students, managers and senior leaders of the services.

We observed treatment and care being provided, held focus groups for staff, and reviewed 29 medical, nursing and treatment records. We checked equipment and different environments where medical services were provided. We reviewed policies and guidance followed by staff in the service.

## Summary of this service

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

- Training levels for mandatory safeguarding training were below the trust target of 90%. At the time of inspection this was 82% across the medical division, included for both Royal Preston Hospital and Chorley and South Ribble Hospitals.
- The service did not always have suitable premises and equipment and looked after them well. We saw out of date and incorrect equipment on three resuscitation trolleys.
- There was a generalised lack of awareness of the requirements of the Mental Capacity Act and staff did not follow trust processes for assessing capacity. Discussions with families about patients with do not attempt cardio pulmonary resuscitation records were not always recorded in line with the Mental Capacity Act (2005).
- Staff did not always keep appropriate records of patients' care and treatment.
- Numbers of nursing staff did not always meet the planned levels needed to providing safe care for patients.
- People could not always access the service when they needed it. Referral to treatment times were consistently below the England average.
- Whilst the trust now had managers at senior levels with the right skills and abilities to run a service providing high-quality sustainable care, significant leadership changes in the medical division over recent years had impacted overall progress
- There was no service strategy, although leaders had a vision for what they wanted to achieve and were clear in articulating these.
- The medical service had not used a systematic approach to continually improving the quality of its services or effectively managing risks. Governance arrangements were not embedded and risk registers complicated.

However:

- Safeguarding procedures were clear and staff followed these correctly.



# Medical care (including older people's care)

- Staff were aware of the types of incident which could occur and reported these if they occurred. Managers completed incident investigations and shared learning with staff.
- The service used safety monitoring results well. Staff followed procedures for management of medicines
- The service planned for emergencies and staff understood their roles if one should happen. Staff followed escalation plans during periods of high patient demand.
- The service made sure staff were competent for their roles and appraisal rates met trust targets and staff worked well together in a multidisciplinary approach
- We heard staff communicating with patients in ways which respected their dignity, providing support and reassurance. Patients we spoke with were full of praise for the staff and treatment they received.
- The service took account of patients' individual needs, particularly in positive approaches to support patients living with dementia.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- 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 with were positive about future developments.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Managers had access to data to monitor performance and identify improvements.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively

## Is the service safe?

**Requires improvement** ● → ←

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

- The service did not always have suitable premises and equipment and looked after them well. The environment in areas was congested, resuscitation trolleys equipment past the manufacturer's expiry date and hazardous cleaning materials were not always stored appropriately.
- Staff did not always keep appropriate records of patients' care and treatment. Staff did not always document discussions with families about patients' care in patient records. Confidential patient records were stored at patients' bedsides, where information could be easily accessed by the patient, their relatives or other visitors.
- The service provided mandatory training in key skills to all staff, but did not always make sure everyone completed it. Levels of safeguarding training were well below the trust target for nursing and medical staff.
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Numbers of qualified nursing staff were frequently below the required levels planned for shifts

However

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff were aware of how to recognise abuse and they knew how to report this. Safeguarding leads were available to support staff when needed and staff were clear about trust safeguarding procedures.

# Medical care (including older people's care)

- The medical wards we visited was visibly clean and most areas were orderly, although we observed some areas appeared more cluttered.
- The service had arrangements to recognise and respond appropriately to risks to patients.
- Staff recognised when an incident had occurred and reported these appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Staff could give examples of incidents they had raised and the learning that was shared from these.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff and visitors. The service used information to improve the service. Performance boards on wards displayed information about falls, infection rates and nurse staffing.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. Systems were in place to provide safe management of medicines and staff followed these systems.

## Is the service effective?

**Requires improvement** ● → ←

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

- Staff did not always understand their roles and responsibilities under the Mental Capacity Act 2005. Patients experiencing mental ill health did not always have risks identified in care plans. There was a generalised lack of awareness of the requirements of the MCA and staff did not follow trust processes for assessing capacity and documenting best interest decisions for patients.
- Documentation of do not attempt cardiopulmonary resuscitation (DNACPR) orders was recorded inconsistently in-patient records. Discussions with family members for patients who lacked capacity were not detailed in fifteen of twenty-four records we reviewed.
- Policies were outside of their review date. We saw that policies remained relevant but the content had not been reviewed.

However:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Staff followed condition-specific care plans when providing care to patients.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Patients had a choice of food which they described as good.
- Pain relief, including paracetamol and ibuprofen, was available for patients if needed. Patients said nurses regularly checked they had any pain and responded promptly to requests for any pain relief.
- Patients' care and treatment outcomes were monitored and compared with similar services, with results used to assist development. The service had made improvements to the care of patients who experience a stroke and the results of the SSNAP audit had increased from a grade D to B as a result.

# Medical care (including older people's care)

- The service made sure staff were competent for their roles. Managers appraised most staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Clinical educators provided ward support to staff for their nursing care practice.
- 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. There was an established multi-disciplinary team approach to support patient needs.

## Is the service caring?

**Good** ● → ←

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

- Staff were caring and showed kindness to patients during their hospital admission, respecting the dignity of patients and those who were close to them. They were aware of patients' care needs and communicated in an appropriate and professional manner.
- Staff provided emotional support to patients to minimise their distress. Staff took time to speak with patients who were upset, providing reassurance.
- Staff were attentive to the changing behaviours of patients living with dementia and responded to patients in caring ways.

However

- Staff did not always involve patients and those close to them in decisions about their care and treatment particularly with regard to 'do not attempt cardio pulmonary resuscitation' decisions.
- Patients' privacy and dignity patients was not always protected. In some wards we heard confidential patient details being discussed openly in front of other patients and visitors.

## Is the service responsive?

**Requires improvement** ● ↓

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

- The service did not always plan and provided services in a way that met the needs of local people. Ward facilities were limited by the ageing environment and this could have an impact on both patients and their visitors.
- There was no dedicated discharge lounge area for medical patients awaiting discharge.
- The service had a high number of patient bed moves at night. Staff told us this could happen frequently on a weekly basis.
- People could not always access the service when they needed it. Referral to treatment times were consistently below the England average.

However

- The service took account of patients' individual needs. Dementia friendly approaches were established, with staff awareness of individual patient needs.

# Medical care (including older people's care)

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Staff aimed to resolve any concerns directly with patients or relatives initially and managers informed us that complaints were at a lower level over the past 12 months

## Is the service well-led?

**Requires improvement** ● → ←

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

- Whilst the service now had managers at senior levels with the right skills and abilities to run a service providing high-quality sustainable care, there had been significant leadership changes over recent years in the medical division. This had impacted overall progress in the medical service.
- The division of medicine did not have a strategy, although leaders had a vision for what they wanted to achieve and were clear in articulating these. Plans were at an early stage in their implementation, but leaders were aware of and acknowledged the issues facing the service for the future.
- The service had not always had effective systems in place for monitoring activity and overall performance to support the delivery of quality care. However, there was new development of clinical governance systems and quality measurement processes at the time of inspection.
- The service did not have an effective system for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The risk register was cumbersome and unclear, with a number of risks remaining open without progress from previous years.

However:

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke with were optimistic about future developments within the service and were committed to improvements in patient care.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Managers had access to data to monitor performance and identify improvements.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The service had engagement activities which had helped inform further development of effective services.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. Staff were positive about their own involvement in service developments and shared examples of initiatives they had introduced.

## Outstanding practice

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

## Areas for improvement

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

# Surgery

Good   

## Key facts and figures

Chorley and South Ribble Hospital provides a range of surgical services including general surgery and trauma and orthopaedic surgery. There is one inpatient ward, Leyland which provides accommodation for 25 patients and two other wards, Sellers and Rawcliffe that accommodate day case patients. There is a pre-operative assessment unit and Longton Day Case Unit.

The hospital has eight operating theatres for general surgery, including urology and minor vascular surgery, trauma and orthopaedic surgery, breast surgery, laparoscopy, cardio vascular surgery and ear, nose and throat surgery. Patients who need major trauma surgery are transferred to the Royal Preston Hospital.

Chorley and South Ribble Hospital had 13,387 surgical admissions from April 2017 to March 2018. Day case admissions accounted for 11,024, 2,197 were elective inpatient admission and the remaining 166 were non-elective inpatient admissions.

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

We inspected surgery as part of an unannounced inspection between 12 June and 14 June 2018. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. At the last inspection we rated one of the key questions for the service as requires improvement so we re-inspected all five key questions. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During our inspection we visited Leyland, Sellers and Rawcliffe wards, Longton Day Case Unit, theatres and recovery areas and the preoperative assessment unit.

We spoke with 30 members of staff including senior managers, ward sisters and managers as well as registered nurses, student nurses and doctors and health care assistants. We also spoke to 11 patients and relatives. We observed care and treatment and looked at six patient care records and three medication management charts as well as service performance data.

## Summary of this service

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

- We previously rated this service in April 2017, when we rated responsive as requires improvement. At this inspection we rated responsive as good. We also rated safe, effective caring and well-led as good.
- Compliance rates with mandatory safeguarding training and staff appraisals had improved since the last inspection.
- Staff across different disciplines worked together well to meet patients' care and treatment needs.
- Staff treated patients with compassion, dignity and respect and feedback from patients about staff was positive.
- The service had improved compliance against 18-week referral to treatment standards and at this inspection referral to treatment time was similar to the England average.
- We saw positive examples of the service engaging with the wider community including people with additional needs.

# Surgery

However:

- The average length of stay from February 2017 to January 2018 for all non-elective and all elective patients was higher than the England average.
- The service cancelled elective orthopaedic surgery for two weeks in April 2018.

## 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 compliance rates for nursing staff were above the trust target.
- The service had systems in place that minimised potential error, reflected best practice and were consistently understood by all staff.
- Staff understood their role in recognising and preventing potential abuse. There were systems to ensure that patients were appropriately protected. Compliance rates for safeguarding training was above trust target. This was an improvement from the previous inspection.
- The service controlled infection risk well and used control measures to prevent the risk of infection. Staff kept themselves, equipment and premises clean. The service had procedures for maintaining the sterility of instrument trays in theatres.
- The service had arrangements to recognise and respond appropriately to risks to patients.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe. Nursing shifts were filled as planned and the service used bank staff to cover any gaps in shifts.
- Medicines were stored correctly and in a safe manner. Staff members kept accurate records of medicines.
- Staff recognised incidents and knew how to report them. Managers investigated incidents quickly and shared lessons learnt and changes in practice with staff through monthly team meetings and daily safety huddles. Staff attended harm free care meetings to share learning from incidents across the service.
- The service collected safety information and shared this with staff, patients and visitors on white boards in the wards. Safety performance was audited monthly and recorded using an electronic tracking tool.
- When things went wrong the service was open and honest and patients were told and given an apology.

However:

- The service did not always have suitable premises and equipment. Some of the theatre environment required maintenance or repair. The operating theatres had limited storage and stored medical prostheses in the corridor through which clinical waste was taken, posing a risk of contamination. The environment in Rivington theatre was showing signs of wear and tear and we found cracked flooring in Longton Day Case Unit which posed a trip hazard and infection control risk.
- Though staff kept appropriate records of patient's care and treatment these were both electronic and paper and not all staff had access to electronic records. We found paper records stored in an unlocked room meaning that confidential personal information could potentially be accessed by people not authorised to look at it.

# Surgery

## Is the service effective?

Good   

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

- The service made sure that staff provided care and treatment based on national guidance and evidence in order to achieve positive outcomes for people. Staff used a sepsis red flag system to monitor patients and identify sepsis.
- Staff gave patients enough food and drink to meet their needs and improve their health. Patients were assessed using the malnutrition universal screening tool and referred to dietitians where appropriate.
- Patients pain was monitored and recorded. Senior nurses carried out a twice daily additional pain round on Leyland ward to ensure patients could access pain relief if needed.
- Patients care and treatment outcomes were routinely collected and monitored and the information used to improve care. Staff carried out monthly audits of patient outcomes using a quality assurance tool.
- Staff members were supported to maintain and further develop their skills and experience. Staff members competency to undertake their job role was monitored through annual appraisal and most staff had received their appraisal at the time of our inspection.
- We saw positive examples of team working between staff of different disciplines, staff worked well together to meet the range and complexity of patients' needs. Patients' care and treatment was discussed at daily multidisciplinary team board rounds.
- Staff made sure that they provided patients with support and information to live healthier lives. Lifestyle questions were asked at preoperative assessment and admission and staff made referrals to relevant support services where appropriate.
- Patients' consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005. The service had appropriate systems and policies to support patients to make decisions and for assessing patients' mental capacity, where appropriate. Staff could describe the process and knew where to seek additional support if needed.

However:

- The service performed worse than the England average in patient reported outcome measures for patients reporting an improvement following an operation on a groin hernia in 2016 to 2017.
- Compliance rates for Mental Capacity Act training for medical staff was below the trust target.

## Is the service caring?

Good   

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

- Feedback was positive about the way staff treat people. Patients and relatives, we spoke with told us they were treated with dignity, respect and kindness.
- Staff responded compassionately when patients required help and responded quickly when patients called for support to meet their personal needs.

# Surgery

- We saw that staff provided information to patients in a way they could understand and provided support to minimise their distress.
- Patient's relatives were involved and encouraged to make decisions about the care and support they received. We saw staff spending time with patients' relatives to explain their care and treatment.
- Patient's privacy and dignity was always maintained, the service provided chaperones for consultations on request.
- Staff encouraged patients to have access to their family, friends and community whilst on the wards.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The average length of stay from February 2017 to January 2018 for all non-elective and all elective patients was higher than the England average.
- The referral to treatment rates for ophthalmology and oral surgery were worse than the England average.
- The service cancelled 41 operations at Chorley and South Ribble Hospital between April and June 2017 and cancelled all elective orthopaedic surgery for two weeks in April 2018.
- Staff we spoke with in theatres did not had a clear understanding of the process of when and how to access patient records before surgery.

However:

- Patients' needs and preferences were considered and acted on to ensure that services were delivered in a way that met their needs.
- Staff took account of patients' individual needs, particularly for patients with dementia, learning disabilities and sensory impairments. Wards used a picture book called 'The Hospital Communication Book' to communicate with patients with learning or communication difficulties or who did not speak English.
- Staff members were aware of how to support patients to make a complaint or raise a concern. Complaints were taken seriously and treated compassionately. Learning from complaints was discussed with staff at monthly team meetings.

## Is the service well-led?

**Good** ● → ←

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

- Leaders at every level were visible and approachable. The leadership was knowledgeable about the issues and priorities for the quality and sustainability of services. The matron at Chorley and South Ribble Hospital worked across the surgery and diagnostic and clinical support divisions providing cohesive leadership and support to ward and theatre staff.
- The service had a clear vision for what it wanted to achieve and workable plans to turn it into action. Plans to move ophthalmology surgery to Chorley and South Ribble Hospital were well developed and funding was agreed.



# Surgery

- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke with described the culture within the service as open and positive and told us they were proud to work there.
- The service used a systematic approach to continually improve the quality of its services and safeguard high standards of care. The service used a quality assurance system to regularly audit the quality of services and produced action plans to improve services based on the outcomes of the audit.
- Governance arrangements were clearly set out and provided assurance from ward to board. Staff members were clear about their roles and accountabilities and promoted a quality service that met patients' needs.
- The service had effective systems for identifying risks and staff were involved in the recognition and reduction of risks. Staff we spoke to were aware of the key risks in their area and had escalated these.
- The service collected information and monitored performance information through monthly integrated performance reports. Performance information was shared with staff through team meetings and displayed on the wards and in theatres.
- The service actively engaged with local groups and the public.
- There were systems to support improvement and innovation work including staff reward and recognition schemes, data systems and ways of sharing information. Learning from incidents was shared with staff electronically.

However:

- Although staff were aware of the plans to move ophthalmology services they had not been consulted.
- Not all staff we spoke with knew who the freedom to speak up guardian was.
- The service had systems for identifying risks but some risks did not have identified actions or control measures.
- Wards and theatres were using a dual system of electronic and paper based records and not all staff had access to electronic records. This meant staff had to look in different places for different information.

## Outstanding practice

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

## Areas for improvement

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

# Maternity

Good 

## Key facts and figures

We inspected the whole maternity core service at Chorley and South Ribble hospital as part of our next phase methodology. The site visit took place 19 to 21 June 2018. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Chorley birth centre is a midwifery led free standing birth centre. It provides a homely environment with one-to-one midwifery care, and is suitable for women with low-risk pregnancies. Chorley birth centre has a core team of staff but staff from Royal Preston Hospital and community teams also work here. The team was managed through the maternity services at the trust.

The birth centre had a triage room, two delivery rooms with built in birthing pools and en-suite bathrooms and a further two delivery suites. There were two postnatal rooms, five clinic rooms and a large clinic room used for support group meetings.

Between May 2017 and May 2018, Chorley birth centre delivered 154 babies. The home birth rate for the same period was 2.5%.

During this inspection we spoke with two patients and their relatives and 16 members of staff.

## Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- All managers and staff displayed a caring approach to patients. All staff treated patients with compassion, dignity and respect.
- Staff involved patients in decisions about their care and treatment including their emotional, physical and social wellbeing,
- Patients and carers, we spoke with all gave positive feedback about the care they received from all staff.
- Staff morale was good and staff reported feeling supported by their immediate line managers and colleagues.
- Joint working between hospital and community services had improved since our last inspection.
- Safeguarding systems were in place and guidelines followed well by staff. There was a system in place for protecting babies from abduction.
- There were clear systems in place for reporting incidents and managing identified risks within the service.
- Processes were in place for ordering and recording medications. Medicines were stored and dispensed correctly.
- Infection control rates were better than the national average.

However:

- Women's postnatal records were not always kept in a secure way. This meant that patient confidentiality could not always be assured.

# Maternity

- Hazardous substances were not always stored securely a way which protected patients from possible harm.
- Not all resuscitation equipment used by community midwives was within the manufacturer's expiry dates. This meant that the effectiveness of this equipment could not be assured when it was needed.
- There were significant staffing vacancies and sickness and absence rates due mainly to staff on maternity leave. Managers were aware of midwifery vacancy rates and a programme of recruitment was underway. Measures had been put into place to mitigate risk and manage staffing shortfalls.
- Current processes for reviewing trust policies did not ensure they were reviewed in a timely way. A third of all trust policies were past their review date. The policies we saw which were over their review date remained relevant.

## Is the service safe?

**Good** 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- During this inspection we found the trust had made significant improvements for community midwives using and transporting medical gases to patients' homes. The trust had a standard operating procedure in place and robust systems for storing gases safely. Risk assessments for this activity were now completed.
- The trust had made improvements to its baby abduction policies. We found an up to date abduction policy which staff were familiar with.
- The birth centre was clean and well maintained and infection control rates were good. We saw a programme of cleaning for the birth centre environment and evidence that individual pieces of equipment were cleaned regularly.
- Staff compliance with annual mandatory training had improved. The trust had plans in place to improve compliance with training where it did not meet the target they had set.
- Staff were trained to the appropriate level for adult and children's safeguarding.
- The service had good systems in place to ensure safe transfer of deteriorating patients to Preston hospital.
- We observed the safe storage of medicines and good procedures for checking stock, ordering and disposing of medication.
- There was a clear system for reporting incidents and learning from events.

However

- Staffing was highlighted during our last inspection in September 2016 as a concern. Although managers had taken steps to manage staff challenges vacancy rates remained above trust targets.
- We saw inappropriately stored controlled substances hazardous to health.
- We observed out of date equipment in resuscitation kits.
- Records were not always stored safely which meant patient confidentiality was at risk.

# Maternity

## Is the service effective?

**Good** ●

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

- Staff received their annual appraisal performance review to discuss and evaluate job performance and career development.
- Outcomes for women and babies were good. There had been no third or fourth degree perineal tears reported during the last twelve months.
- Staff gave women enough food and drink to meet their needs. Staff supported women with breastfeeding. Breastfeeding initiation rates for the service were 69.7% compared with a national average of 81%.
- The birth centre monitored and provided women with pain relief. The birth centre offered medication as pain relief for low risk births and alternative pain relief such as water birth, aromatherapy and music.
- All staff had good working knowledge of policies and procedures. The trust had developed a phone application which made accessing information easier for staff.
- The service completed regular clinical audits to monitor patient outcomes.
- Staff communicated effectively with the wider multidisciplinary team at daily huddles and when handing over women's care to Royal Preston Hospital.
- Women were offered health promotion advice on smoking cessation, alcohol consumption, carbon monoxide monitoring and vaccinations.
- All staff had a good understanding of their roles and responsibilities regarding the Mental Health Act and Mental Capacity Act.

However

- Some trust policies were outside of their review date. We saw that policies remained relevant but the content had not been reviewed at the time the trust had advised.

## Is the service caring?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Women received patient centred, kind and compassionate care from staff at Chorley birth centre.
- All staff were observed providing caring and compassionate towards women and their relatives.
- Women were treated with privacy and dignity by all staff. Feedback from women and their relatives confirmed staff always maintained their privacy and dignity.

# Maternity

- Performance data the trust provided from the friends and family test was similar to the national average.
- Staff we spoke with told us that they regularly provided emotional support for women. We saw evidence in women's notes of anxiety and depression screening.

## Is the service responsive?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Care provided at Chorley birth centre was responsive and personalised to meet women's needs and choices. Services reflected the needs of the local population such as translation services for women whose first language was not English.
- All staff including managers took a flexible, patient centred approach to care and considered individual's needs. The service provided additional support for women who required this such as those experiencing mental health concerns or drug and alcohol needs.
- Women were triaged appropriately and directed to the service best suited to their individual situation. Access to the midwifery led service was 24 hours a day. This meant women could access face to face and telephone triage services as and when they needed to.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.

## Is the service well-led?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The service had made improvements to the management and leadership structure since our last inspection in September 2016. Staff spoke positively about the new team leaders at Chorley birth centre and felt supported in their professional development by these team leaders.
- The service demonstrated a clear vision and service development strategy. Staff spoke positively about the values of the trust and had a common sense of purpose.
- All staff we spoke with were passionate about their work and were proud of the care they delivered to patients
- Teams had been working hard at resolving conflict in a constructive way. The trust had robust systems in place for learning from what went well and from complaints.
- The trust employed a clinical governance and risk lead for neonates and women's health and a consultant obstetric lead for governance. They facilitated weekly risk meetings within the maternity department.

# Maternity

- The service had a robust audit programme which identified risks and managed them well. The service had a risk register in place which they used to monitor risk and work towards improvements.
- The service collected, analysed, managed and used information to support all its activities.
- The service held maternity voices partnership meetings, that were well attended by maternity staff, service users and external agencies and charities. People's views were sought to help shape the service of the future.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However

- Senior managers were not consistently visible in the Chorley birth centre. Staff we spoke with felt they did not regularly see senior managers at the Chorley site.

## Outstanding practice

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

## Areas for improvement

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

# Outpatients

Good 

## Key facts and figures

The core outpatient department provides support to a large geographic population across two sites: Royal Preston Hospital and Chorley and South Ribble Hospital. The department can facilitate more than 500 clinics per week.

There are clinics for general surgery, neurosurgery, vascular, plastics, dermatology, head and neck, and all medical specialties.

Attendance for outpatients between February 2017 and January 2018 for Chorley and South Ribble Hospital was 184,734.

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

We inspected the outpatient department between 11 to 15 June 2018. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During the inspection the inspection team attended four separate clinic areas and some of the administrative functions. The inspection team spoke with three patients and carers who were using the service, 32 staff including managers, medical staff, nurses, occupational therapists, physiotherapists, healthcare assistants and administrative staff. We reviewed 12 patient records in paper format and electronically.

## Summary of this service

We previously inspected outpatients jointly with diagnostic imaging in September 2016, so we cannot compare our new ratings directly with previous ratings.

We rated the service as good because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Care and treatment was delivered in line with best practice guidance. Patient outcomes were reviewed during clinic appointments to make sure patients were receiving appropriate care and treatment.
- Staff demonstrated a consistently caring attitude to supporting patients that was compassionate and kind. Patients' dignity was always maintained.
- 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.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Patients could access care and treatment in a timely manner.
- Staffing numbers and skills were flexibly managed to make sure there was sufficient staff to support the clinics as needed.
- There was a clear strategy based on best practice and values that assisted the service in developing quality care and treatment.

# Outpatients

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However:

- The assessment and recording of a patient's mental capacity and staff understanding of the Mental Capacity Act 2005 was not always consistent.
- Systems designed to flag patients needing extra support were not consistently used.
- Information for patients was not always available in formats that met their needs
- Patient records were variable not all records were clear and up to date.

## Is the service safe?

**Good** ●

We rated safe as good because:

- The service provided mandatory training in key skills to all staff and most courses had a completion rate in line with trust targets.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection in most areas.
- The service had suitable premises and equipment and looked after them well.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe always. Any staff shortages were responded to quickly and adequately.
- The service prescribed, gave, recorded and stored medicines well in general. However, we did find some medicines stored in a non-medical grade fridge and patient group directions that did not reflect the correct versions held electronically and did not record which staff were authorised to use them. Patients received the right medication, at the right dose, at the right time.
- Staff members understood and met their responsibilities to raise concerns, report incidents and near misses. When things went wrong arrangements were in place to ensure that patients were told when they were affected, given an apology and informed of any actions taken as a result.

However:

- Appropriate records of patients' care and treatment were not being kept in all outpatient clinics. Some records were not clear, up to date and available to all staff providing care.

## Is the service effective?

We do not rate effective in outpatients our findings were:



# Outpatients

- The service provided care and treatment based on national guidance and evidence to achieve positive outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff members learning needs were identified with training provided to meet their needs. Staff members were supported to maintain, further develop their skills, experience and their competency to undertake their job role.
- Staff spoken with and records reflected that patients were prescribed simple pain relief as required
- Staff worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide care.
- There was a focus on early identification, prevention and on supporting patients to improve their health and wellbeing.

However:

- There were limited arrangements in place to recognise patients who may have nutritional needs that needed to be met.
- Accurate and up-to-date information about the effectiveness of care and treatment was not routinely gathered to be used to improve outcomes for patients.
- Not all staff understood their roles and responsibilities under the Mental Health Act 1983 and Mental Capacity Act 2005. Not all staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

**Good** ●

We previously inspected outpatients jointly with diagnostic imaging in September 2016, so we cannot compare our new ratings directly with previous ratings.

We rated caring 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. However, patients' personal, cultural, social and religious needs were not always consistently determined with arrangements in place to meet their individual needs.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- The service planned services in a way that assisted them to meet the needs of local people.

# Outpatients

- Waiting times from referral to treatment were improving although not all specialities were above the England average.
- Waiting times and delays in the department and cancellations of clinics were minimal and managed in a manner that met patients' needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.

However:

- The service took account of patients' individual needs in general but systems designed to flag patients needing extra support were not consistently used and information for patients was not always made available in formats that met their needs.
- Facilities and premises were not always sufficiently adapted to meet the individual needs of patients.

## Is the service well-led?

**Good** 

We rated well led as good because:

- Leaders had the experience, capacity, capability and integrity to make sure that a quality service was delivered and risks to performance were addressed.
- Leaders at every level demonstrated shared values that encouraged pride and positivity in the organisation and focussed attention on the needs and experiences of patients.
- The service 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 promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Most staff we spoke with said they felt very supported by their immediate line manager and morale was good.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care. An environment in which quality of care would flourish was encouraged. However, new processes were not yet fully embedded to ensure there was consistent practice throughout outpatient clinics.
- The service had effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected. Audit processes to identify risks functioned well in most areas and had a positive impact.
- The service collected, analysed, managed and used information to support all its activities, using secure electronic systems with security safeguards. However, there were some delays in scanning electronic notes to medical records.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. The service was transparent, collaborative and open with all relevant stakeholders about performance considering the needs of the population to design improvements.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

# Outpatients

- Senior leaders were not always visible and approachable throughout the outpatient services.

## Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

**This guidance** (see [goo.gl/Y1dLhz](http://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 9 HSCA (RA) Regulations 2014 Person-centred care

#### 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 11 HSCA (RA) Regulations 2014 Need for consent

#### 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 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Requirement notices

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Nicholas Smith, Head of Hospital Inspection led this inspection. An executive reviewer supported our inspection of well-led for the trust overall.

The team included two inspection managers, 15 inspectors, an executive reviewer, 22 specialist advisers, and an assessor from NHS Improvement.

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.