Countess of Chester Hospital NHS Foundation Trust

Ellesmere Port Hospital

Quality Report

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

Ratings

Overall rating for this hospital	Good
Medical care (including older people's care)	Good
Outpatients and diagnostic imaging	Not sufficient evidence to rate

Summary of findings

Letter from the Chief Inspector of Hospitals

Ellesmere Port Hospital is part of Countess of Chester NHS Foundation Trust and provides medical care services, outpatient services, rehabilitation and intermediate care to patients over 65 years age. Patients admitted to this hospital no longer require acute medical support.

It has approximately 56 beds over three ward areas, of which one has shared care arrangements with other community providers.

There is a small outpatient facility which is shared with other community services that includes an ultrasound room and a plaster room. The x-ray department is close by with two rooms available.

We visited Ellesmere Port Hospital as part of our announced inspection of Countess of Chester NHS Foundation trust on 16th to 19th February 2016. During this inspection, the team inspected the following core services at Ellesmere Port Hospital :

- Medical care (including older people's care)
- Outpatients. We inspected but did not rate this service at Ellesmere Port Hospital.

Over- all we rated Ellesmere Port Hospital as 'good'. We rated it good for being safe, effective, caring, responsive and well- led.

Our key findings were as follows:

Cleanliness and infection control

- The trust had infection prevention and control policies and procedures in place which were accessible to staff at this hospital.
- Staff followed good practice guidance in relation to the control and prevention of infection in line with trust policies and procedures.
- We observed staff following hand hygiene practice, bare below the elbow and using personal protective equipment (PPE) appropriately.
- There had been no cases of MRSA bacteraemia reported at Ellesmere Port hospital and one reported case of Clostridium difficile from April 2015 to November 2015.
- Side rooms were used as isolation rooms to support patients and increased risk of cross infection. There was clear signage outside the rooms so staff and visitors were aware of the increased precautions they must take when entering and leaving the room.
- Some areas were dusty is outpatient clinic rooms.

Nurse staffing

- The hospital undertook biannual nurse staffing establishment reviews as part of mandatory requirements and set key objectives though this work to support safer staffing.Data provided as part of this review in January 2016 identified that over-all the hospital had maintained over 95% of staffing levels planned against actual levels for nine months.
- Nursing staff in the departments worked effectively across both sites to meet the demands of the service. The outpatient's department's staff included registered nurses and dental nurses, advanced practitioners and health care assistants.

Summary of findings

Medical staffing

- Medical treatment was delivered by skilled and committed medical staff.
- The information we reviewed showed that medical staffing was generally sufficient at the time of the inspection.
- A middle grade and senior house officer (SHO) provided a presence Monday to Friday with SHO cover Saturday & Sunday morning. Three care of the elderly consultants provided a ward round weekly.
- There were no consultant vacancies in elderly care across medical services trust wide however there were 7 trainee grade Dr vacancies.

Mortality rates

- Mortality and morbidity reviews were held in accordance with trust policies and were underpinned by policies and procedures. All cases were reviewed and appropriate changes made to help to promote the safety of patients. Key learning Information was cascaded to staff appropriately.
- The Summary Trust-level Mortality Indicator (SHMI) is a set of data indicators, which is used to measure mortality outcomes at trust level across the NHS in England using a standard and transparent methodology. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die based on average England figures, given the characteristics of the patients treated at the hospital. Between August 2014 and July 2015 the trust score was 103, which was slightly higher than the national average.
- Notably the hospital had achieved a "B" rating for the Senital Stroke National Audit Programme (SSNAP) in 2014, which was a significant improvement from an "E" rating in 2013. The stroke service had been recognised regionally for using innovation to improve outcomes for patients

Nutrition and hydration

- There were systems in place to ensure that patients nutritional and hydration needs were met.
- Nutritional risk assessments (MUST) were completed on all of the patient's records we reviewed although some were not weekly as per trust policy.
- Patients requiring monitoring of their fluid balance had red lids on their water jugs to act as a visible reminder to staff.
- Dieticians visited Ruby and Diamond wards daily and would review patients the same day if the referral was urgent.
- Patients had access to dementia friendly crockery to assist with eating and drinking and promote independence.

We saw several areas of outstanding practice including:

- The Stroke service were recently awarded Innovative Team of the Year 2015 by North West Coast Research and Innovation Awards for the work the team had undertaken to develop a robust auditing tool.
- The trust was working collaboratively with other agencies in delivering the 'discharge to assess' (D2A) project which included introduction of frailty ward at the Countess of Chester hospital and the GP led ward at Ellesmere port hospital.
- The trust were rolling out care and comfort worker roles to work across the wards to assist patients with nutrition andhydration feeding, and any other basic assistance including getting newspapers.

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

The trust should:

Summary of findings

- Ensure changes are made to improve the layout of ward areas to allow patients to be cared for in a safe environment.
- Ensure that all staff receive mandatory training including mental capacity act training.
- Ensure all staff are aware of escalation pathways and standard operating procedures.
- Ensure the electronic paper records system is robust and staff are sufficiently trained.
- The trust should ensure that all resuscitation equipment is checked and positioned appropriately in order that it is available in an emergency situation.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Medical care (including older people's care)	Good 	We rated services as good because: • The ward areas were visibly clean and spacious. • Staff followed good hygiene practices and there were good systems for handling and disposing of medicines. • There was good evidence of multidisciplinary team working with regular meetings held to review patient's on going development and needs. • Incidents were reported through effective systems and lessons learnt or improvements made following investigations were shared. • Staff were aware of their role and responsibilities around the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. A very small number of staff across the wards were identified by the trust as requiring Mental Capacity Act training. • Staff had access to information they required, for example diagnostic tests and risk assessments. • Best practice guidance in relation to care and treatment was followed and medical services across the trust participated in national and local audits and action plans formulated following the results of audits. • Care provided was patient centred with patients were involved in their care and planning individual goals. • Patients were observed receiving compassionate care and their privacy and dignity were maintained. • Staff were passionate about their work and felt supported and part of the team. However,

Summary of findings

- Planned staffing levels on the wards during the day were not always sufficient, however bank and agency staff were used on a regular basis to support safe staffing levels.
- Compliance with mandatory training was not all above target
- The geographical lay out of the wards along with complexity of some patients was not ideal as many patients could not be observed from the nurses station. Staff on the wards managed the situation by placing those patients at a higher risk in zoned areas.
- There were issues with access and flow across the trust with high bed occupancy rates and there were 4 escalation beds in use at the hospital.
- At the time of our inspection nearly a third of all patients at the hospital were unable to be discharged due to waiting for services to become available in the community.

Outpatients and diagnostic imaging

Not sufficient evidence to rate

- The outpatient department was a space that is shared with other local community services during out of hour's periods.
- There is some clinic and radiology activity, however; the main outpatient and radiology activity, took place at the Countess of Chester Hospital. As a result, we have reported our findings for the safe and well-led sections, however; not rated the service.
- Systems were in place for the maintenance of equipment.
- We observed that some aspects of outpatient rooms and medical equipment at Ellesmere Port hospital were shared with other organisations.
- The checking of resuscitation equipment at Ellesmere Port hospital and processes for managing the outpatients and x-ray departments were not robust.

Summary of findings

- Patients' records were maintained on paper ad via electronic systems, although; plans for changes in electronic systems were in place.
- There was a clear vision and strategy for the future.
- The management teams were stable and committed to patient well-being in both outpatients and diagnostics despite challenges.
- There were governance processes embedded with action plans in progress to improve services.
- There were regular meetings, at all levels. Staff felt supported by their line managers and there was good team working in the departments.
- There were several innovations taking place with plans to increase services.
- There was a sharing of facilities that contributed to a lack of ownership for the department.
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Ellesmere Port Hospital

Detailed findings

Services we looked at
Medical care (including older people's care); Outpatients and diagnostic imaging

Detailed findings

Contents

Background to Ellesmere Port Hospital

Ellesmere Port Hospital is one of two hospital sites managed by The Countess of Chester NHS Foundation Trust. The trust provides medical care services to a population of 445,000 and employs around 4100 staff.

The medical care services at Ellesmere Port Hospital provides rehabilitation and intermediate care to patients over 65 years age. Patients admitted to this hospital no longer require acute medical support.

There were two rehabilitation wards with 20 beds each and one newly opened ' discharge to assess' ward with 16 beds and an additional two 'step up' beds from the community.

Outpatient and diagnostic services are provided mainly at the Countess of Chester Hospital (COCH) but also there is a small unit at Ellesmere Port Community Hospital. As a Trust, there were 444,045 outpatient attendances between July 2014 and June 2015.

At Ellesmere Port Hospital (EPH) there is a small outpatient facility which is shared with community services that includes an ultrasound room and a plaster room. The x-ray department is close by with two rooms available. COCH services are available seven days a week whereas EPH is available on weekdays as required.

Our inspection team

Our inspection team was led by:

Chair: Elizabeth Childs

Head of Hospital Inspections: Ann Ford, Care Quality Commission

The team included an inspection manager, 9 CQC inspectors, an inspection planner, an assistant planner, a senior analyst and a variety of specialists including : a director of nursing, a safeguarding nurse, a nurse consultant, an accident and emergency nurse, a nurse consultant in accident and emergency, an intensive care consultant, an intensive care advanced nurse practitioner, a consultant obstetrician and gynaecologist, a senior neonatal midwife, a clinical nurse specialist in medicine, an associate medical director in radiology, a nurse consultant in acute medicine, a consultant paediatrician and neonatologist, a paediatric nurse, a consultant in vascular surgery, a theatre manager and a student nurse.

Detailed findings

How we carried out this inspection

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

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

Before visiting the hospital, we reviewed a range of information we held about Ellesmere Port Hospital and asked other organisations to share what they knew about it. These included the Clinical Commissioning Groups, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Health watch.

We held a listening event for people who had experienced care at either Countess of Chester Hospital or Ellesmere Port Hospital on 9 February 2016 in Countess of Chester Hospital. The event was designed to take into account people's views about care and treatment received at the hospital. Some people also shared their experiences by email and telephone. The announced inspection at Ellesmere Port Hospital took place on 16 – 19 May 2016.

The inspection team inspected the following core services:

- Medicine (including older people's services)
- Outpatient and diagnostic services. We inspected this service but did not rate it.

As part of the inspection, we held focus groups and drop-in sessions with a range of staff in the trust, including nurses, trainee doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters.

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

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at Countess of Chester Hospital.

Facts and data about Ellesmere Port Hospital

The Countess of Chester NHS Foundation Trust serves a population of approximately 445,000 people in and around Western Cheshire, Ellesmere Port, Neston and North Wales. The Trust was one of the first 10 in the country to gain foundation status in 2004. In 2010, Ellesmere Port Hospital came under the management of the Countess of Chester Hospital NHS Foundation Trust. Ellesmere Port Hospital is a rehabilitation unit providing Physiotherapy, Radiology, Mental Health and COCH Consultant outpatient clinics.

The Countess of Chester Foundation Trust has approximately 683 beds and employs 4105 staff.

The health of people in Cheshire West and Chester is varied compared with the England average. Deprivation is lower than average, however about 15.4% (9,000) children live in poverty. Life expectancy for both men and women is similar to the England average.

In 2014/15 there were 74,404 emergency department attendances and 444,045 outpatient attendances

Detailed findings

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Not rated	N/A	N/A	N/A	Not rated	Not rated
Overall	Good	Good	Good	Good	Good	Good

Notes

We were not confident that there was sufficient evidence to rate Outpatients & Diagnostic Imaging.

Medical care (including older people's care)

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good
Overall	Good

Information about the service

The trust provides medical care services to a population of 445,000 and employs around 4100 staff.

The medical care services at Ellesmere Port Hospital provides rehabilitation and intermediate care to patients over 65 years age. Patients admitted to this hospital no longer require acute medical support.

There were two rehabilitation wards with 20 beds each and one newly opened ' discharge to assess' ward with 16 beds and an additional two 'step up' beds from the community.

We visited Countess of Chester hospital as part of our announced inspection on 16th to 19th February 2016.

During the inspection we visited Emerald, Diamond and Ruby ward. We reviewed the environment and staffing levels and looked at care records and medication records. We spoke with two family members, two patients and 21 members of staff of different grades, including nurses, doctors, ward managers, matrons, pharmacist, allied health professions, such as physiotherapist's and the senior managers who were responsible for medical services.

We received comments from people who contacted us to tell us about their experience, and we reviewed performance information about the trust. We observed how care and treatment was provided.

Summary of findings

We rated services as good because:

- The ward areas were visibly clean and spacious.
- Staff followed good hygiene practices and there were good systems for handling and disposing of medicines.
- There was good evidence of multidisciplinary team working with regular meetings held to review patient's on going development and needs.
- Incidents were reported through effective systems and lessons learnt or improvements made following investigations were shared.
- Staff were aware of their role and responsibilities around the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. A very small number of staff across the wards were identified by the trust as requiring Mental Capacity Act training.
- Staff had access to information they required, for example diagnostic tests and risk assessments.
- Best practice guidance in relation to care and treatment was followed and medical services across the trust participated in national and local audits and action plans formulated following the results of audits.
- Care provided was patient centred with patients were involved in their care and planning individual

Medical care (including older people's care)

goals. Patients were observed receiving compassionate care and their privacy and dignity were maintained. Staff were passionate about their work and felt supported and part of the team.

However,

- Planned staffing levels on the wards during the day were not always sufficient, however bank and agency staff were used on a regular basis to support safe staffing levels.
- Compliance with mandatory training was not all above target
- The geographical lay out of the wards along with complexity of some patients was not ideal as many patients could not be observed from the nurses station. Staff on the wards managed the situation by placing those patients at a higher risk in zoned areas.
- There were issues with access and flow across the trust with high bed occupancy rates and there were 4 escalation beds in use at the hospital.
- At the time of our inspection nearly a third of all patients at the hospital were unable to be discharged due to waiting for services to become available in the community.

Are medical care services safe?

Good

We rated safe as good because :

- Incidents were reported by staff through effective systems. Lessons were learnt and improvements made were shared with staff following investigations.
- Records we looked at were clear and legible with completed risk assessments.
- Staffing was on the risk register across medical services at the trust. Senior managers had recently undertaken a staffing review and new shifts patterns were being trialled to support staffing levels.
- There were systems in place to manage safe administration and prescribing of medication.
- The wards we inspected were visibly clean and staff displayed good hygiene practice.
- There was good monitoring of infections with actions in place to improve practice. PLACE assessments were above the England average apart from dementia.
- Compliance rates for mandatory training were on target for most staff.

However,

- Staffing on some occasions was less than 80% for care staff during the day and bank and agency staff were used to help fill most of the shifts. The average fill rate for all staff at night was satisfactory and exceeded 100% on occasions.
- Some staff found the electronic system in place difficult and time consuming to use.
- The complexity of some of the patients and the lay out of the wards added to difficulty in observing caring and managing patients in a safe environment. Staff would mitigate the risk by having specific areas for higher risk patients.

- According to trust data only a small number of staff were required and had actually completed mental capacity act training within the past 3 years. However, staff were aware of how to ensure patients were safeguarded from abuse.

Incidents

- There were systems for reporting actual and near miss incidents across medical services. Staff were familiar with and encouraged to use the trust's procedures for reporting incidents.
- All incidents were reviewed by the ward manager who ensured all appropriate measures had been taken for example where a fall had occurred risk assessments, preventative measures and if injuries were sustained this had been managed appropriately. Any significant harm was escalated to the Risk and Patient Safety Team to be investigated fully. However one investigation noted that a serious incident on Emerald ward was not initially escalated by the ward manager or staff to the team at the time of occurrence.
- The executive serious incident panel met on a weekly basis and reviewed incident trends and those which resulted in moderate harm or greater. The level of investigation would be determined and those that were considered to be a NPSA (national patient safety agency) Level one or two were reported to StEIS (Strategic Executive Information System).
- Never events are serious, wholly preventable patient safety incidents which should not occur if the available preventative measures are implemented. Between November 2014 and October 2015, no never events had been reported at Ellesmere Port hospital.
- From 1st December 2014 to 30th November 2015, medical services across the trust reported 2475 incidents, 51 of these were escalated for further investigation. All three wards at the hospital were in the top 10 locations for reporting incidents.
- It was difficult to identify from the data exactly how many serious incidents were reported at the Ellesmere Port hospital as data provided did not have any specific locations documented. However, there were five incidents reported from the Ellesmere Port hospital from 1st February 2015 and 21st January 2016. All serious incidents had been investigated and action had been taken to prevent re-occurrence. Trust data suggests that one of these was still ongoing at the time of report.
- Staff we spoke to felt they were well supported when they reported incidents. Incidents and lessons learnt were disseminated at ward staff meetings. There were examples of learning and changes to practice following incidents, for example the introduction of safety huddles to support key patient information being shared within the team.
- The trust had a duty of candour process in place to ensure that people had been appropriately informed of an incident and the actions had been taken to prevent recurrence. Staff understood the principles of duty of candour and we saw evidence of the policy being applied appropriately. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of'certain notifiable safety incidents'andprovide reasonable support to that person. .
- Duty of candour was included in mandatory training and a leaflet was given to staff as part of induction training. Duty of candour was included in the policy for investigating incidents.
- Multidisciplinary mortality and morbidity reviews were held on a monthly basis. Each case was reviewed including patients records and whether the death was avoidable and if any actions taken were appropriate. These were discussed at key governance meetings and some staff told us this was shared with them.

Safety thermometer

- The trust was required to submit data to the health and social care information centre as part of the NHS Safety Thermometer (a tool designed to be used by frontline healthcare professions to measure a snapshot of specific harms once a month). The measurements included pressure ulcers, falls and catheter acquired urinary tract infections

Medical care (including older people's care)

- From January 2015 to January 2016 there were 17 new pressure ulcers, six catheter acquired urinary tract infections, 26 venous thromboembolism and four falls reported across the three wards.
- Reviews were conducted and reports completed of all in-patient falls and pressure ulcers reported across the trust from April to September 2015. Each report included a review of falls and pressure ulcers including mitigating reasons and impact. Learning points were highlighted, key actions identified and recommendations were made including improvement in communication and documentation.
- Harm data was reviewed by the Director of Nursing and reported to the integrated board to monitor compliance against local and national target.

Cleanliness, infection control and hygiene

- The trust had infection prevention and control policies and procedures in place which were accessible to staff.
- From April 2015 to December 2015 there were no cases of MRSA bacteraemia reported at Ellesmere Port hospital and there was one reported case of Clostridium difficile from April 2015 to November 2015. A root cause analysis investigation was undertaken and key learning related to antibiotic prescribing was cascaded to teams.
- Staff followed good practice guidance in relation to the control and prevention of infection in line with trust policies and procedures.We observed staff following hand hygiene practice, bare below the elbow and using personal protective equipment (PPE) where appropriate.
- There were sufficient number of hand washing sinks and hand gels. Hand towel and soap dispensers were adequately stocked and personal protective equipment such as gloves and aprons was available throughout the ward areas.
- Side rooms were used as isolation rooms to support patients and increased risk of cross infection. There was clear signage outside the rooms so staff and visitors were aware of the increased precautions they must take when entering and leaving the room.
- The trust used the national colour coding scheme for hospital cleaning materials and equipment.This ensured that these items were not used in multiple areas, therefore reducing the risk of cross infection. Cleaning storerooms were generally clean and tidy.
- In June 2015, an audit of commodes across 26 areas, including Ruby and Emerald wards showed a decline in cleanliness compared to the previous year.Key actions were identified including training posters to be placed in 'dirty' utility areas as a reminder. A further audit was planned for 2016. During the inspection all equipment we observed was clean apart from a set of weighing scales which appeared dirty.
- Hand hygiene audits from May 2015 to October 2015 showed variable compliance ranging from 84 % to 100%. Emerald ward compliance was 98-100% and Ruby ward was 84% to 100%. Diamond ward was 94-100% with one month showing 64% compliance and another month not recorded due to insufficient data. Reasons for non-compliance included not following the bare below elbow policy. The trust target was 95%. Following these results action plans were put in place and being monitored by the PLACE committee. Data received shows none of the actions had yet been completed.

Environment and equipment

- In order to maintain security of patients, visitors were required to use the intercom system outside the wards to identify themselves on arrival before they were able to access the wards.
- The geographical lay out of the three wards meant that many of the side rooms and bed bays were not visible from the nurse's station. The ward managers told us they would risk assess and place those patients at higher risk within bays nearest the nurse's station. This was not on the risk register. We reviewed one investigation following a fall on Emerald ward and the lay out of the ward was documented as an issue.
- The ward manager on Ruby and Diamond wards told us that there were plans in place to remove the main nurse's station and replace with smaller mobile nurses stations with laptops so that patients could be observed at all times.

Medical care (including older people's care)

- On Emerald ward there was a patients kitchen for occupational therapies and although there was no designated room for patients to receive physiotherapy, staff told us they used the spacious activities room which was also used at meal times. On Ruby ward there was a small physio suite for patients to use.
- Resuscitation equipment for each ward was readily available in corridors. There were systems in place to ensure it was checked and ready for use on a daily basis. Records indicated that all daily checks of equipment had taken place on the wards and all tamper safe seals were intact.
- We observed that the disposal of sharps, such as needle sticks followed good practice guidance. All but one sharps container were dated and signed upon assembling and all were temporary closed when not in use
- A trust wide sharps handling and disposal practice audit in September 2015 showed an overall improvement with compliance including the use of the temporary closure mechanism on sharps containers. However compliance had decreased slightly from 56 % to 52 % in storing sharps containers safely in brackets/trolley. Recommendations were given to ward managers. During our inspection not all sharps containers were stored in a bracket or trolley.
- There were systems in place to maintain and service equipment. We observed Portable appliance testing (PAT) had been carried out on all electrical equipment regularly and electrical safety certificates were in date.
- Staff told us pressure relieving equipment was readily available and would generally be sent over from the Countess of Chester hospital (COCH) the same day if requested in the morning. Patients we saw had appropriate pressure relieve aids in place.
- Patient Led Assessments of the Environment (PLACE) assessments in 2015 showed a score above the England average of 90% for facilities at the hospital apart from dementia compliance which was scored at 71% which was below the England average of 75%.

Medicines

- All wards had systems in place for the safe handling and disposal of medicines. Pharmacy services from COCH covered Ruby and Diamond ward. A pharmacist visited the wards weekdays and an on call pharmacist could be contacted out of hours. Staff told us there was a weekly delivery of medications including discharge medications from the COCH. Medication required at other times was transported over as required.
- Prescriptions on Diamond and Ruby wards were via an e-prescribing system. On the system VTE assessments and antibiotic stop dates were mandatory, which supported safe medication prescribing.
- Patient's medicines to take home on discharge (TTO) were visible and could be reviewed on the tracker system which helped staff prioritise patient discharges.
- We reviewed 5 patient's prescription records which were fully completed, dated and had the patient's allergy status documented. Staff said they had undertaken training to use the system.
- There were suitable arrangements in place to store and administer controlled drugs (medicines which are required to be stored and recorded separately). Stock balances of controlled drugs and patients controlled drugs were correct and two nurses checked the doses and identified the patient before medicines were administered. Daily checks of controlled drugs balances were recorded as per trust policy.
- Suitable locked cupboards and cabinets were in place to store medicines. All drugs randomly checked were within date,
- Medication errors and risks identified were discussed at the medicines clinical quality meeting. Between April 2015 and September 2015 Emerald ward had reported 18 incidents and was in the top 10 locations for reporting incidents. All incidents had been investigated and appropriate action taken.

Records

- There were paper and electronic patient records on an 'electronic system' on Diamond and Ruby wards. The electronic system would prompt staff to take certain actions for example when completing the multifactorial falls risk assessment if patient met the criteria which increased risk of falling a flag would be seen to refer the patient to the physiotherapist.

Medical care (including older people's care)

- Patients transferred to the Emerald ward were provided with an e-discharge summary. All staff would use the electronic system to input care.
- We reviewed 5 patients care records during our inspection. The records we reviewed had detailed information regarding planned care and treatment.
- Staff we spoke to stated using the electronic system and inputting information was time consuming and difficult to use. Staff said they had received training on induction.

Safeguarding

- At the time of our inspection there was not a safeguarding adult and learning disability coordinator in place to take the strategic and operational lead for Safeguarding Adults at the trust, however this vacancy had been recruited too and the trust were being supported by the lead from a local clinical commissioning group. Staff had access to a named doctor and nurse along with five other staff who acted as safeguarding points of contacts for advice and guidance. These were based at COCH.
- A safeguarding adults policy was in place which included standard operating procedures with key points and clear guidance for staff. Staff were aware of the policy and who to access for guidance and support and the policy.
- The trust had a safeguarding strategy board who met to discuss adult and child safeguarding issues, reports and incidents. Strategies and action plans were implemented to improve safeguarding, this included increasing awareness and training.
- There was a requirement for staff to attend adult safeguarding training every three years. Data showed that 106 staff at Ellesmere Port hospital were required to complete the training, of those 74% of staff had completed with 64% updated their training in the last 12 months. The trust target was 80%.
- Staff had a good knowledge regarding safeguarding and knew how to access advice and support if required.

Mandatory training

- Staff received mandatory training in areas such as mental capacity, health and safety, fire, manual handling, infection control and medicine management.
- Staff we spoke were up to date and had completed all there mandatory training.
- Mandatory training compliance rates data provided for January 2016 for staff on Ruby and Emerald wards were above the trust target of 95%. However the compliance rates for staff on Diamond wards was slightly below the trust target with 93%.

Assessing and responding to patient risk

- Risk assessments identified patients at risk of harm. Those patients at high risk were placed on care pathways and care plans were put in place to ensure they received the right level of care. The risk assessments included falls, pressure ulcer and nutrition (Malnutrition Universal Screening Tool or MUST).
- Patients transferred from Countess of Chester Hospital (COCH) already had risk assessments and care plans in place. However staff told us patients pressure ulcer and falls risk was re assessed on admission and MUST scores completed when due. The five care records reviewed showed all patients received a pressure ulcer and falls risk assessment however one patient didn't have their pressure ulcer risk score assessed for 24 hours following admission.
- We reviewed five patients' records and found that all necessary documentation was completed to ensure that patients risk was assessed and care was managed safely although two MUST scores were not completed as per trust policy. This was highlighted to the nurse during review of the records.
- The trust had a falls policy which included the process for assessment, prevention and management of falls for staff to follow including the use of falls alarms and mattress sensors. Staff were aware of the policy and we observed patients with tab alarms attached to their clothing.
- A modified early warning score system (MEWS) was used throughout the trust to alert staff if a patient's

condition was deteriorating. This was a basic set of observations such as respiratory rate, temperature, blood pressure and pain score used to alert staff to any changes in a patient's condition

- In October 2015, a MEWS audit was performed across 21 wards in the trust including Diamond, Emerald and Ruby ward. The report highlighted good practice and areas of concern including patients not having treatment escalated (57% on Emerald ward, 67% on Ruby ward and 71% on Diamond ward). Mitigating reasons were noted including some patients that were palliative care. Action plans with timescales were implemented including sharing audit results and re auditing monthly. We reviewed five care records and all patients were escalated as per guidance and appropriate measures put in place.
- There was an escalation process and a transfer of the acutely ill patient standard operating procedure (SOP) for staff at Ellesmere Port hospital to follow. Staff were aware of the policy and gave examples of when they had followed it. The ward manager on Ruby ward told us that patients with a MEWS score of five or above were transferred to COCH as per the escalation process. However the SOP states a score of six and above would meet the criteria.
- The deputy ward manager on Emerald ward was unaware there was an escalation policy in place and said staff would use their clinical judgement. Any concerns would be escalated to the hospital at home team which included an assistant nurse practitioner or GP. If the patient is poorly the staff would dial 999.This reflected what was stated in the policy.
- There were regular handover meetings including the 'safety brief 'and 'safety huddle' where staff discussed patients and highlighted key risks. There was also a paper list of patients to help ensure all relevant information was shared with staff. This included deteriorating patients, falls and those at risk.
- Patients were transferred over from COCH no later than 3pm to ensure they were seen by the doctor on admission.

Nursing staffing

- The trust used a safer staffing tool, which included measuring patient acuity to identify safe staffing levels. The trust was also in the early stages of using a workload management tool (NHPPD) from the recently published Lord Carter model hospital review, and was piloting an activity monitoring tool to support safe staffing levels going forward.
- The hospital undertook biannual nurse staffing establishment reviews as part of mandatory requirements and set key objectives though this work to support safer staffing. Data provided as part of this review in January 2016 identified that over-all the trust had maintained over 95% of staffing levels planned against actual levels for nine months.
- We looked at nurse staffing levels across the wards in July, September and October 2015. The average monthly fill rate during the day for nursing staff ranged from 91.5% to 95.6% and for care staff between 78.4% and 81%. During the night nursing staff levels were from 82 % to 104% and care staff levels were from 120% to 136%.
- Data provided for registered nurse staffing levels for December 2015 and January 2016 showed the actual staffing rates for the wards ranged from 79% to 95% with Ruby ward achieving 95% of staffing levels in January 2016. No data was provided for untrained staffing levels.
- Data provided by the trust shows across medical services the turnover rate of nursing staff was 10.7% with staff sickness reported at 3.7%.
- Trust data for the hospital showed there were vacancies for qualified staff on Emerald (0.7 WTE) and Diamond ward (0.96 WTE). Vacancies for unqualified staff were on Emerald ward (0.7 WTE) and Ruby ward (0.43 WTE). In addition Ruby ward had 0.8 WTE maternity leave.
- The wards displayed nurse staffing information on a board at the ward entrance. This included the staffing levels that should be on duty and the actual staffing levels. This meant that people who used the service were aware of the available staff and whether staffing levels were in line with the planned requirement.
- Matron and managers met regularly to discuss nurse staffing levels and where there were shortfalls, agency staff and bank staff would be used to fill shifts although this was not always achieved.

Medical care (including older people's care)

- Trust data showed from the number of agency staff used was variable across wards from May 2014 to March 2015. Diamond ward from 0.5% to 20%, Ruby ward 6.3%- 18.4% and Emerald ward from 1.7 to 12.2%.Recent figures have been requested from the trust.
- On the day we inspected the majority of shifts across medical services were filled as planned. We reviewed rotas and saw the majority of shifts were filled, however staff said extra staff would sometimes be needed to care for patients requiring additional support.
- A ward manager told us they would sometimes be included in staffing numbers when they were also the bleep holder and therefore covering two roles A recent audit had been undertaken by the trust in response to the difficulties that some ward managers were finding in working in a supernumery capacity. A new rota had been designed by staff to support this.
- Biannual Safe Nurse Staffing Establishment Review was completed in July 2015 and showed that staffing levels at night for trained staff was two with two untrained on Diamond and Ruby ward. On Emerald ward there was one trained with two untrained. It was noted that staffing levels and skill mix would need to be revised following the recent change to intermediate care delivery.
- A recent staffing review of Ellesmere port hospital, which used information from a regional benchmark review of similar units identified that staffing on each ward could reduce from two to one member of trained staff at night. This had been trialled on wards and there had been no impact on patient safety or patient satisfaction. Staff told us that they were concerned with the staffing levels at night despite the site coordinator supporting staff including covering breaks.

Medical staffing

- Emerald ward was covered by general practitioners (GP) and the hospital at home team which included four assistant nurse practitioners (ANP) and three GP's. A GP visited the ward on a Monday and Thursday and an ANP would visit on Tuesday, Wednesday and Friday. The team could be contacted during the week 9am – 5pm if staff had any concerns. At other times staff would contact the site co-ordinator.
- A registrar provided cover on Ruby and Diamond wards on weekdays 9am to 5pm and two consultants each had a ward round weekly. At other times staff would contact the site co-ordinator for advice or support.
- The turnover rate for medical staff trust wide was 8.1% and 1.25% staff sickness for the last financial year.
- There were no consultancy vacancies in elderly care across medical services trust wide however there were 7 trainee grade Dr vacancies**.**
- The use of locum medical staff at the hospital during April 2014 and March 2015 was variable with 25% up to 64%, however on four occasions locum agency levels were 0%.

Major incident awareness and training

- The trust had a major incident plan in place which listed key risks that could affect the provision of care and treatment. There were clear instructions for staff to follow in the event of different types of major incidents.
- Most staff we spoke with were aware of the major incident plan and how to access it.

Are medical care services effective?

Good

We rated effective as good because:

- Care and treatment was provided in line with national and best practice guidelines.
- Medical services participated in the majority of clinical audits where they were eligible to take part, for example the stroke and diabetes audit.
- Recent national audits indicated that there had been progress made to improve care for people who had a heart attack, stroke or heart failure.

- Patient's pain relief was monitored effectively. Nutrition and hydration assessments were completed although not all within trust timelines. Support was provided to patients requiring assistance.
- There was good multidisciplinary work throughout the wards with focus on discharging the patients.
- Most staff said they were supported effectively and all but one member of staff had received their annual appraisal. Ongoing support was given to staff with revalidation.
- There was good collaborative working on the wards with focus on discharge planning.
- We found staff had a good understanding and knowledge of the mental capacity act (2005) and deprivation of liberty safeguards (DOLS).

However,

- The average length of stay was longer than the England average.
- Rehabilitation services were not accessible to patients seven days a week. However, nursing staff were aware of patients plans and would support patients at the weekend.

Evidence-based care and treatment.

- The hospital was using national and best practice guidelines to care for and treat patients. These included diabetes care and MUST screening. The trust monitored compliance with NICE guidance and were taking steps to improve compliance where further actions had been identified
- There were examples of recent local audits that had been completed on the wards, including the care metrics monthly audit. Staff said they received the results of the audits and any learning was shared with them in team meetings. The care metrics results were on notice boards at the entrance to each ward. Staff told us they were shared and discussed at team meetings.
- Files which included guidelines, policies minutes to team meetings and previous audits which were available to staff in the main office.
- Safety crosses were completed and displayed on notice boards to monitor avoidable harms such as falls, pressure ulcers, venous thromboembolism (preventing blood clots) and infections (MRSA and C-diff). These were visible to staff, patients and relatives. The data was reported and discussed at the team and matrons meetings.
- Monthly audits showed that VTE assessments were consistently above the trust target of 95 % from October 2014 to 0ctober 2015.

Pain relief

- Pain relief was managed on an individual basis and was regularly monitored for efficacy. Patients told us that they were asked about their pain and supported to manage it.
- We saw completed pain assessments in patient's records.

Nutrition and hydration

- Nutritional risk assessments (MUST) were completed on all of the patient's records we reviewed although some were not weekly as per trust policy.
- Patients requiring monitoring of their fluid balance had red lids on their water jugs to act as a visible reminder to staff.
- Dieticians visited Ruby and Emerald wards weekly and would review patients the same day if the referral was urgent.
- During our inspection we observed patients being offered and provided with drinks. Drinks were within reach of patients**.** We saw staff assisting patients to drink whilst promoting compassion, dignity and independence.
- Patients had access to dementia friendly crockery to assist with eating and drinking and promote independence.

Patient outcomes

- The risk of re-admission across Ellesmere Port hospital for all elective rehabilitation services was over three times higher than the England average of 100. However the data was difficult to compare to similar services as there was no national benchmark for intermediate care readmission rates.

Medical care (including older people's care)

- The average length of stay (LOS) at the hospital for all elective admissions was longer than the England average by 25 days. The length of stay for non-elective was approximately 48 days longer than the average, however the England average related to acute care rather than intermediate care provision.
- The trust took part in the National Diabetes Inpatient Audit in September 2015. Data showed that there was a higher diabetes prevalence of 38% compared to a national average of 17%. The trust performed within range for four indicators and better than the England average in 14 out of 18 indicators, for example diabetic foot assessment within 24 hours (69%) compared to the England average (29%) and patients admitted with active foot disease who were seen by the multi-disciplinary team within 24hrs (93%) compared to and England average of 58%. Emergency admissions for patient with diabetes was slightly higher (88%) compared to an England average (86%) and patients with active foot disease were more likely to get admitted than the national average.
- The sentinel stroke national audit programme (SSNAP) is a programme of work that aims to improve the quality of stroke care by auditing stroke services against evidence-based standards. The latest audit results for April to June 2015 rated the trust overall as a grade 'A'. This had improved from a grade 'D' in July – December 2014 with particularly good performances in discharge processes.

Competent staff

- Trust data provided for January 2016 shows that all but one member of staff had received their annual appraisal .
- All new nurses on wards were supernumerary for the first two weeks. This focused on supporting staff in their personal and professional development and in reflecting on their practice to encourage improvement.
- All staff we spoke to were up to date with any relevant training and feel supported if they wish to further develop/access further training if needed.
- In response to the change in the NMC revalidation process in April 2016 the trust had formulated a revalidation group which hospital staff were part of. Staff were able to attend awareness sessions and supportive arrangements were in place which were monitored by robust action planning.

Multidisciplinary working

- Multidisciplinary team (MDT) was well established on the wards with patients having input from a range of allied healthcare professionals (AHP) including occupational therapists and physiotherapists. Plans of care were available to staff to review patients goals.
- On Emerald ward therapy staff from COCH and another provider, worked collaboratively in providing effective care to patients on weekdays.
- Patients on Ruby and Diamond wards had daily input from allied healthcare professionals (AHP) including occupational and physiotherapists.
- There was a cohesive and thorough approach to assessing the range of people's needs, setting individual goals and providing patient centred care. Nursing staff worked alongside therapy staff to provide a multidisciplinary approach. Most staff we spoke to described good collaborative working practices.
- MDT meetings took place three times a week on Diamond and Ruby wards and included allied health professionals (AHP), nurses and doctors. Once a week the psychiatric liason officer from COCH would also attend.
- On Emerald ward MDT meetings were held twice a week and included AHP, nurses, GP, social worker and the integrated discharge team who assisted with the discharge process.
- At MDT meetings patients who were identified as fit for discharge would then start the process of discharge which could include discharge planning meetings and environment visits.

Seven day services

- Rehabilitation services were not accessible to patient's 7 days a week. However staff told us they worked closely with the AHP's and were aware of each patients goals and they would encourage and assist patients with these for example walking to the toilet.

Medical care (including older people's care)

- Medical staff were available on the Diamond and Ruby wards weekdays from 9am – 5pm. Out of hours staff would contact the on clinical coordinator who would assess and then escalate if required to the registrar at COCH for advice. Patients would be transferred to the Countess of Chester hospital if required. Staff would dial 999 in emergencies.
- The Pharmacist was available via the telephone for advice after 5pm and at weekends.
- Consultant cover was available trust wide seven days a week with on call cover overnight. We were told that all consultants were within 30 minutes of the hospital.
- There was a designated clinical co coordinator on duty out of hours seven days a week who supported nurses and managed any issues at the hospital. A senior manager was also on call across the trust.

Access to information

- Staff had access to information they needed to deliver effective care and treatment to patients. All staff we spoke to were aware they could easily access to Trust information including policies, procedures and on the ward computers.
- There were computers available which gave staff access to patient and trust information.
- On the wards, files which included minutes to team meetings and previous audits were available to staff and staff were encouraged to read them.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff on the wards had a good understanding of safeguarding and the key principles of the Mental Capacity Act (2005).
- Staff had knowledge and understanding of the procedures relating to the Deprivation of Liberty Safeguards (DOLS). DOLS are part of the Mental Capacity Act (2005). Senior Staff would complete all assessments as required
- Mental Capacity Act training consisted of a single session with 3 yearly updates at the Adult Safeguarding session. Trust data states that just 10 members of staff were required to complete mental capacity act training, out of those 8 had attended the training in the past years. The trust target was 80%.
- Patients who were on a DOLS would be discussed at staff handover. We reviewed two patients' records where a DOLS was in place and all documentation was completed accurately.

Are medical care services caring?

Good

We rated the caring as good because:

- Patients told us staff were caring, kind and respected their wishes.
- We observed positive patient centred interactions with patients.
- Patients received compassionate care and their privacy and dignity was maintained.
- Both patients and relatives were complimentary about the staff that cared for them and told us they were involved in their care and were provided with appropriate emotional support.
- Chaplaincy services were available throughout the hospital for patients, relatives and staff.

Compassionate care

- During our inspection we observed patients being cared for with dignity, respect and kindness with privacy maintained at all times. Patients who were at their bedside, in bed or in the day room had access to call bells and staff responded promptly**.**
- All the patients we spoke with were positive about their care and treatment. Comments included '' I am being well looked after by everyone''. Patients said that staff always introduced themselves and they were aware who was caring from them.
- The Friends and Family test (FFT) average response rate for hospital was 45.8% which was higher than the England average of 33.7%.
- The NHS Friends and Family test (FFT) asks patients how likely they are to recommend a hospital after treatment. Between August 2014 and July 2015 Diamond ward

scored 62-100%, Emerald ward 83- 100% and Ruby ward scored 70 - 100%. However across the wards there were 14 occasions when the wards scored 0% although it was unclear as to whether there were no submissions for these months or whether no one recommended the hospital. The average response rate was 45 % to 47%.
- The trust performed about the same as similar trusts in all areas of the 2014 CQC inpatient survey.

Understanding and involvement of patients and those close to them.

- Patients and those close to them told us that staff were approachable and they were well looked after. All patients we spoke with said they had received on going clear information about their condition and treatment.
- Relatives we spoke to said they were well informed of patient's plan of care. We saw evidence in patient's records that relatives were kept informed of patient's condition.
- Carers and relatives would be involved in discharge planning and would be invited to discharge planning meetings held on the ward.

Emotional support

- At the Countess of Chester hospital there was a chaplaincy team available 24 hours a day, seven days a week. The team consisted of one full time and three part time chaplains and 50 volunteers, including a range of Christian faiths. Leaders of other faiths could be contacted if required. Staff would visits wards at the hospital and offer support as required.
- Visiting times met the needs of the relatives we spoke to. Open visiting times were available if patients needed support from relatives.

Are medical care services responsive?

Good

We rated responsive as good because:

- The trust was working closely with other organisations and had implemented the 'discharge to assess' project to improve care, reduce acute admission times for elderly patients and assist in patient flow.
- Medical services were involved several service development and transformational initiatives jointly with the clinical commissioning group (CCG) such as frailty services.
- The hospital had implemented a number of schemes to help meet people's individual needs, such as the 'this is me' and the 'forget me not' flower for people living with dementia or a cognitive impairment.
- There was spacious nostalgia lounge on the Ruby ward which included a large variety of equipment and activities for patients to reminisce including a memory box, television, vanity table, board games and a memory table.
- There were specialist teams who provided support and advice to staff to help meet the individual needs for patient who had dementia or a learning disability.
- The trust had a team which managed complaints although not all complaints were responded to within the trust target.
- There was clear visible notice boards and leaflets around the hospital with contact numbers, advice for anyone who had any concerns or complaints.

However,

- There was high occupancy rates across the trust and four escalation beds on the rehabilitation wards were in use.
- There were ongoing issue of delays in discharges which impacted on the flow of patients across the trust.
- At the time of our inspection at the hospital there were15 patients whose discharge was delayed due to care packages or waiting for specialist beds in the community.
- Some patients exceeded the expected 21 day length of stay on the ward, however this was sometimes due to the nature of there service being delivered at this hospital.

Service planning and delivery to meet the needs of local people

- The trust were working with commissioners in planning and delivering services to meet the needs of the local population including the 'west Cheshire way'

and the 'model hospital'. Medical services were involved several service development and transformational initiatives jointly with the clinical commissioning group (CCG) such as frailty services.

- On Ruby ward there was room currently undergoing renovation to transform it into a room specifically for carers and patients to stay in. This aims to give the carer and patient an opportunity to see if they can cope within a home environment. Staff told us the room will be called 'Katies corner' after a previous patient on the ward.
- There was spacious nostalgia lounge on the Ruby ward which included a large variety of equipment and activities for patients to reminisce including a memory box, television, vanity table, board games and a memory table. The room was aimed for patients with dementia to use, however it was accessible to all patients.
- On the Ruby ward there was an outside secure courtyard with seating for patients and their relatives to sit if they chose.

Access and flow

- Medical services trust wide met the national 18 week referral to treatment time targets in all specialities from September 2014 to September 2015.
- The average length of stay for all elective admissions at the hospital was longer than the England average by 25 days, the length of stay for all non-electives is approximately 48 days longer than average, however this was due to the nature of rehabilitation services being delivered at Ellesmere Port hospital.
- A teleconference call regarding patient activity and bed status at the trust and in Primary care was held daily with the clinical commissioning groups (CCG). Actions would be agreed and assigned to an appropriate person. CCG would disseminate this information to services in Primary care including General Practioners. This gave everyone an overview and understanding of the status of services.
- Senior managers told us that escalation beds were currently used across medical wards at the trust including 10 on elderly care wards. During our inspection there were four escalation beds across Diamond and Ruby ward.
- The trust had a patient flow policy which provided clear guidelines to staff including the site co-ordinator team to follow in responding to capacity and demand. The policy included allocation, clarification of roles and responsibilities in the escalation process. Senior managers we spoke to had good awareness and understanding of the policy.
- Data showed that during 1st May to 31st October 2015, no patients were moved to another ward during their stay.
- The trust had implemented ways to increase availability of acute beds and patient flow at the hospital this included the opening of 16 beds on Emerald ward in July 2015. Emerald ward was part of the 'discharge to assess'' project to respond to the increasing elderly population and increasing demand on health care. The project aim is to bring care closer to home and reduce unnecessary acute admissions thus increasing flow of patients.
- The majority of patients on Diamond and Ruby wards were referred from the COCH, however staff told us on occasions patients were admitted from other hospitals in order to meet people's individual needs.
- Patients who were referred to the wards were reviewed at MDT meetings to determine if they fitted the admission criteria. On admission patients were given an estimated date of discharge and were reviewed by the discharge liaison team.
- Patients were expected stay up to 21 days on Emerald ward. However, some staff told us patients would stay longer due to delays in discharge but also therapy staff stated some patients were unable to be rehabilitated within the timelines due to on going clinical problems.
- Data collated for Emerald ward showed in total there were 116 admission and 138 discharges on Emerald ward from July 2015 to 25th Feb 2016. In October 2015 the average length of stay at that time was 14 days however six out of 18 patients who were discharged had stayed in longer than 21 days.
- Trust data showed that at the time of inspection, there were 15 patients at Ellesmere Port hospital who were medically fit for discharge, of those eight were awaiting a transfer of care.

- Meetings were held every Friday at the COCH to discuss plans to help mitigate problems trust- wide that could arise at the weekend for example staff sickness. These clear plans were then disseminated to the clinical site co coordinator covering the weekend.
- The ward manager told us that a room was going to be converted into an admission and discharge lounge on Diamond ward which aimed to assist in patient flow.

Meeting people's individual need

- There was a diabetic specialist medical and nursing team along with a diabetic pharmacist available to all patients across the trust. Staff made referrals through the patient electric record**.**
- There was a red flag on the electronic patient record for patients with learning disabilities and dementia. This would act as a reminder to staff to make reasonable adjustments for example patient be placed in a quiet area or in a side rooms and to also ensure health passports were in place to help determine specific needs of the patient. Staff had access to a learning disabilities coordinator if support was required.
- Data provided stated that staff would make reasonable adjustments for blind and deaf patients. Documentation was accessible in electronic format along with text and email messaging to support their assessment. During our inspection we observed a member of staff verbally communicate when approaching a blind patient and tap on the table in front of the patient to let them know things had been put there.
- The hospital had signed up to the dementia friendly charter which helps hospitals to create dementia friendly hospitals in which people and their carers with dementia can expect a minimum standard for example signage that uses pictures and text which is hung at a height it can be seen and having a dementia lead and champions. Trust data showed that over 5000 people had attended the Dementia awareness sessions which incorporates dementia friends.
- The wards used the 'this is me' documentation for carers to record information about patients living with dementia or a learning disability. This ensured that staff knew the patients' likes and dislikes and ensured their needs were met. The wards also used the forget-me-not' scheme which used a discreet flower symbol to act as a visual reminder to staff that patients were living with dementia or were confused. This was to ensure that patients received appropriate care, reducing the stress for the patient and increasing safety.
- White boards throughout the wards stated the location and time and in the Emerald day room there was a day and night clock that could assist in orientating patients to the time of day.
- Staff had access to three NHS Framework approved interpretation and translation provider organisations for patients who required these services.
- Information for patients about services and care they received could be accessed via the trust intranet. We did observed information boards and a variety of leaflets visible on the wards. These could be requested in other languages if needed.
- There was a wide range of specialist nurses and teams for example diabetic, tissue viability and dementia who offered specialist advice to staff caring for people with these conditions. Staff told us they knew how to contact these specialists and felt supported by them.

Learning from complaints and concerns.

- The trust had complaints and PALS team who were responsible for the day to day management of complaints. These were recorded electronically on the trust-wide system.
- Patients and relatives could raise concerns in various ways including via email, in writing, in person or over the phone. We observed complaint and PALS information and leaflets available around the hospital.
- Data showed that between December 2014 and November 2015 there had been 4 complaints raised at the hospital. Three of the complaints related to all aspects of clinical care. At the time of inspection one complaint was ongoing, the remainder had been responded to appropriately.
- Complaints were discussed at governance meetings across the trust including monthly divisional board

meetings, patient experience operational group meeting and the quality safety patient experience committee. Lessons learned and common trends and themes would also be identified.

- The trust told us they aimed to acknowledge all formal complaints within 3 working days and responded to formal complaints within an agreed timescale. In 2014-15 the Trust acknowledged 93% of all formal complaints within 3 working days, and responded to 69% of all complaints with the agreed timescale.
- Staff understood the process for receiving and handling complaints and these were shared at the 'safety brief'.

Are medical care services well-led?

Good

We rated well-led as good because:

- Medical services were well-led with evidence of effective communication within teams.
- Staff felt valued and part of the wider team at the trust.
- The visibility of senior management was good and there was a strategy with actions which most staff were clear about.
- Medical services encouraged and captured views of people who used the services with learning highlighted to make changes to the care provided.
- There was good engagement with staff who were involved in making improvements for services. All staff were committed to delivering good, compassionate care and were motivated to work at the hospital.
- People would recommend the hospital to friends or relatives.

However,

- Risk registers were in place and although we couldn't see any documented plan of actions or if the risks were reviewed at meetings, however key risks reflected trust wide initiatives in place to mitigate risks.

Vision and strategy for this service

- Values and behaviours at the trust included putting patients at the heart of everything they do, have a 'can do' attitude, have pride in the service they provided, strive for improvement and to be welcoming .friendly, caring and respect each other.
- The trust had a five year strategy plan (2014-2019) to deliver high quality care which consisted of three programs: West Cheshire way, integrating specialist services and Countess 20:20. Objectives included providing the right services to meet the quality standards, clinical outcomes along with needs and expectations of patients, promoting sustainable partnerships and promoting integrated services. The plans also identified operational and strategic risks and actions to be taken.
- Staff we spoke to were aware of the values and strategic plan.

Governance, risk management and quality measurement

- There was ward level, divisional and corporate risk registers across the trust.
- Staff at all levels knew that there was a risk register and senior managers were able to tell us what the key risks were for their area of responsibility.
- Risk registers were in place and although we couldn'tsee any documented plan of actions or if the risks were reviewed at meetings, however key risks reflected trust wide initiatives in place to mitigate risks.
- There was a clear governance reporting structure in medical services. It was clear from the minutes we reviewed discussion had taken regarding incidents, complaints and performance. It was also apparent that learning was shared.
- Regular meetings were held with senior staff and management to discuss issues arising and mitigate risk at the earliest opportunity.

Leadership of service

- Staff could explain the leadership structure within the trust and told us the executive team were accessible.

Medical care (including older people's care)

- All staff said the team leads and ward manager were supportive regarding any issues on the ward but also personal problems.
- We observed positive working relationships within all teams. Staff we spoke to said they had received their annual appraisal.
- The ward manager had completed a leadership in management course (ILEM level 5).

Culture within the service

- Staff at the hospital were very passionate about their work, they felt valued and very much part of the COCH team.
- Staff were supported to speak out using the 'speak out safely' campaign and encouraged all staff to raise any concerns about patient safety. This was also accessible on the hospitals intranet site with links to the Speak Out Safely (Raising Concerns About Patient Care) and Whistle Blowing Policy.
- Staff said they felt supported and able to speak up if they had concerns. They said that morale was mainly good across medical services at this hospital.
- In the 2015 NHS staff survey, staff who felt motivated at work scored 3.89 which is higher than the national average score of 3.87. 3.65 of staff felt secure when reporting unsafe clinical practice which was higher than the national average score of 3.62.

Public engagement

- Patients at the hospital were encouraged and had access to various opportunities to give feedback about their care or experience at the hospital for example on the bedside tv screens, friends and family test, inpatient experience survey and via social media, all of which could be accessed via the hospitals website.
- Emerald ward had a process in place to collate feedback and patients who undertook it were satisfied overall. Comments included 'Very good service, Friends have commented on how good the service is' and 'Felt a bit lonely'.
- A patient satisfaction survey of the respiratory early support discharge team conducted in June 2015 showed that all patients responded (36 in total) would use the service again and recommend the team to friends and family.

Staff engagement

- The trust celebrated the achievements of staff at an annual event. At the last event, medical services were winners of awards including the stroke and dementia team who won the Partnership award.
- This hospital participated in the NHS friends and family test giving staff the opportunity to speak out about their place of work. In September 2015 of staff would recommend this hospital to friends and family in need of care /treatment and 88% would recommend it as place to work to friends and family.
- Some staff told us the executive team would walk around and visit the wards on the 1st of every month. All staff we spoke to recall the chief executive visiting the wards on New Year's Day.
- Staff told us they received weekly newsletter from the trust via email and a monthly blog on the intranet which kept them up to date with current or ongoing issues and information.

Innovation, improvement and sustainability

- The Stroke service were recently awarded Innovative Team of the Year 2015 by North West Coast Research and Innovation Awards for the work the team had undertaken to develop a robust auditing tool.
- The trust was working collaboratively with other agencies in delivering the 'discharge to assess' (D2A) project which included introduction of frailty ward at the Countess of Chester hospital and the GP led ward at Ellesmere port hospital.
- Staff at the trust had implemented a pilot to raise staff awareness and reduce pressure ulcers by ensuring all patients at risk had a red pillow case in situ. The ward manager told us this has reduced the development of pressure ulcers and is going to be rolled out across the trust.

Medical care (including older people's care)

- The trust was rolling out care and comfort worker roles to work across the wards to assist patients with nutrition andhydration feeding, and any other basic assistance including getting newspapers.

Outpatients and diagnostic imaging

Safe	**Not sufficient evidence to rate**
Well-led	**Not sufficient evidence to rate**
Overall	**Not sufficient evidence to rate**

Information about the service

Outpatient and diagnostic services are provided mainly at the Countess of Chester Hospital (COCH) but also there is a small unit at Ellesmere Port Community Hospital. As a Trust, there were 444,045 outpatient attendances between July 2014 and June 2015.

At Ellesmere Port Hospital (EPH) there is a small outpatient facility which is shared with community services that includes an ultrasound room and a plaster room. The x-ray department is close by with two rooms available. COCH services are available seven days a week whereas EPH is available on weekdays as required.

We spoke to about 8 staff members of all grades and 2 patients. We also held an event at the Countess of Chester hospital where patients and relatives shared their experiences as well as receiving comments via our website.

Summary of findings

- The outpatient department was a space that is shared with other local services during out of hour's periods.
- There is some clinic and radiology activity, however; the main outpatient and radiology activity, took place at the Countess of Chester Hospital. As a result, we have reported our findings for the safe and well-led sections, however; not rated the service.
- Systems were in place for the maintenance of equipment.
- We observed that some aspects of outpatient rooms and medical equipment at Ellesmere Port were shared with other organisations.
- The checking of resuscitation equipment at Ellesmere Port hospital and processes for managing the outpatients and x-ray departments were not robust.
- Patients' records were maintained on paper ad via electronic systems, although; plans for changes in electronic systems were in place.
- There was a clear vision and strategy for the future.
- The management teams were stable and committed to patient well-being in both outpatients and diagnostics despite challenges.
- There were governance processes embedded with action plans in progress to improve services.
- There were regular meetings, at all levels. Staff felt supported by their line managers and there was good team working in the departments.
- There were several innovations taking place with plans to increase services.
- There was a sharing of facilities that contributed to a lack of ownership for the department.

Outpatients and diagnostic imaging

Are outpatient and diagnostic imaging services safe?

Not sufficient evidence to rate

- Systems were in place for the maintenance of equipment.
- We observed that some aspects of outpatient rooms and medical equipment at Ellesmere Port were shared with other organisations.
- The checking of resuscitation equipment at Ellesmere Port hospital and processes for managing the outpatients and x-ray departments were not robust.
- Patients' records were maintained on paper ad via electronic systems, although; plans for changes in electronic systems were in place.

Incidents

- Incidents were reported by the trusts electronic reporting system.
- The trust had a higher than average reporting culture and staff were confident and competent in reporting incidents. Staff could request feedback from incidents if required.
- There were no never events, or serious incidents, reported between November 2014 and October 2015. Never events are very serious, largely preventable safety incidents that should not occur if the available preventative measures are in place.
- The radiology department had appointed a patient safety lead in 2015 to monitor incidents and act upon findings.
- Serious incidents trust wide were discussed in departmental meetings. Human factor training was introduced as part of mandatory training requirements. This included how and why errors are made and how they can be avoided.
- In radiology, there was sharing of lessons learned that included an 'away day' in July 2015 where real scenarios were discussed as well as in staff meetings.
- Staff were aware of their responsibilities to be open and transparent with patients, however; not all understood the term Duty of Candour (the regulation introduced for all NHS bodies in November 2014, meaning they should act in an open and transparent way in relation to care and treatment provided). The term was included in mandatory training.

Cleanliness, infection control and hygiene

- Ellesmere Port hospital looked generally dusty in consulting rooms that were in use throughout the week. This was addressed on site with the matron. The matron explained that the department was shared with neighbouring trusts. A hoist, near to x-ray, was highlighted as dusty but this was addressed and cleaned whilst on site.
- Hospital bottles of hand gels were seen in consulting areas only.
- In the Healthy ageing unit, equipment was labelled with green stickers that indicated when they had been cleaned.
- Infection control training, included in mandatory training, had been completed by 89% of staff, which was below the trust target of 95%.

Environment and equipment

- There was a small outpatient and x-ray department.
- The outpatients department included receptions that were enclosed and away from the seating area maintaining privacy of patients when booking in.
- In the healthy ageing unit, the waiting room included raised seating chairs as well as a dayroom where activities took place. There was also a therapy suite that included staff from a neighbouring trust.
- The dirty utility room was not locked. There were urine collection bottles that included a preserving fluid in open drawers and detergent sanitizers stored in open cupboards. It was not clear if these were regularly used. Clinics were held for both adults and children. There was also out - of- date swabs and suction tubing found in a consulting room. An oxygen cylinder, on the corridor included a child's nebuliser mask and open tubing.
- Maintenance contracts were in place to ensure that specialist equipment in the outpatient and diagnostic areas were serviced and maintained as needed.
- In a PLACE assessment at Ellesmere Port, in August 2015, radiology was described as having 'décor very

tired'. Staff told us that there were plans in place to update one of the two radiology rooms. As a trust, the PLACE score, for condition was 89%. Other trusts, in England, scored between 80% and 100%.

- The resuscitation trolleys were checked daily, however; there were gaps in daily checks. In addition, the trolleys were not in good order with items missing as per the checklist. The trolleys were located inside an office with an exterior bolt on the door. This meant it would be difficult to access equipment quickly in an emergency situation. This was addressed on – site with the matron. The trust's standard operating procedure for transfer of an acutely ill patient from Ellesmere Port hospital to the Countess of Chester hospital included that: "In the event of cardiac arrest or collapse, contact ambulance for EMERGENCY transfer via Switchboard by dialling 2222."

Medicines

- There were processes in place for managing and storage of medication in the outpatient and diagnostic departments. Any prescribed medications were stored in a locked cupboard.
- In the locked radiology staff room, a cupboard included medication and Barium, which were no longer used.
- In a consulting room, where patients including children may be seen, there was an open medical bag (owner not known) that had a GTN spray (medication to treat conditions such as angina). This was addressed on – site.
- Medicines management was included in mandatory training that was 89% across all staff groups; below the trust target of 95%.

Records

- Patient records were made up of a combination of paper records and electronic records. Paper records were colour coded to identify if there was an additional electronic version.
- Patient's records were stored centrally and transferred to outpatient areas prior to clinics starting. These were stored with the reception staff until required.
- Any notes not available were identified on a checklist. Reception staff then located any missing records. If needed a copy of the GP referral or electronic records from the clinician or test results could be obtained.

Safeguarding

- Staff were aware of their roles and responsibilities in safeguarding and knew how to raise matters of concern appropriately.
- Outpatient and diagnostic areas were open with easy access from the main entrance, however; reception staff were present to meet patients.
- Staff attended safeguarding training that showed that 79% of outpatients and diagnostic staff had received safeguarding adult's level two and safeguarding children's level two. The trust target was 80%.
- For staff employed in additional clinical services, 100% had received safeguarding level three training for both adults and children. There was 50% of medical and dental staff that had received level three training.

Mandatory training

- Mandatory training was delivered using face-to-face training and e learning.
- Staff received training in areas that included infection prevention, medicine management, information governance, fire training, clinical risk and patient safety, transfusion, manual handling and resuscitation.
- There was 100% of medical & dental staff and allied health professionals that had received mandatory training, 95% of healthcare scientists and 94% for nursing staff. The trust target was 95%.

Assessing and responding to patient risk

- We observed reception staff confirming the identity of patients on arrival to the departments.
- The resuscitation trolleys were located inside an office with an exterior bolt on the door. This meant it would be difficult to access equipment quickly in an emergency situation. The trust's standard operating procedure for transfer of an acutely ill patient from Ellesmere Port hospital to the Countess of Chester hospital included that: "In the event of cardiac arrest or collapse, contact ambulance for EMERGENCY transfer via Switchboard by dialling 2222."

Nursing & Radiology staffing

Outpatients and diagnostic imaging

- Nursing staff in the departments worked effectively across both sites to meet the demands of the service. The outpatient's department's staff included registered nurses and dental nurses, advanced practitioners and health care assistants.
- There was a vacancy rate in OPD and diagnostics of 13% although recruitment processes were in process. There was a sickness rate around 3%.
- Across the Trust, there was 120 staff employed for diagnostics. This included radiographers and support staff. Fifty of the radiographers were band six qualified.
- Any shortfalls were filled with bank or locum staff.

Medical staffing

- Medical staffing was provided to the outpatient department by various specialties that ran a range of clinics. Medical staff undertaking clinics were of all grades; there were usually consultants on duty to support lower grade doctors.
- There was a turnover rate of 12% and a sickness rate of 0.54% for the last financial year.
- Diagnostic imaging reporting was regularly outsourced to meet reporting time targets. There was a service level agreement and contract written for this and radiologists undertook quality checks in line with departmental policies.

Major incident awareness and training

- There were trustwide major incident and business continuity plans in place.

Are outpatient and diagnostic imaging services well-led?

Not sufficient evidence to rate

- There was a clear vision and strategy for the future.
- The management teams were stable and committed to patient well-being in both outpatients and diagnostics despite challenges.
- There were governance processes embedded with action plans in progress to improve services.
- There were regular meetings, at all levels. Staff felt supported by their line managers and there was good team working in the departments.
- There were several innovations taking place with plans to increase services.
- There was a sharing of facilities that contributed to a lack of ownership for the department.

Vision and strategy for this service

- The trusts vision was based on the model hospital. All staff we spoke to were familiar with this vision. The trusts long-term strategy was based on three key programmes of work, which focused on working with internal and external stakeholders across Cheshire. Staff were aware of the long-term strategy for the trust and the local strategy related to outpatients and radiology.
- The strategy for outpatients included: "streamlining the booking processes, reception areas and treatment rooms to ensure they are utilised as effectively as possible."

Governance, risk management and quality measurement

- Staff reported on risk, incidents, and complaints. They discussed incidents at departmental meetings, led by the service line manager and clinical directors attended to discuss trends and serious incidents.
- The trust executive risk register and the divisional register included interventional radiology processes, incident trends and a lack of reporting capacity had led to a backlog in reporting. There were controls measures in place and staff updated registers regularly. Staff were aware of the risks recorded in the register.
- There were processes in place to evaluate the quality of care delivery including internal inspections and actions for improvement were identified and acted upon.
- The quality, safety and patient experience committee (QSPEC) met monthly and were presented reports including a thematic review of outpatient and diagnostic areas in February 2016.
- Staff held monthly meetings that included OPD governance meetings, radiology directorate meetings, senior nurse forums and heads of nursing met with the deputy director of nursing. Meetings were used to cascade key information to staff.

Outpatients and diagnostic imaging

- The integrated radiological services reported quarterly on key safety issues and gave recommendations with supported the departments risk and governance framework.The integrated radiological services report, in January 2016 included a number of recommendations including that there was no "common system for document management across all departments that use ionising radiation" and "documentation should be standardised wherever possible." It was also recommended that a trust radiation safety policy should be created.

Leadership of service

- The department was shared with other local providers and there was limited clinic activity for Chester NHS Trust. This resulted in a lack of ownership and consistent management of the area and omissions in daily checking routines.
- Staff found the local managers of the service to be approachable and supportive. Most staff we spoke with told us they were content in their role and many staff had worked at the hospital for many years.
- Staff felt they could approach managers with concerns but some medical staff in diagnostic imaging did not always feel listened to, or confident action would be taken.
- We saw good, positive, and friendly interactions between staff and local managers.
- Managers had acted upon staff concerns and put plan in place to improve access and flow including the 'hospital at home' programme for local residents.
- Radiology attended meetings, as required with the director of nursing to escalate any issue that included an increase in complaints or increase in cancellations.

Culture within the service

- All staff told us that they were supported by their line managers.
- Radiographers said it was a good hospital to work in and there was good teamwork in radiology.
- Some staff felt they could speak up and air their views, although other staff did not feel that the senior management team were approachable and would support them.

Public engagement

- Reception staff provided support to patients and staff in outpatient and x-ray areas, directing patients and relatives to waiting areas.
- There were information leaflets displayed in all areas we visited available for members of the public to take.
- There were support groups available such as Age UK with the healthy ageing team.

Staff engagement

- There was a weekly newsletter, available on the trusts intranet for staff.
- Staff attended monthly meetings held in the outpatients department; the minutes were cascaded to all staff, via email. An additional hard copy was also available.
- Student quality ambassador newsletters were available for students.
- Staff attended monthly radiology meetings with the minutes cascaded to all radiology staff.
- Clinical staff worked on both sites so were not isolated in one hospital location.

Innovation, improvement and sustainability

- The trusts 'high quality care costs less programme' (HQCCL) included "identifying efficiencies from four work streams; outpatients, theatres, flow and processes."
- The HQCCL has included the 'No need to bleed' pilot. This meant that people were having blood tests when necessary.
- The colorectal OPD model offered a variety of communication methods for the vast majority of patients that will have normal results via modern communication techniques such as videoconferencing.
- Nurse led clinics were available in vascular clinics that included a combination of face-to-face consultations and telephone appointments.
- A virtual fracture clinic is planned which would be run a consultant, senior orthopaedic clinical nurse specialist and secretary in attendance. Patients would then be given a diagnosis and their treatment planned.

Outpatients and diagnostic imaging

- Initiatives in radiology have included rural community ultrasound, implementation of specialist techniques and the adoption of SCoR 'pause' posters and cards to reduce misidentification events.

Outstanding practice and areas for improvement

Outstanding practice

In medical care (including older people's care)

- The Stroke service were recently awarded Innovative Team of the Year 2015 by North West Coast Research and Innovation Awards for the work the team had undertaken to develop a robust auditing tool.
- The trust was working collaboratively with other agencies in delivering the 'discharge to assess' (D2A) project which included introduction of frailty ward at the Countess of Chester hospital and the GP led ward at Ellesmere port hospital.
- The trust were rolling out care and comfort worker rolesto work across the wards to assist patients with nutrition andhydration feeding, and any other basic assistance including getting newspapers.

Areas for improvement

Action the hospital SHOULD take to improve

In medical services (including older people's services)

- Ensure changes are made to improve the layout of ward areas to allow patients to be cared for in a safe environment.
- Ensure that all staff receive mandatory training including mental capacity act training.
- Ensure all staff are aware of escalation pathways and standard operating procedures.
- Ensure the electronic paper records system is robust and staff are sufficiently trained.

In outpatient's and diagnostic services

- The trust should ensure that all resuscitation equipment is checked and positioned appropriately in order that it is available in an emergency situation.