

# East Cheshire NHS Trust

## Inspection report

Macclesfield District General Hospital  
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January and 30 January to 1 February 2018  
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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.






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

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

## Ratings

### Overall rating for this trust

Good 

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

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

# Summary of findings

## Background to the trust

East Cheshire NHS Trust is an integrated community and acute trust employing 2,585 staff, providing community and hospital healthcare across many areas of Cheshire to a population of over 204,000.

The trust consists of three hospitals providing inpatient services at Macclesfield and Congleton and outpatient services at Knutsford. Further outpatient and community services are delivered from other sites in the region.

Community health services are delivered from locations including Knutsford and Congleton hospitals, clinics, GP premises and patients' own homes. They include district nursing, intermediate care, occupational health and physiotherapy, community dental services, speech and language therapy, palliative care and sexual health.

There had been changes to the community services provided by East Cheshire NHS Trust since the last inspection in 2014. From 1 October 2016, community health care services in Central Cheshire were no longer provided by East Cheshire NHS Trust.

In addition, there had been changes to health visiting and school nurse services in Cheshire. From October 2017, another local healthcare provider took over the provision of these services, which were previously provided by East Cheshire NHS Trust.

Acute services provided at Macclesfield District General Hospital include urgent and emergency care and emergency surgery, elective surgery in many specialities, maternity and cancer services. The trust also provides a number of hospital services in partnership with other local trusts and private providers, including pathology, urology and renal dialysis services.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Good**  

## What this trust does

The trust runs services at Macclesfield District Hospital, Congleton War Memorial Hospital and Knutsford District Community Hospital.

Macclesfield District Hospital provides urgent and emergency care, medicine, surgery, critical care, maternity, children and young people's services, end of life care and outpatients services.

The trust has 344 general and acute beds across 19 ward areas and seven critical care beds. Macclesfield Hospital has a maternity unit that includes a labour unit with five beds as well as a five-bed triage area and a combined antenatal and postnatal ward that has three six-bedded bays and three side rooms.

The trust has community services that cover:

Community health inpatient services

Community end of life care

Community health services for adults

Community health services for children, young people and families

Community dental services

# Summary of findings

We inspected medicine, surgery, maternity and children and young people services at Macclesfield District Hospital and community health services for adults and end of life care.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

Between 9 January and 1 February 2018, we inspected services provided by this trust at its main hospital because at our last inspection we rated medicine, surgery, maternity and children's and young people's services as requires improvement. We inspected community services for adults because at the last inspection we rated these inadequate. We inspected community end of life care services as we had not previously inspected these.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed Is this organisation well-led?

## What we found

### Overall trust

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

- We rated effective, caring, responsive and well led as good. We rated safe as requires improvement. Our rating for the trust took into account the current ratings of services not inspected this time.
- Our decisions on overall ratings take into account factors including the relative size of services and we use our professional judgement to reach a fair and balanced rating.

### Are services safe?

Our rating of safe stayed the same. We took into account the current ratings of services not inspected this time. We rated it as requires improvement because:

- We found medicines were not consistently dispensed, recorded, stored correctly and safely within the medical wards. Storage of medicines on medical wards did not always follow best practice medicine guidelines.
- We found equipment stored in front of fire escapes on some medical wards.
- On the children's ward, there was a shortage of band 6 nurses at night who had the advanced paediatric life support training.

# Summary of findings

- Within the community, staff were not supported by the systems and processes in place to consistently identify, assess, respond to, or manage patient risks and care needs appropriately.
- Although staff in the community kept records and treatment plans in line with the trust's standard operating policy for electronic patient records, the policy did not support staff to develop detailed individualised care plans and treatment goals or to assess patient risks and progress against these. We saw evidence that the lack of care plans had impacted on patient care.
- The facilities in some community locations were limited and some premises were not well maintained.
- There was not a consistent process for ensuring that anaphylaxis kits were in date and there was a risk expired kits would not be identified.

However:

- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe in most areas, although there was a high reliance on the use of bank and agency staff in some areas to provide care and treatment.
- Staff within the hospital, kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. This had improved since the previous inspection.
- There were processes and systems in place to mitigate risks to patients identified to be at risk of deterioration.
- Cleanliness and infection prevention and control had improved, particularly on the children's ward.

## Are services effective?

Our rating of effective improved. We took into account the current ratings of services not inspected this time. We rated it as good because:

- The trust monitored the effectiveness of care and treatment in most areas and used the findings to improve them.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However

- The end of life care plan reflected national guidance. However, we saw limited evidence this was being used. There was limited assurance that evidence based care was provided including the five priorities of care.

## Are services caring?

Our rating of caring stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- Staff were kind, caring and respectful of patients' privacy.
- Staff involved patients and those close to them in their care.
- Staff provided emotional support to patients to minimise their distress.

# Summary of findings

- Within community end of life services, we saw outstanding practice that demonstrated staff consistently treated patients in a compassionate, dignified, and respectful way.

## Are services responsive?

Our rating of responsive improved. We took into account the current ratings of services not inspected this time. We rated it as good because:

- The trust reflected the needs of the population they served.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- The trust treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.
- The expected patient outcomes were identified and care and treatment was reviewed and updated as needed.
- Outcomes for patients' were generally positive, consistent and met expectations.
- Patients were supported to make decisions and, where appropriate, their mental capacity was assessed, recorded and acted on in line with relevant legislation.
- Staff worked well together in order to meet the range and complexity of patients' needs.

However:

- Not all relevant staff, teams and services were available seven days per week.
- Waiting times for treatment and arrangements to admit, treat and discharge patients were not always in line with good practice.

## Are services well-led?

Our rating of well-led improved. We took into account the current ratings of services not inspected this time. We rated it as good because:

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

However

- Although senior leaders in the medical division were sighted on the issues they faced, there appeared to be a lack of prompt action to achieve some improvements. For example, staff compliance with the sepsis pathway.
- The process of initial review following an incident did not always clearly identify immediate actions and learning to disseminate to staff whilst a full root cause analysis took place.

# Summary of findings

- Information systems used to share information electronically with staff were not wholly effective. Staff struggled to locate information.
- Community matrons continued to be operationally managed by community nursing team leaders. As such community matrons expressed views that there appeared to be no over-arching managerial oversight of their service. This has not changed since our last inspection.

## **Macclesfield District General Hospital**

Our rating of this hospital stayed the same. We took into account the current ratings of services not inspected this time. We rated it as requires improvement because:

- We rated safe and well led as requires improvement. We rated effective, responsive and caring as good.
- We found medicines were not consistently dispensed, recorded, stored correctly and safely within the medical wards. Storage of medicines on medical wards did not always follow best practice medicine guidelines.
- We found equipment stored in front of fire escapes on some medical wards.
- On the children's ward, there was a shortage of band 6 nurses who had the advanced paediatric life support training.

However:

- The ratings for medical care, surgery, maternity and children and young people had improved.

## **Community health services**

### **Community health services for adults**

Community health services for adults had improved. We rated it as good because:

- The community adult's service had made a number of improvements since our last inspection.
- There were sufficient numbers of staff across the community adults service to keep people safe, although caseloads varied by team. Staff were competent in their roles.
- Staff were able to identify and knew how to report safeguarding concerns and incidents.
- Care and treatment provided was evidence based and we saw evidence of effective multidisciplinary working within the teams.
- Results showed that the majority of patients achieved positive outcomes from the care and treatment provided to them.
- Staff were kind and compassionate in the care and treatment provided to their patients.
- People were able to access the service when they needed to and waiting times were within local and nationally agreed targets.
- The service's leaders understood the challenges the service faced, and had a vision and plans for the future development of the service to integrate further with primary and secondary medical services in the area.
- The culture within the service and engagement with staff and the public had improved since our last inspection.

However:

- Patient treatment plans developed in the electronic 'paper light' working environment were not of sufficient detail or quality.

### **Community health services for end of life care.**

# Summary of findings

We had not inspected this service at the last inspection. We rated the service as good because:

- The trust had a dedicated specialist palliative care team who provided support to community staff and patients at the end of their life.
- Care and support was given in a respectful and compassionate way.
- Managers planned and provided services in a way that met the needs of local people. They worked with local organisations and made changes to improve services and support patients more effectively.
- The service took account of patients' individual needs.
- The specialist palliative care team worked as an integrated team with hospital and community providers to promote continuity and consistency in patient care.
- Staff knew what incidents to report and how to report them and managers were involved in investigating incidents and they shared any lessons learned.
- Staff across the service understood how to protect patients from abuse and how to assess patients' capacity to make decisions about their care.
- Medicines were managed and prescribed appropriately and equipment was available to patients at the end of their life. Equipment was mostly well maintained.

However

- End of life care plans reflected National Institute for Health and Clinical Excellence guidelines however these were not used consistently in the community.
- The service relied upon other organisations to collate and measure patient outcomes and although this was shared, we did not see any service specific action plans to address areas for improvement.
- Specialist palliative care services were not available seven days.

## Ratings tables

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

We have deviated from the aggregation principles for effective for community health services. This is because the community health services for children, young people and families have changed since the inspection in 2015. The services provided have significantly reduced. The areas for improvement identified in 2015, for the key question of effective, do not relate to the service as provided in 2018. The deviation is to ensure we are being proportionate to all available evidence and the specific facts and circumstances.

## Outstanding practice

We found examples of outstanding practice in surgery, services for children and young people, community health services for adults and community end of life care.

For more information, see the outstanding practice section in this report.

# Summary of findings

## Areas for improvement

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

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

## Action we have taken

We issued a requirement notice to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

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

## What happens next

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

## Outstanding practice

- In surgery staff worked with local members of the public with learning disabilities to produce pictorial information booklets for patients who helped prepare them for surgery.
- Boxes containing local memorabilia such as local history books were available for patients living with dementia. Nurses sourced these items themselves from charity shops.
- The frailty service had developed to provide 'wrap-around' treatment to support patients at home before and after hospital admission. The service linked with local care homes and meant that, for example, a podiatrist could refer patients to physiotherapy for a formal fall assessment if the patient was thought to be at potential risk of falling.
- The children's ward was especially responsive to children and young people with learning disabilities and others on the autism spectrum. The National Autistic Society had accredited the children's ward.
- The play specialists had developed special recreational bags for children with mental health issues. These bags contained a stress ball, fidget spinner and ear plugs to minimise noise from younger children.
- For children with food aversions the play team worked with the speech and language therapist to develop therapeutic food play.
- Within community end of life care, we saw numerous examples that demonstrated staff consistently treated patients in a compassionate, dignified, and respectful way.

## Areas for improvement

### Action the trust MUST take to improve:

#### Trust-wide

- The trust must ensure that information technology infrastructures are fit for purpose.

#### Medical care



# Summary of findings

- The trust must ensure equipment is appropriately stored and not stored in front of fire escapes.
- The trust must ensure the proper and safe management of medicines.

## **Surgery**

- The trust must ensure enough staff receive appropriate safeguarding training.

## **Children's and young people's services**

- The trust must ensure access at night to staff trained in advanced paediatric life support.
- The trust must ensure access to band six staff on a night in accordance with national guidance.

## **Community Services Adults**

- The trust must ensure that community adult service patient individualised care plans are developed and updated in sufficient detail to be assured that appropriate treatment plans, goals and assessment against these mitigate any risks to the health and safety of the patient receiving the care.

## **Community Services End of Life Care**

- The trust must ensure that evidence based guidance is used when providing care and treatment and reflects patients preferences and needs.
- The trust must introduce clear plans to address and monitor compliance and mitigate risk in relation to the uptake of end of life care plans.

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

### **Medical Care**

- The trust should ensure that medical outliers are reduced and patients are not moved from ward to ward throughout their hospital journey.
- The trust should ensure that records are kept secure to prevent unauthorised access; this should include ensuring computer terminals are locked when not in use.
- The trust should ensure training compliance is improved across all staff groups.
- The trust should ensure that enough staff with the right qualifications, skills, training and experience are recruited to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The trust should ensure that patient observations are completed at the required times to ensure patient safety is maintained.
- The trust should ensure performance in sepsis screening is improved and the use of the sepsis pathway.
- The trust should ensure it improves performance across all metrics in the national falls audit, to include vision, delirium and lying and standing blood pressure assessments.
- The trust should ensure it improves seven day working across the directorate to include the review of patients on the coronary care unit at weekends.
- The trust should ensure it improves systems of communications with staff in relation to actions and learning from national and local audits.
- The trust should ensure it improves appraisal rates across the medical staff team.
- The trust should consider improving procedures when making deprivation of liberty safeguards applications.

# Summary of findings

- The trust should ensure that escalation areas and bed spaces are reviewed so they offer all the necessary equipment to keep people safe.
- The trust should ensure it improves the storage facilities on all wards to ensure ward storage areas remain uncluttered.
- The trust should ensure identified ward risks, compliance issues and improvements required are widely discussed with staff on a regular basis to ensure all trust policies and procedures are followed.

## **Surgery**

- The trust should ensure that competencies are regularly reviewed and evidenced accordingly in staff records.
- The trust should ensure access to theatre areas is restricted electronically in line with guidance by the Department of Health, Health Building Note 26 (2004)
- The trust should consider keeping a record of completed cleaning for assurance purposes.
- The trust should remove corkboards and seats with exposed foam from the pre-operative assessment area.
- The trust should ensure clinical waste is disposed of correctly.
- The trust should consider adding suitable decoration to the recovery bay in relation to paediatric patients.
- The trust should ensure anaesthetic equipment is checked daily
- The trust should ensure patient details are summarised consistently on ward noticeboards.
- The trust should ensure risk assessments of placing extra beds in ward areas incorporate clinical as well as environmental factors.
- The trust should ensure patients' records do not contain loose sheets.
- The trust should ensure fridge temperatures are recorded daily, and include minimum and maximum ranges.
- The trust should ensure different IV fluids are stored separately to reduce the risk of selecting them incorrectly.
- The trust should ensure patients are provided with adequate time to discuss their care with medical staff.
- The trust should ensure patients receive care in a timely way, particularly in relation to referral to treatment times and cancellation of operations.
- The trust should ensure that staff using trust systems can find information effectively
- The trust should improve attendance of service staff at staff meetings to enable effective information sharing.

## **Maternity**

- The trust should ensure that the compliance levels for safeguarding level three for midwifery bank staff is above the trust target.
- The trust should ensure the fridge temperature ranges are monitored.
- The trust should ensure that all unattended areas are secure such as in the antenatal clinic.
- The service should consider the environment in shared facilities, such as other hospital clinic areas, so they are appropriate.
- The service should ensure staff follow protocols for checking identity when taking blood samples.

# Summary of findings

- The trust should ensure they have clear signage on all doors where patients are located, such as the bereavement room in the maternity unit or clinic doors.
- The trust should consider allowing partners to remain through the whole process in theatres.
- The trust should consider the development of a vision and strategy in line with the network.

## **Services for children and young people**

- The trust should ensure it reviews the routine implementation of a screening tool for the assessment of malnutrition within the children's ward.
- The trust should ensure it continues to work with partners to enable the development of a strategy for children's services.
- The trust should ensure it reviews the current matron's job description to ensure that she has oversight of young people under the age of 19 who may be patient's elsewhere in the trust.
- The trust should ensure it meets the two week standard for the examinations of looked after children.

## **Community Health Services for Adults**

- The trust should consider how it ensures that staff in all shared use, or rented accommodation, have appropriate access to the trust's information technology system, including electronic patient records.
- The trust should consider how it can ensure consistent knowledge and application of the process for checking and replacing anaphylaxis kits amongst staff who hold such kits.
- The trust should consider how it can support community matron staff to receive appropriate and relevant clinical supervision.
- The trust should consider review of the operational management structure of community matrons to ensure managerial oversight of the service is effective.
- The service should consider how it can improve consistency of staff and managers' knowledge of the electronic staff competency record and in the monitoring and review of staff competencies.

## **Community Health Services for End of Life Care**

- The trust should ensure all staff have attended level 2 safeguarding adults training.
- The trust should ensure responsibilities are clear for the implementation and ongoing monitoring of the end of life care strategy within the trust
- The trust should ensure all community staff have access to and are aware of the process for ordering specialist equipment at the weekend.
- The trust should ensure that staff are consistently recording patient's needs.
- The trust should ensure that nurses who work in the out of hours service have received syringe driver training.
- The trust should consider monitoring patient outcomes and the effectiveness of end of life care services provided within the community.
- The trust should consider providing training and education to community staff in accessing and using the electronic palliative care co-ordination system.
- The trust should consider introducing guidance for the decontamination and cleaning of syringe driver pouches.

# Summary of findings

## Is this organisation well-led?

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

We rated well-led at the trust as good because:

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services.
- The trust had no organisational strategy in place; however the trust was an integral part of the system-wide development of 'Caring Together.' The Caring Together programme is a multiagency programme which aims to transform the way that health and social care is provided in Eastern Cheshire. In September 2015, the Trust Board stated that the organisation was not sustainable and wider economy reform was needed.
- Whilst there had been no organisational strategy in place for the past two to three years, the service provision was underpinned by key internal strategies including the Quality Strategy and Professional Strategy.
- There was strong patient focus, which included the wider community. We found the culture centred on the needs and experience of people who used services. Most staff felt positive and proud about working for the trust and their team.
- Most staff reported that the leaders were visible and approachable. Directors had a specific area of the trust where they were the identified link. Directors, non-executive directors undertook a programme of walkabouts and reported these back at board meetings.
- Structures, processes and systems of accountability were in place to support the delivery of the strategy and good quality services. Assurance systems were in place and performance issues were escalated appropriately.
- There were robust arrangements for identifying, recording and managing risks, issues and mitigating actions. We saw evidence that the strategy to reduce the mortality rates was having a positive effect.
- The trust was continuing to improve access to appropriate and accurate information. Available information was being effectively processed, challenged and acted on.
- The trust had systems in place to gather people's views and experiences and used these to improve the services.
- Systems and processes were in place to support learning and continuous improvement. There was some evidence of innovation.

However:

- Some of the trust's IT systems required further development; this resulted in slow processes which impacted on service delivery.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Apr 2018	Good ↑ Apr 2018	Good ↔ Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Macclesfield District General Hospital	Requires improvement ↔ Apr 2018	Good ↑ Apr 2018	Good ↔ Apr 2018	Good ↑ Apr 2018	Requires improvement ↔ Apr 2018	Requires improvement ↔ Apr 2018

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

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement →← Apr 2018	Good ↑ Apr 2018	Good →← Apr 2018	Good ↑ Apr 2018	Requires improvement →← Apr 2018	Requires improvement →← Apr 2018
Community	Good ↑ Apr 2018	Good ↑ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good ↑↑ Apr 2018	Good ↑ Apr 2018
<b>Overall trust</b>	Requires improvement →← Apr 2018	Good ↑ Apr 2018	Good →← Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Macclesfield District General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015
Medical care (including older people's care)	Requires improvement ↔ Apr 2018	Good ↑ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018
Surgery	Good ↑ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018
Critical care	Requires improvement May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015
Maternity	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Services for children and young people	Requires improvement ↑ Apr 2018	Good ↑ Apr 2018	Good ↔ Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018
End of life care	Good May 2015	Requires improvement May 2015	Good May 2015	Good May 2015	Requires improvement May 2015	Requires improvement May 2015
Outpatients and diagnostic imaging	Requires improvement May 2015	N/A	Good Apr 2014	Requires improvement May 2015	Requires improvement May 2015	Requires improvement May 2015
<b>Overall*</b>	Requires improvement ↔ Apr 2018	Good ↑ Apr 2018	Good ↔ Apr 2018	Good ↑ Apr 2018	Requires improvement ↔ Apr 2018	Requires improvement ↔ Apr 2018

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement ↑ Apr 2018	Good ↑ Apr 2018	Good ↔ Apr 2018	Good ↑ Apr 2018	Good ↑↑ Apr 2018	Good ↑↑ Apr 2018
Community health inpatient services	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015
Community end of life care	Good Apr 2018	Requires improvement Apr 2018	Outstanding Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Community dental services	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015
Community health services for children, young people and families	Good May 2015	Requires improvement May 2015	Good May 2015	Good May 2015	Requires improvement May 2015	Requires improvement May 2015
<b>Overall*</b>	Good ↑ Apr 2018	Good ↑ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↑↑ Apr 2018	Good ↑ Apr 2018

\*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.



# Acute health services

## Background to acute health services

The trust runs acute health services at Macclesfield District Hospital.

Macclesfield District Hospital provides urgent and emergency care, medicine, surgery, critical care, maternity, children and young people's services, end of life care and outpatients services.

The trust has 344 general and acute beds across 19 ward areas and seven critical care beds.

Congleton War Memorial Hospital provides outpatient services and a minor injuries unit. There are no acute care beds at Congleton War Memorial Hospital.

## Summary of acute services

**Requires improvement** ● → ←

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

- We rated safe, effective and well led as requires improvement. We rated effective, responsive and caring as good. We took into account the current ratings of services not inspected this time.
- We found medicines were not consistently dispensed, recorded, stored correctly and safely within the medical wards. Storage of medicines on medical wards did not always follow best practice medicine guidelines.
- We found equipment stored in front of fire escapes on some medical wards.
- On the children's ward, there was a shortage of band 6 nurses who had the advanced paediatric life support training.

However:

- The ratings for medical care, surgery, maternity and children and young people had improved.

# Macclesfield District General Hospital

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## Key facts and figures

Macclesfield District General Hospital is the main acute hospital site at the trust. This hospital has 344 beds and provides the core services of:

- urgent and emergency care
- medical care
- surgery
- critical care
- maternity
- children and young people's services
- end of life care
- outpatients

## Summary of services at Macclesfield District General Hospital

**Requires improvement** ● → ←

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

- We rated safe, effective and well led as requires improvement. We rated effective, responsive and caring as good. We took into account the current ratings of services not inspected this time.
- We found medicines were not consistently dispensed, recorded, stored correctly and safely within the medical wards. Storage of medicines on medical wards did not always follow best practice medicine guidelines.
- We found equipment stored in front of fire escapes on some medical wards.
- On the children's ward, there was a shortage of band 6 nurses who had the advanced paediatric life support training.

However:

# Summary of findings

- The ratings for medical care, surgery, maternity and children and young people had improved.

# Medical care (including older people's care)

Good  

## Key facts and figures

East Cheshire NHS Trust was established in 2002. It consists of three hospitals Macclesfield District general hospital; Congleton War Memorial hospital; The Fountains and Knutsford and District General Hospital. Macclesfield District general hospital was purpose-built in the early 1980s, replacing a much older traditional infirmary.

Since 1 April 2011 East Cheshire NHS Trust has been an integrated community and acute trust providing healthcare across central and eastern Cheshire and surrounding areas, in hospital, at home and in community settings.

The Trust's services are managed through three clinical directorates supported by corporate functions.

Medical services were part of the acute integrated care directorate. All medical wards were based at the Macclesfield district general hospital.

With over 2,500 dedicated staff East Cheshire NHS Trust serves a population catchment area of approximately 220,000.

East Cheshire NHS Trust has 186 medical inpatient beds located across eight wards: Coronary Care Unit (CCU), Medical Day Case Unit and Wards 3, 4, 7, 8, 9 and 11.

(Source: Routine Provider Information Request - Acute-Sites)

The trust had 13,815 medical admissions from August 2016 to July 2017. Emergency admissions accounted for 8,284 (60%), 160 (1.2%) were elective, and the remaining 5,371 (38.8%) were day case.

(Source: Hospital Episode Statistics)

The inpatient areas consist of the following:

- Ward 3 gastroenterology/general medicine (28 beds)
- Ward 4 respiratory medicine (28 beds)
- Ward 7 endocrinology and general medicine (18 beds) and Cardiology (10) 28 beds,
- Coronary care unit (4 beds)
- Ward 9 elderly care (24 beds)
- Medical day case unit (5 beds)
- Ward 8 medical admissions unit (28 beds)

The Care Quality Commission (CQC) carried out this unannounced inspection between 16 and 18 January 2018. During this inspection we visited wards 3, ward 4, ward 7, ward 8, ward 9, the coronary care unit, medical day case unit, endoscopy, and the discharge lounge.

We spoke with 26 patients and five relatives. We also spoke with members of staff across the medical wards, including senior managers, specialist nurses, registered nurses, student nurses, health care assistants, consultants, middle grade doctors, junior doctors, allied health professionals including physiotherapists, occupational therapists, pharmacists, ward clerks, housekeepers and nursing agency staff.

# Medical care (including older people's care)

We observed care and treatment and looked at 20 patient care records. We reviewed comments from staff focus groups and we looked at the service performance data.

At the last inspection in December 2014, we found medical services at Macclesfield district general hospital to be requires improvement.

## Summary of this service

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

- Staff kept appropriate records of patients' care and treatment. Records were clear, legible date available to all staff providing care. This had improved since the previous inspection.
- There were processes in place to ensure care and treatment was provided in a safe way to patients. We observed that a range of risk assessments were completed by nursing staff.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe, although there was a high reliance on the use of bank and agency staff to provide care and treatment. This was due to high vacancy rates across the service.
- Staff knew what incidents to report and how to report them. When things went wrong patients received an apology.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The expected outcomes were identified and care and treatment was reviewed and updated as needed.
- Patients were supported to make decisions and, where appropriate, their mental capacity was assessed, recorded and acted on in line with relevant legislation.
- Staff, including volunteers were appropriately recruited, qualified and had the skills they need to carry out their roles. Their performance was monitored to make sure that they were able to deliver appropriate care and treatment to patients.
- Staff worked well together in order to meet the range and complexity of patients' needs
- Feedback from patients was positive about the way staff treat people. Overall, patients and their relatives told us they were treated with dignity, respect and kindness.
- Performance indicators, including the average length of stay for medical elective patients and referral to treatment times (admitted performance) had been consistently above the national average.
- Leaders were visible and approachable. The leadership was knowledgeable about issues and priorities for the quality and sustainability of services.

However,

- We found medicines were not consistently dispensed, recorded, stored correctly and safely. Storage of medicines on medical wards did not always follow best practice medicine guidelines.
- We found equipment stored in front of fire escapes on some wards.
- We found records trolleys were not stored securely to prevent unauthorised access and not all computer terminals were locked down after use and displayed confidential information.

# Medical care (including older people's care)

- Although strategies had been implemented to increase patient flow there were delays in transfers of care, and bed occupancy rates and outlier numbers remained high.
- There was no consultant review at weekends for patients on the coronary care unit and no consultant ward round at weekends on the medical wards.
- Staff reported the results from national audits was not cascaded back to them and were not aware of the actions taken to improve.
- Appraisal rates across the workforce did not meet the expected trust targets. This was particularly evident for the medical staff.
- As part of the escalation procedures, extra bed spaces had been created on wards to provide care and treatment to patients. Although risk assessed, these areas were not designed to provide a bed space for patients.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service did not always manage medicines consistently and safely. We found medicines were not consistently dispensed and recorded correctly. We found medicines were not always stored correctly and safely.
- There was a system in place to ensure patients were protected from abuse and improper treatment. However, safeguarding training compliance across the medical staff was significantly below the trust target.
- We found that some wards were cluttered with equipment, storage areas were overfull, and not all fire exits were kept clear.
- Although information was available that was accurate and up to date and was shared with those involved in the care of patient, we found records trolleys were not stored securely to prevent unauthorised access, and computer terminals were not always locked and displayed confidential information.

However,

- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe, although there was a high reliance on the use of bank and agency staff to provide care and treatment. This was due to high vacancy rates across the service.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. This had improved since the previous inspection.
- There were processes and systems in place to mitigate risks to patients identified to be at risk of deterioration. Monitoring systems were in place to ensure observations were undertaken in a timely way, although these showed the trust target was not always met.
- Emergency resuscitation equipment was accessible in the ward areas. Records showed that equipment and consumables were checked daily in line with hospital policy.
- There were processes in place to ensure care and treatment was provided in a safe way to patients. We observed that a range of risk assessments were completed by nursing staff.
- Staff knew what incidents to report and how to report them. When things went wrong patients received an apology.

# Medical care (including older people's care)

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Patients had comprehensive nutritional assessments and plans completed to meet their needs. The expected outcomes were identified and care and treatment was reviewed and updated as needed.
- The service made sure that staff provided pain relief to patients that met their individual needs care based on using national guidance and evidence in order to achieve positive outcomes for patients.
- Outcomes for patients' were generally positive, consistent and met expectations.
- Patients were supported to make decisions and, where appropriate, their mental capacity was assessed, recorded and acted on in line with relevant legislation.
- Staff, including volunteers were appropriately recruited, qualified and had the skills they need to carry out their roles. Their performance was monitored to make sure that they were able to deliver appropriate care and treatment to patients.
- Staff worked well together in order to meet the range and complexity of patients' needs
- There was a focus on early identification, prevention and on supporting patients to improve their health and wellbeing.

However,

- Not all relevant staff, teams and services were available seven days per week. There was no consultant review at weekends for patients on the coronary care unit and no consultant ward round at weekends on the medical wards. Arrangements were in place so that newly admitted patients and those patients who required a medical review on the medical wards were routinely seen at weekends by a senior clinician.
- There were processes in place to assess, evaluate and improve practice on medical wards to ensure that patients received care and treatment to meet their needs and reflect good practice. However, not all staff were aware of the results from audits and the actions taken to improve performance.
- Appraisal rates for medical staff were worse than the trust target.

## Is the service caring?

Good   

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

- Feedback from patients was positive about the way staff treat people. Overall, patients and their relatives told us they were treated with dignity, respect and kindness.
- Staff responded compassionately when patients or their relatives needed help. Support was given by caring staff as and when required to meet their individual needs.

# Medical care (including older people's care)

- Patients and their relatives were involved and encouraged to make decisions about the care and support their received.
- We saw positive and respectful interactions between patients and staff.

## Is the service responsive?

Good ● → ←

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

- Services provided reflected the needs of the population they served, and there were a variety of medical services offered to meet the needs of patients. These included diabetes, respiratory, care of the elderly, cardiology and gastroenterology services.
- Staff members were aware of how to support patients to make a complaint or raise a concern. All complaints were taken seriously and treated compassionately.
- From August 2016 to July 2017 the average length of stay for medical elective patients at Macclesfield District General Hospital was lower (better) than England average.
- Patients were cared for by a named nurse who oversaw their care from admission through to discharge. This ensured continuity of care for the patient.
- Referral to treatment times (admitted performance) were consistently above the national average from October 2016 to September 2017.
- There were low numbers of complaints made regarding medical wards.
- Medical outliers were reviewed daily by medical staff and there was a co-ordinator to ensure patients were reviewed and either moved back to a medical ward as a bed was available.
- The service had implemented initiatives to support a reduction in bed pressures. Although results were not timely, the service worked hard to ensure flow through the hospital was maintained.
- Daily board rounds were in place for the multi-disciplinary team to review patients daily to highlight and escalate any delays or waits, and discuss expected dates of discharge.
- There was access to mental health support if patients required a review and assessment.

However,

- Although the trust had implemented strategies to increase patient flow throughout the medical wards, bed occupancy was near a 100% capacity. The service was providing extra bed spaces in medical areas that were not designed to have extra beds.
- Medical patients were not always cared for on the specialist ward best suited to their needs. Medical patients were receiving care on surgical wards that did not specialise in the care they required.
- Delayed transfers of care across medical wards were high. From the August 2016 to July 2017 there had been a total of 3635 bed days lost due to patients being medically ready to leave hospital but were delayed.



# Medical care (including older people's care)

## Is the service well-led?

Good ● ↑

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

- Leaders at every level were visible and approachable. The leadership was knowledgeable about issues and priorities for the quality and sustainability of services.
- The service had a vision for what it wanted to achieve and workable plans to turn it into actions. These were developed with involvement from staff, patients and key groups representing the local community.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff described the culture within the service as open and positive.
- Governance arrangements were clearly set out, understood and effective. Staff members were clear about their roles and accountabilities to provide a quality service that meet patient' needs.
- The service had a comprehensive process to identify, understand, monitor and address risks. Risks were monitored and reviewed in order to maintain quality of care to patients and were understood by staff.
- The service was transparent, collaborative and open with all relevant stakeholders about performance, taking into account the needs of the population to design improvements.
- There were systems to support improvement and innovative work, including staff rewards.

However,

- Although senior leaders in the division were sighted on the issues they faced, there appeared to be a lack of prompt action to achieve some improvements. For example staff compliance with the sepsis pathway.
- The process of initial review following an incident did not always clearly identify immediate actions and learning to disseminate to staff whilst a full root cause analysis took place.

## Areas for improvement

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

# Surgery

Good ● ↑

## Key facts and figures

Surgery services at East Cheshire NHS Trust consist of six surgical wards and seven theatres.

Each theatre suite has a recovery area.

Care was provided for specialist areas including orthopaedic surgery, breast cancer, bowel cancer, hernia repair and ear, nose and throat.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff.
- There were arrangements in place to help safeguard adults and children from abuse and neglect.
- The service controlled infection risks well and used control measures to prevent the spread of infection
- The service had suitable premises and equipment and staff looked after the majority of them well.
- Risks to people using services were assessed, monitored and managed on a day to day basis.
- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up to date and available.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose.
- The service managed patient safety issues well. Staff recognised incidents and reported them appropriately.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed pain levels and provided pain relieving medicines when required.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff worked together as a team to benefit patients and supported each other to provide care.
- Patients were comprehensively assessed so that their clinical needs and general health status could be considered
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- The risk of unauthorised access in theatre areas was not always managed effectively.
- The safe storage of medicines was not always consistent. For example the recording of maximum and minimum fridge temperatures was not always monitored in line with guidance.
- Risk assessments were completed when necessary but assessments did not include all of the potential risks. |

# Surgery

- Staff were competent in their role however the service did not always ensure that this was recorded and monitored using the trust individual staff self-assessment scoring system.
- Patients were not always able to access the service when they needed it. Waiting times for treatment and arrangements to admit, treat and discharge patients were not always in line with good practice.
- Information systems used to share information electronically with staff was not wholly effective. Staff struggled to locate information.

## Is the service safe?

Good ● ↑

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

- The service provided mandatory training in key skills to all staff.
- There were arrangements in place to help safeguard adults and children from abuse and neglect.
- The service controlled infection risks well and used control measures to prevent the spread of infection
- The service had suitable premises and equipment and staff looked after the majority of them well.
- Risks to people using services were assessed, monitored and managed on a day to day basis.
- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up to date and available.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose.
- The service managed patient safety issues well. Staff recognised incidents and reported them appropriately.

However,

- The risk of unauthorised access in theatre areas was not always managed effectively.
- Fridge temperatures were not always monitored in line with guidance.
- Risk assessments were completed when necessary but assessments did not include all of the potential risks.
- Although there were arrangements to safeguard adults and children, this did not extend to training where staff on ward ten and in theatres consistently did not meet training targets.

## Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service gave patients enough food and drink to meet their needs and improve their health.

# Surgery

- Staff assessed pain levels and provided pain relieving medicines when required.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff worked together as a team to benefit patients and supported each other to provide care.
- Patients were comprehensively assessed so that their clinical needs and general health status could be considered
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- Staff were competent in their role however the service did not always ensure that this was recorded and monitored using the trust individual staff self-assessment scoring system.

## Is the service caring?

Good ● → ←

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

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

## Is the service responsive?

Good ● ↑

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

- The service planned and provided services in a way that met the needs of local people.
- The service took account of individual needs including those living with dementia, physical or learning disabilities or communication difficulties.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results which were shared with staff. Outcomes were generally positive.

However:

- Patients were not always able to access the service when they needed it. Waiting times for treatment and arrangements to admit, treat and discharge patients were not always in line with good practice.

## Is the service well-led?

Good ● → ←

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

- The service had managers at all levels with the right skills and abilities to run a service.

# Surgery

- The service had a vision for what it wanted to achieve.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care.
- The service had effective systems for identifying risks, planning to eliminate or reduce them and coping with the expected and unexpected.
- The service collected, analysed, managed and used information to support its activities.
- The service engaged well with patients, staff and the public to plan and manage services.
- The service was committed to improving services by learning from when things go well and when they go wrong.

However:

- Information systems used to share information electronically with staff was not wholly effective. Staff struggled to locate information.

## Outstanding practice

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

## Areas for improvement

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

# Maternity

Good 

## Key facts and figures

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

Macclesfield Hospital provides 24 hour maternity services for people that reside in and around the east Cheshire area.

Between July 2016 and June 2017, there were 1,597 births at this trust. Macclesfield Hospital has a maternity unit that includes a labour unit with five beds as well as a five-bed triage area and a combined antenatal and postnatal ward that has three six-bedded bays and three side rooms.

Outpatient services include the hospital antenatal clinic, an antenatal day unit, an early pregnancy assessment unit and sonography (scanning).

Community antenatal clinics take place at locations throughout the East Cheshire areas including Congleton Memorial Hospital and children's centres.

We visited all maternity areas in the hospital, including the obstetric theatre and the community clinic at Congleton Memorial Hospital.

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

We inspected the hospital as part of an unannounced inspection between 9 and 11 January 2018. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We reviewed 10 patient records and other documentation relating to checks carried out in theatre. We spoke with eight patients and four partners as well as observing three patients during antenatal appointments.

We spoke with 30 members of staff including midwives, doctors, care assistants and senior managers.

## Summary of this service

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

- Staff had completed mandatory training and specific skills and drills for this service.
- Most staff had received safeguarding training updates and understood how to keep patients safe.
- Most areas we visited were visibly clean and there were processes for checking and maintaining equipment.
- There were sufficient numbers of midwifery and medical staff to meet the needs of the service.
- Midwives worked in both the hospital and community, in teams, to provide continuity.
- Patient records were generally completed appropriately by all staff both paper and electronic.
- Staff provided medication, including pain relief, promptly and appropriately to patients.
- Staff understood how to report incidents and received feedback.
- Staff followed national guidance and monitored the service.

# Maternity

- Staff were appraised and supported by senior staff.
- There was effective multidisciplinary working over seven days.
- Patients were kept comfortable and supported by staff with individualised care.
- There was an open and transparent culture with clear supportive leadership.

However:

- Sluice rooms were unlocked; these stored cleaning fluids. In the community clinic there was no area to handle patient samples.
- Fridge temperature checks did not include recording the range.
- Partners of women requiring a caesarean section could not stay with the women in the recovery area of theatre.
- Complaints were not always resolved quickly.
- There was no vision and strategy for the maternity service. The service followed the wider network strategy.

## Is the service safe?

**Good** ●

We rated safe as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and generally maintained them well.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were generally clear, up-to-date and available to all staff providing care.
- Staff prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.

However:

- The compliance rate for safeguarding level three for bank midwifery staff was only 62% at time of inspection.

# Maternity

- Piped oxygen and suction were not available at all bed spaces, although there were portable alternatives in the event of an emergency.
- In the antenatal clinic, a corridor had an unlocked door where clinical notes were being stored.
- We observed that cleaning fluids were being stored in unlocked sluice rooms.
- Fridge temperatures were recorded, however; the ranges were not checked.
- In the community clinic there was no area to handle patient samples.

## Is the service effective?

**Good** ●

We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided support.
- Staff worked together as a team to benefit patients. Doctors, midwives and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

**Good** ● → ←

We rated caring as good because:

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

## Is the service responsive?

**Good** ● ↑

We rated responsive as good because:



# Maternity

- The service planned and provided services in a way that generally met the needs of local women.
- Women could access the service when they needed it.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- Partners were unable to stay with women in the recovery area of theatre following a caesarean section operation as the theatre included other surgical patients.
- There was no signage on the door of the room identified for bereavement as occupied or vacant.

## Is the service well-led?

**Good** ●

We rated well-led as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- There was no vision and strategy for the maternity service. The service followed the network strategy.

## Areas for improvement

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

# Services for children and young people

Good  

## Key facts and figures

Children's services at Macclesfield District General Hospital comprised of a children's ward (incorporating a paediatric observation unit) with 10 cots, six beds and five paediatric observation beds and a neonatal unit which included eight cots and incubators. The outpatients department for children was an integral part of the children's ward.

The Care Quality Commission (CQC) carried out this unannounced inspection between 16 and 18 January 2018. During this inspection we visited the children's ward, neonatal unit and the outpatient department. We spoke with 44 staff and five parents. We reviewed four sets of care records and two prescription charts.

## Summary of this service

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

- Action had been taken and the service had improved since our previous inspection.
- The service provided mandatory training in key skills to staff. Mandatory training had been improved since the previous CQC inspection through the development of a paediatric essentials course.
- There were arrangements in place to help safeguard children and young people from abuse and neglect.
- The service controlled infection risks well and used control measures to prevent the spread of infection. Cleanliness, infection control and hygiene had improved since our previous inspection and effective systems and processes were now in place.
- The service had systems in place to assess and respond to risk. Children and young people were monitored for signs of deterioration using a paediatric early warning score system (PEWS). A sepsis tool was used to help staff escalate appropriately when signs of sepsis had been detected.
- The service had enough nursing and medical staff with the right qualifications, skills, training and experience, most of the time, to keep people safe from avoidable harm and to provide the right care and treatment.
- Record keeping had been identified as requiring improvement at the last inspection and the staff had been working to improve this. Staff now kept appropriate records of patients' care and treatment.
- Medicines were managed and stored safely and securely.
- The service provided care and treatment based on national guidance and used the findings to improve them.

However:

- There was a shortage of band 6 nurses with APLS training on night shift. This was not compliant with national guidance.

## Is the service safe?

Requires improvement  

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

# Services for children and young people

- There was a shortage of band 6 nurses on night shift. This was not compliant with national guidance.
- There was a lack of nursing staff with advanced paediatric life support training at night.

However:

- The service provided mandatory training in key skills to staff. Mandatory training had been improved since the previous CQC inspection through the development of a paediatric essentials course.
- There were arrangements in place to help safeguard children and young people from abuse and neglect.
- The service controlled infection risks well and used control measures to prevent the spread of infection. Cleanliness, infection control and hygiene had improved since our previous inspection and effective systems and processes were now in place.
- The service had systems in place to assess and respond to risk. Children and young people were monitored for signs of deterioration using a paediatric early warning score system (PEWS). A sepsis tool was used to help staff escalate appropriately when signs of sepsis had been detected.
- The service had enough nursing and medical staff with the right qualifications, skills, training and experience, most of the time, to keep people safe from avoidable harm and to provide the right care and treatment.
- Record keeping had been identified as requiring improvement at the last inspection and the staff had been working to improve this. Staff now kept appropriate records of patients' care and treatment.
- Medicines were managed and stored safely and securely.

## Is the service effective?

**Good** ● ↑

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service gave patients enough food and drink to meet their needs and improve their health.
- There were effective processes in place to ensure patients' pain relief needs were met and pain was well managed in the children and young people service. The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff worked together as a team to benefit patients and supported each other to provide care.
- Staff were competent in the care of children and young people.
- The clinical staff we spoke with were knowledgeable about Fraser and Gillick competencies to help assess whether a child has the maturity to make their own decisions without consent of a parent or guardian and understand the implications of those decisions.

However:

- A malnutrition assessment tool was not routinely used for children

# Services for children and young people

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients and parents confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff in children and young people's services demonstrated a patient-centred approach which encouraged family members to take an active role in their child's healthcare.

## Is the service responsive?

Good ● ↑

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

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' and their families' needs. The children's ward was especially responsive to children and young people with learning disabilities and others on the autism spectrum.
- Children could access services in a timely way.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results which were shared with staff.

However:

- The examination of looked after children was not being undertaken to meet the two week standard.

## Is the service well-led?

Good ● ↑

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

- The service had managers at all levels with the right skills and abilities to run the services.
- Managers promoted a positive culture that supported and valued staff. There was an inclusive and constructive working culture within the service.
- Governance structures were in place across the service and staff felt they were effective.
- The service had effective systems for identifying risks, planning to eliminate or reduce them.
- The service collected, analysed, managed and used information to support its activities.
- The service engaged well with patients, staff and the public to plan and manage services.

# Services for children and young people

- The service was committed to improving services by learning from when things go well and when they go wrong. The service had taken action to address the main areas that required improvement at the previous inspection.

However:

- At the time of inspection, there was no clear strategy for the children's services. The trust was working with partners to determine the long-term vision and strategy for service provision across the health economy.

## Outstanding practice

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

## Areas for improvement

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

# Community health services

## Background to community health services

The trust provides community services delivered from locations including Knutsford and Congleton hospitals, clinics, GP premises and patients' own homes. They include child health, district nursing, intermediate care, occupational health and physiotherapy, community dental services, speech and language therapy, palliative care and sexual health. The services provided by the trust for children, young people and families had reduced substantially and since the previous inspection.

The core services inspected were:

Community Services for adults

Community services for end of life care

## Summary of community health services

**Good**  

Our rating of these services improved. We rated them as good because:

- We rated safe, effective, caring, responsive and well led for community health services as good.
- The community adult's service had made a number of improvements since our last inspection. We had not previously inspected community services for end of life care.
- There were sufficient numbers of staff to keep people safe. Staff were competent in their roles.
- The specialist palliative care team worked as an integrated team with hospital and community providers to promote continuity and consistency in patient care.
- The majority of patients achieved positive outcomes from the care and treatment provided to them.
- Staff were kind and compassionate in the care and treatment provided to their patients. We saw evidence of outstanding caring for patients receiving end of life care.
- The service's leaders understood the challenges the services faced, and had a vision and plans for the future development.

However:

- Within community services for adults, patient treatment plans developed in the electronic 'paper light' working environment were not of sufficient detail or quality to enable staff to adequately plan individualised patient treatment and care goals, to assess progress against these, or to reasonably mitigate the risks to the health and safety of patients receiving care and treatment.

# Summary of findings

- End of life care plans reflected National Institute for Health and Clinical Excellence guidelines; however, these were not used consistently in the community.

# Community end of life care

Good 

## Key facts and figures

End of Life care is delivered within the community by the core community teams, GPs and district nursing teams. The delivery is supported by guidance and documentation developed in conjunction with East Cheshire Specialist Palliative Care Team, the End of Life Partnership and Greater Manchester and Eastern Cheshire Palliative and End of Life Care Network.

The East Cheshire NHS Trust specialist palliative care team receives referrals based upon their referral criteria to support the core teams in delivering end of life care for those patients with complex physical, social or psychological needs. East Cheshire Hospice provides both inpatient and outpatient services to provide specialist palliative care and end of life care to further meet the needs of the most complex patients.

The specialist palliative care team is based at East Cheshire Trust and is made up of health professionals who provide support and advice to individuals affected by cancer or other progressive life limiting conditions, as well as their carers.

The Care Quality Commission carried out a comprehensive inspection between 2 and 4 September 2014 at the trust however end of life services were not inspected therefore we cannot compare our new ratings with previous ratings.

During this inspection we visited locations across the community and two intermediate care unit wards one at Macclesfield District General Hospital and Congleton War Memorial Hospital.

We spoke with seven patients and eight relatives. We also spoke with 57 members of staff, including senior managers, the specialist palliative care team, nurses and allied health professionals.

We observed care and treatment and looked at ten care records of patients that were either palliative or receiving end of life care. We reviewed twelve Do Not Attempt Cardio Pulmonary Resuscitation forms. We received comments from our focus groups and we reviewed the hospital's performance data.

## Summary of this service

We rated the service overall as good because:

- The trust had a dedicated specialist palliative care team who provided support to community staff and patients at the end of their life.
- Care and support was given in a respectful and compassionate way. Staff within the specialist palliative care team worked hard to support staff to ensure patients received the care and treatment they required.
- Managers planned and provided services in a way that met the needs of local people. They worked with local organisations and made changes to improve services and support patients more effectively.
- Staff were competent, knowledgeable and responded to patients and their loved ones' needs. The majority of the team had completed mandatory training and all staff had received annual appraisals.
- The specialist palliative care team worked as an integrated team with hospital and community providers to promote continuity and consistency in patient care. The team also participated in local and national groups to share information and learn from peers.



# Community end of life care

- Staff knew what incidents to report and how to report them and managers were involved in investigating incidents and they shared any lessons learned.
- Staff across the service understood how to protect patients from abuse and how to assess patients' capacity to make decisions about their care.
- The team attended daily board rounds and multidisciplinary team meetings across secondary and primary care in order to provide knowledge, support, input and consistency into patients' palliative and end of life care.
- Medicines were managed and prescribed appropriately and equipment was available to patients at the end of their life. Equipment was mostly well maintained.
- Managers supported all staff through regular appraisals and supervision. New staff received a package of support including a mentor, induction, and list of competencies, which was flexible according to their previous experience and training.

However,

- End of life care plans reflected National Institute for Health and Clinical Excellence guidelines however these were not used consistently in the community..
- The service relied upon other organisations to collate and measure patient outcomes and although this was shared we did not see any service specific action plans to address areas for improvement.
- Although the majority of staff had received training on safeguarding, the Mental Capacity Act, and Deprivation of Liberty Safeguards the trust provided no evidence that two members of staff had attended or were going to attend level 2 training in adults safeguarding.
- Specialist palliative care services were not available seven days a week although community staff had support from a local hospice telephone advisory line or GP service at weekends and out of hours.
- Some staff felt the senior managers and executive team were not all visible within their service.

## Is the service safe?

**Good** 

We rated it as good because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service prioritised patient protection and there were defined systems, processes and standard operating procedures to keep people safe and safeguarded from abuse. However not all staff had received training in safeguarding adults.
- Staff recognised incidents and reported them appropriately. Community managers investigated incidents and shared incidents and lessons learned with the specialist palliative care team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service had suitable premises and equipment and looked after them well. Lockable syringe drivers were mostly well maintained and were available to community staff at all times.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean However, there was no specific guidance available to staff in cleaning and decontamination of syringe driver pouches.

# Community end of life care

- The service administered recorded and stored medicines well. Patients received the right medication at the right dose at the right time. Medicines were provided in line with national guidance. We saw good practice in prescribing anticipatory medicines for patients who were at the end of life.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. The service had introduced new ways of working to help with staff workload.
- Staff assessed, monitored and managed risks to their patients. Risks included signs of deteriorating health, medical emergencies or challenging behaviour.

However,

- The electronic system did not support, nor were staff able to show us, the development of detailed, individualised holistic care assessment or treatment goal plans or evaluation and re-assessment of any treatment interventions carried out.
- Patient treatment summaries completed by community nurses were mostly brief however summaries completed by the specialist palliative care team were comprehensive and included individualised assessment and evaluation.

Not all staff were aware of how to access specialist equipment at the weekend.

## Is the service effective?

**Requires improvement** ●

We rated it as requires improvement because:

- The end of life care plan reflected national guidance. However we saw limited evidence this was being used.
- Patient's care and treatment outcomes were not routinely collected by the trust with reliance from local organisations to audit, share results and develop action plans
- Nutrition and hydration were not consistently recorded by community staff although we observed patients' nutritional needs were assessed and met during our inspection.
- Patient's pain management was not consistently recorded by community nurses. However patients we observed during inspection received appropriate and timely pain relief.

However

- Staff worked collaboratively with local organisations and stakeholders to understand and meet the range and complexity of people's needs. We saw strong and respectful multidisciplinary team working.
- The specialist palliative care team were competent and worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide end of life care.
- Staff understood their roles and responsibilities under the Mental Capacity Act. They could describe when to use it for patients who appeared to lack capacity to make decisions about their care.
- The specialist palliative care team received regular clinical supervision and appraisals. New staff within the specialist palliative care team were supported through the McMillian competencies. Community staff had annual end of life mandatory training and could access additional training.

# Community end of life care

## Is the service caring?

**Outstanding** 

We rated it as outstanding because:

- We saw numerous examples that demonstrated staff consistently treated patients in a compassionate, dignified, and respectful way. continually
- Feedback from all patients and their families was continually very positive. Patients said that staff responded compassionately to their needs and confirmed that staff always treated them well and with kindness.
- Staff were fully committed to working in partnership to ensure patients, carers and family members were involved and encouraged to be partners in their care. Patients told us that staff included them in decision- making and listened to their wishes. We observed staff discuss care options and treatments, and provide choices to patients. Staff listened to patients and their families and gave them emotional support.
- Staff were highly motivated, g, caring and committed to delivering a good quality service. They spoke with passion about their work and felt caring for a patient at the end of their life was a privilege and examples of staff going the extra mile were shared.

## Is the service responsive?

**Good** 

We rated it as good because:

- Managers planned and provided services in a way that met the needs of local people. They were flexible and made changes to improve services and support patients more effectively.
- Staff took account of patients' individual needs, particularly for patients with dementia.
- The specialist palliative care team were visible and all staff we spoke with knew how to access them and said they were responsive. The specialist palliative care team had good working relationships with stakeholders and community colleagues. This ensured that care and treatment was coordinated with other services and providers.
- The service responded to concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Good** 

We rated it as good because:

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services with an executive board representative, who provided representation for end of life care at board level.
- The service had a management structure and the managers knew about the quality issues, priorities and challenges within the service. Staff could explain the risks to the department and the plans to deal with them.

# Community end of life care

- Staff described the culture within the service as open and transparent. Staff were proud of the care they delivered and could raise concerns and felt listened to and supported within the service.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The service was reviewing ways to increase response rates for patient feedback to improve the quality of care.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However,

- The end of life care service had a strategy in place which had been developed as part of the End of Life Partnership. However it was unclear who in the trust was taking the lead in implementing the priorities across the service.
- Not all staff felt the senior managers and executive team were visible.

## Outstanding practice

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

## Areas for improvement

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

# Community health services for adults

Good 

## Key facts and figures

There are five community nursing teams in East Cheshire plus an out of hours service, which operates between 5pm and 8am. The teams cover the following areas: Macclesfield, Congleton, Holmes Chapel, Knutsford, Poynton, Bollington, Disley, Chelford, Alderley Edge and Wilmslow.

The community nursing teams provide palliative care, wound management including management of pressure ulcers and leg ulcers, injections, phlebotomy and bladder and bowel care to people in their own homes. In addition there is community matron input to each team. They are advanced clinical practitioners who manage a caseload of patients with complex needs with the support of the patient's own GP.

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

We inspected the community health services for adults as part of an unannounced inspection of the trust between 8 and 11 January 2018. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We spoke with 43 patients and four carers and observed treatment being given across a range of the community services provided by the trust. We reviewed 17 patient records including seven prescription and administration records, seven serious incident reports and five complaint files.

We spoke with 58 members of staff including senior leaders, managers, team leaders, nursing and allied health professional staff.

## Summary of this service

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

- The community adult's service had made a number of improvements since our last inspection.
- There were sufficient numbers of staff across the community adults service to keep people safe, although caseloads varied by team. Staff were competent in their roles.
- Completion rates for mandatory and safeguarding training were high across the service's range of specialisms. Staff were able to identify and knew how to report safeguarding concerns and incidents. There was governance oversight of incidents and complaints and learning emerging from these was shared with staff and teams across the service.
- Care and treatment provided was evidence based and we saw evidence of effective multidisciplinary working within the teams. This included specialisms working together to identify potential risks to patients and to avoid the development of a frailty 'wrap around' care service to keep people safe in their own homes or care homes and to avoid admission to hospital.
- The service collected data in all its specialisms on patient outcome measures. Results showed that the majority of patients achieved positive outcomes from the care and treatment provided to them.
- Staff were kind and compassionate in the care and treatment provided to their patients. Staff involved people in decisions and ensured people understood the care and treatment provided to them, and supported people emotionally when appropriate.

# Community health services for adults

- The service worked with local commissioners, GP and other stakeholders in planning the services offered to people, and also took into account individuals' needs. People were able to access the service when they needed to and waiting times were within local and nationally agreed targets.
- The service's leaders understood the challenges the service faced, and had a vision and plans for the future development of the service to integrate further with primary and secondary medical services in the area.
- The culture within the service and engagement with staff and the public had improved since our last inspection. Innovation, improvement and learning was supported by the trust.

However:

- Patient treatment plans developed in the electronic 'paper light' working environment were not of sufficient detail or quality to enable staff to adequately plan individualised patient treatment and care goals, to assess progress against these, or to reasonably mitigate the risks to the health and safety of patients receiving care and treatment. This meant there was an over-reliance on staff knowledge of individual patients to mitigate any ongoing or developing risks to patients.

## Is the service safe?

**Requires improvement** ●

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

- Staff were not supported by the systems and processes in place to consistently identify, assess, respond to, or manage patient risks and care needs appropriately. Although staff kept records and treatment plans in line with the trust's standard operating policy for electronic patient records, the policy did not support staff to develop detailed individualised care plans and treatment goals or to assess patient risks and progress against these. We saw evidence that the lack of care plans had impacted on patient care.
- The facilities in some locations were limited and some premises were not well maintained. Some sites were unable to connect to the trust's computer systems due to the inability to reach agreement with the landlord over the installation of appropriate server equipment. The community offices in Congleton were in a poor state of repair including large cracks in the wall and an unreliable boiler.
- There was not a consistent process for ensuring that anaphylaxis kits were in date and there was a risk expired kits would not be identified.

However,

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service prescribed, gave, and recorded medicines well. Patients received the right medicine at the right dose at the right time.

# Community health services for adults

- The service used safety monitoring results well. Staff collected safety information and the service used it to improve the service.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

**Good** ●

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service monitored the effectiveness of care and treatment. Patient outcome measure results were positive.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and allied healthcare professionals supported each other to provide good care.
- Staff across the service encouraged patients to make healthy lifestyle changes and choices where appropriate.
- Staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Staff were aware of the Mental Health Act 1983 and the Mental Capacity Act 2005 including the deprivation of liberty safeguards.

However:

- Staff, including team leaders, were not always clear about where staff competencies were held or how to access them on the system.

## Is the service caring?

**Good** ●

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

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

## Is the service responsive?

**Good** ●

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

- The service planned and provided services in a way that met the needs of local people.

# Community health services for adults

- The service took account of patients' individual needs.
- The service managed the needs of vulnerable patients, including those with dementia and learning disabilities appropriately. Staff had access to dementia support from the trust's admiral nurse, and supported the principles of John's Campaign.
- People could access the service when they needed it. The service monitored a range of metrics across its specialisms including referral to initial assessment/treatment waiting times, did not attend rates and follow up rates. Waiting times from referral to assessment or treatment were within locally agreed targets.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Good** ●

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The service had a number of staff 'acting up' into managerial positions but staff described increased support from acting managers.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, managed and used information to support all its activities, using secure electronic systems with security safeguards. All staff had access to the service's electronic and paper records system which held information on patients' care and treatment.
- The trust engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However,

- Community matrons continued to be operationally managed by community nursing team leaders. As such community matrons expressed views that there appeared to be no over-arching managerial oversight of their service. This has not changed since our last inspection.

## Outstanding practice

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



# Community health services for adults

## Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

# Our inspection team

Nicholas Smith, CQC head of hospital inspection, led the inspection team. An executive reviewer, supported our inspection of well-led for the trust overall.

The team included an inspection manager, 15 inspectors, 15 specialist advisers, and one expert by experience.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.