

Mersey and West Lancashire Teaching Hospitals NHS
Trust

Southport and Formby District General Hospital

Inspection report

Town Lane
Southport
PR8 6PN
Tel: 01704547471

Date of inspection visit: 24 January 2024
Date of publication: 17/04/2024

Ratings

Overall rating for this location

Inspected but not rated ●

Are services safe?

Inspected but not rated ●

Are services effective?

Inspected but not rated ●

Are services well-led?

Inspected but not rated ●

Our findings

Overall summary of services at Southport and Formby District General Hospital

Inspected but not rated



Southport and Formby District General Hospital provides adult acute inpatient beds to approximately 224,402 people across Southport, Formby, and West Lancashire, as well as providing emergency and urgent care, critical care, outpatient diagnostic and rehabilitation services. It also provides the North West Regional Spinal Injuries Centre which delivers specialist care for spinal patients across the North West and the Isle of Man.

Southport and Ormskirk Hospital NHS Trust previously managed Southport and Formby District General Hospital. In July 2023 the Trust was acquired by St Helens and Knowsley Teaching Hospitals NHS Trust and it is now known as Mersey and West Lancashire Teaching Hospitals NHS Trust.

We carried out this unannounced, focused inspection because we received information giving us concerns about the safety and quality of the services.

We inspected the core services of medical care and Spinal Injuries Centre.

We did not rate these services at this inspection. We found:

- The service had enough nursing and medical staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided effective care and treatment and gave patients enough to eat and drink.
- The service had policies and procedures in place to support staff and keep patients safe. Managers monitored the effectiveness of processes and made sure staff were competent.

However:

- Records were not always stored securely.
- The service did not have a 7-day dietetic or speech and language service.
- The service did not have enough dietitians or speech and language therapists.

How we carried out the inspection

We carried out an unannounced inspection (staff did not know we were coming) to enable us to observe routine activity. We carried out a focussed inspection of the core services of medical care and the Spinal Injuries Unit only.

Our findings

5 inspectors carried out the inspection on the 24 January 2024 with support from an offsite operations manager. We spoke with 5 patients, 14 staff and reviewed 18 patient records. The inspection was overseen by Karen Knapton, Deputy Director of Operations.

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

Medical care (including older people's care)

Inspected but not rated ●

This service was inspected but not rated. We found:

- The service had enough nursing and medical staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment and gave patients enough to eat and drink.
- The service had policies and procedures in place to support staff and keep patients safe. Managers monitored the effectiveness of processes and made sure staff were competent.

However:

- Records were not always stored securely.
- The service did not have a 7 day dietetic or speech and language service.
- The service did not have enough dietitians or speech and language therapists.

Is the service safe?

Inspected but not rated ●

This service was inspected but not rated.

Safeguarding

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.

Staff received training specific for their role on how to recognise and report abuse. Safeguarding training compliance for medical care was 97% for level 3 adults and the average compliance for level 2 children was 92% both of which were above the target of 90%.

Staff had the correct levels of training for their roles in line with the intercollegiate guidance.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff followed safe procedures for children visiting the ward. The compliance rate for level 1 safeguarding children training was 100%.

We reviewed a sample of safeguarding records which demonstrated the involvement of the safeguarding team in complex cases and that mental capacity and best interests were considered by the teams involved.

Medical care (including older people's care)

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

Staff knew about and dealt with any specific risk issues such as sepsis, venous thromboembolism (VTE), falls and pressure ulcers. Staff completed risk assessments for each patient on admission and reviewed this regularly, including after any incident.

The service had access to mental health liaison and specialist mental health support if staff were concerned about a patient's mental health. This was provided by an external NHS Trust and was monitored by managers at the Trust.

The service had a policy and pathway in place for identifying and treating delirium and had a dedicated dementia and delirium team to review patients and provide advice for staff.

Nurse staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The medical care division had enough nursing and support staff to keep patients safe.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance.

The ward managers could adjust staffing levels daily according to the needs of patients.

The number of nurses and support staff mostly matched the planned numbers. We reviewed staffing numbers for the 2 weeks prior to the inspection which showed that the actual numbers mostly matched the planned, with some shifts down by 1 registered nurse and some shifts 1-3 down for support staff.

The vacancy rate for nurses within the medical division was 25 whole time equivalent out of 193, as of December 2023.

The vacancy rate for support staff within the medical division was 11 whole time equivalent out of 203, as of December 2023.

The sickness rate across the division was 7.2% for registered nurses and 12.8% for support staff, both higher than Trust average of 6.6% for nurses and 10.4% for health care assistants. Managers were aware of sickness absence gaps and risk assessed these shifts and found alternative cover.

Managers made use of bank and agency staff to cover absence gaps, high acuity and enhanced level of care and requested staff familiar with the service with a full induction. For the division of medicine, the average bank and agency rate for September to December was 29% for both registered nurses and support staff.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

Medical care (including older people's care)

The service had enough medical staff to keep patients safe. Managers could adjust staffing levels daily according to the needs of patients.

The medical staff mostly matched the planned number. We reviewed medical staffing rotas for the 2 weeks prior to our inspection which demonstrated a low number of gaps which were managed by the service.

Sickness rates for medical staff for the medical care division at Southport and Formby District General Hospital were below the Trust average sickness absence rate at 0.8% (Trust average 3.4%).

The medical care division had a vacancy rate of 5.88 whole time equivalent out of 74.4. Specialisms within the medical care division with vacancies were being recruited to at the time of our inspection.

Managers could access locums when they needed additional medical staff.

The service had a good skill mix of medical staff on each shift and reviewed this regularly.

Allied Health Professional staffing

The service did not have enough allied health professionals to provide the right care and treatment, however managers were working to address this and had mitigations and plans in place to keep patients safe.

At the time of the inspection the vacancy rates for allied health professionals of dietitians and speech and language therapists (SALT) were high, with dietitian vacancy of 2.72 whole time equivalent out of 8.33 whole time equivalent. Vacancies for SALT were 2 whole time equivalent out of 3.8. The Trust had recruited to these vacancies and were waiting for these staff to undertake their induction.

The service had a policy for the prioritisation and response times for nutrition and dietetics to mitigate the risk of vacancies in these staff groups. For the year of 2023 data evidenced that 100% of high “priority 1” referrals were reviewed by dietetics within the provider’s target of 1 working day.

The service had dietitians and SALT professionals Monday to Friday, with no provision for out of hours. Patient risk out of hours would be managed by nursing and medical staff until the next working day.

The service had low sickness rates for dietitians and SALT.

Records

Staff kept detailed records of patients’ care and treatment. Records were clear, up-to-date, and easily available to all staff providing care, however, were not always stored securely.

Patient notes were comprehensive, and all staff could access them easily.

Records were not always stored securely in ward areas. We observed patient medical records trolleys open and unattended in multiple ward areas.

Medical care (including older people's care)

Is the service effective?

Inspected but not rated ●

This service was inspected but not rated.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs.

Staff fully and accurately completed patients' fluid and nutrition charts where needed. All fluid and nutrition charts we reviewed were complete and up to date. Staff checked these daily to ensure accuracy and completeness.

Managers monitored compliance with fluid balance documentation monthly. The Trust provided us with data for audits for the 3 months prior to our inspection which showed that the average compliance rate for the medical care division was 92%.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. Staff used the malnutrition universal screening tool (MUST) to assess and monitor malnutrition. Staff mostly completed these within the recommended time frame, with 14 out of the 15 records we reviewed within target.

Specialist support from staff such as dietitians and speech and language therapists were available Monday to Friday. The service also had a dietetic assistant to support patients who were waiting for a review by a dietitian. This role ensured staff implemented a standard care plan for patients with a MUST score of 2 to ensure these patients had access to ward based nutritional interventions to minimise the risk of malnutrition.

We reviewed the dietetics referral to response times for 2023 and found 100% of high "priority 1" referrals were reviewed by dietetics within the provider's target of 1 working day. For referrals made at a weekend these would be reviewed by the dietetic team on the following Monday. Out of hours, patients' nutrition and hydration needs would be managed by the nursing and medical staff using a standard care plan.

The provider's target for referral to response for "priority 2" referrals was within 3 working days. However, the data submitted by the Trust showed a fluctuation in compliance with this target ranging from 20% to 85%, with the main decrease occurring in June 2023. This was consistent with the service's staffing data that showed May to November had the highest number of dietitian vacancies.

The provider had a competency assessment for staff inserting Nasogastric tubes for specialist feeding.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients.

Medical care (including older people's care)

Staff had training during induction on malnutrition and MUST assessment. This training was in line with evidenced based practice guidelines.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers made sure staff received any specialist training for their role, such as nurses on the gastroenterology ward having specific training for inserting nasogastric tubes.

Managers could explain how they would identify poor staff performance and how they were supported to address this with a Trust policy.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The Trust submitted audit data for May 2023 that demonstrated that out of 60 consent records assessed, 94% were completed fully in line with the policy which was above the provider's target of 90%.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. We saw evidence that best interest decision meetings had been held for patients who lacked capacity for a range of decisions to be made. Staff told us that the nursing staff, therapies, social services, and relatives would attend these.

Staff did not all keep up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). For medical care the average compliance rate for level 2 mental capacity act training was 87%, just below the target of 90%. The provider had oversight of lapses in compliance and had actions in place to address this.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and knew who to contact for advice.

Staff could describe and knew how to access the Trust policy for Mental Capacity Act and DoLS.

Staff implemented DoLS in line with approved documentation. We reviewed 5 DoLS records and found all had been completed correctly in line with legislation.

The records of all people detained under the Mental Health Act at the time of inspection were checked and found to be complete and legal.

The safeguarding team monitored how well the service followed the Mental Capacity Act and the use of DoLS and made sure staff knew how to complete them. The Trust submitted audit data from September 2023 which demonstrated that 100% of patients with an impairment of mind or brain had a 2-stage capacity assessment for the decision to be accommodated in hospital.

Medical care (including older people's care)

Staff reviewed documentation daily to ensure the DoLS was still appropriate and relevant to the patient's needs.

Is the service well-led?

Inspected but not rated ●

This service was inspected but not rated.

Governance

Leaders operated effective governance processes and had policies and procedures in place relating to safeguarding, nutrition, and mental health. Staff at all levels were clear about their roles and accountabilities.

The service had policies and procedures in place such as safeguarding, malnutrition in adults and delirium and mental health pathways. Staff were clear about their roles and accountabilities outlined in these policies.

Managers monitored staffing levels and had mitigations and actions in place to keep patient's safe in the event of any staffing shortfalls.

Managers monitored restrictive practice and compliance with Trust policies such as MUST assessments and SALT referrals. The Trust also audited restrictive practice specifically for patients with learning disabilities and autism in line with the learning disability improvement standards for NHS Trusts.

The service had identified hydration as one of the Trust's quality objectives for 2023/2024. All wards had a fluid balance link nurse and a fluid balance standard operating procedure had been developed alongside awareness and training sessions for staff.

Areas for improvement

Action the Trust **MUST** take is necessary to comply with its legal obligations. Action a Trust **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the Trust **SHOULD** take to improve:

Location

- The Trust should consider expanding dietetic and speech and language services to 7 days.

Medical Care

- The Trust should ensure that records are kept securely.

Spinal Injuries

- The Trust should ensure that staff are up to date with Mental Capacity Act training.

Spinal injuries

Inspected but not rated

This service was inspected but not rated. We found:

- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment and gave patients enough to eat and drink.
- The service had policies and procedures in place to support staff and keep patients safe. Managers monitored the effectiveness of processes and made sure staff were competent.

However:

- The service did not have a 7 day dietetic or speech and language service.
- The service did not have enough dietitians or speech and language therapists.
- The Trust should ensure that staff are up to date with mental capacity act training.

Is the service safe?

Inspected but not rated

This service was inspected but not rated.

Safeguarding

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.

Staff received training specific for their role on how to recognise and report abuse. Safeguarding training compliance for this service for level 3 adults was 97% and level 2 for children was 90% both of which were above the target of 90%.

Staff had the correct levels of training for their roles in line with the intercollegiate guidance.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The ward had a safeguarding information board that had all the information required if they had a safeguarding concern.

Staff followed safe procedures for children visiting the ward. The compliance rate for level 1 safeguarding children training was 100%.

We reviewed a sample of safeguarding records which demonstrated the involvement of the safeguarding team in complex cases and that mental capacity and best interests were considered by the teams involved.

Spinal injuries

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

Staff knew about and dealt with any specific risk issues such as venous thromboembolism (VTE), falls and pressure ulcers. Staff completed risk assessments for each patient on admission and reviewed this regularly.

The service had access to a mental health liaison team if staff were concerned about a patient's mental health.

The service had a policy and pathway in place for identifying and treating delirium and had a dedicated dementia and delirium team to review patients and provide advice for staff.

Nurse staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The Spinal Injuries Unit had enough nursing and support staff to keep patients safe.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance.

The ward manager could adjust staffing levels daily according to the needs of patients.

The number of nurses and healthcare assistants mostly matched the planned numbers. We reviewed staffing numbers for the 2 weeks prior to the inspection which showed the service had gaps of 1-2 healthcare assistants on 7 of the day shifts and gaps of 1 nurse on 6 shifts. Shifts short of staff were risk assessed by the matron team. There were no staffing gaps overnight.

The Spinal Injuries Unit had lower sickness rates than the Trust average for both nurses (5%) and for healthcare assistants (3.3%).

The vacancy rate for nurses within the Spinal Injuries Unit was 2.85 whole time equivalent out of 52.4, as of December 2023.

The vacancy rate for support staff within the Spinal Injuries Unit was 3.5 whole time equivalent out of 37.72, as of December 2023.

Managers made use of bank and agency staff to cover absence gaps, high acuity and enhanced level of care and requested staff familiar with the service with a full induction. For the Spinal Injuries Unit, the average bank and agency rate for September to December was 15% for both registered nurses and support staff.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

The service had enough medical staff to keep patients safe.

Spinal injuries

The medical staff mostly matched the planned number, with a gap of 1 consultant for each shift for which the service was providing cover for.

Managers could access locums when they needed additional medical staff.

The service had a good skill mix of medical staff on each shift and reviewed this regularly.

The service always had a consultant on call during evenings and weekends.

Allied Health Professional staffing

The service did not have enough allied health professionals to provide the right care and treatment, however managers were working to address this and had mitigations and plans in place to keep patients safe.

At the time of the inspection the vacancy rates for allied health professionals of dietitians and speech and language therapists (SALT) were high, with dietitian vacancy of 2.72 whole time equivalent out of 8.33 whole time equivalent. Vacancies for SALT were 2 whole time equivalent out of 3.8. The Trust had recruited to these vacancies and were waiting for these staff to undertake their induction.

The service had a policy for the prioritisation and response times for nutrition and dietetics to mitigate the risk of vacancies in these staff groups. For the year of 2023 data evidenced that 100% of high “priority 1” referrals were reviewed by dietetics within the provider’s target of 1 working day.

The service had dietitians and SALT professionals Monday to Friday, with no provision for out of hours. Patient risk out of hours would be managed by nursing and medical staff until the next working day.

The service had low sickness rates for dietitians and SALT.

Records

Staff kept detailed records of patients’ care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily.

Records were stored securely.

Staff kept detailed care plans for patients on the Spinal Injuries Unit that were individualised and reviewed regularly.

Is the service effective?

Inspected but not rated ●

This service was inspected but not rated.

Spinal injuries

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs.

Staff fully and accurately completed patients' fluid and nutrition charts where needed. All fluid and nutrition charts we reviewed were complete and up to date. Staff checked these daily to ensure accuracy and completeness.

The ward had an information board on nutrition and hydration with information for staff on the importance of nutrition and hydration and information specific to weight control for patients with spinal cord injuries.

Managers monitored compliance with fluid balance documentation monthly. The Trust provided us with audit data for the 3 months prior to our inspection, which showed that the average compliance rate for the Spinal Injuries Unit was 94%.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition.

Specialist support from staff such as dietitians and speech and language therapists were available Monday to Friday. The service also had a dietetic assistant to support patients who were waiting for a review by a dietitian. This role would ensure that the use of the standard care plan for patients with a MUST score of 2 to ensure these patients have access to ward based nutritional interventions to minimise the risk of malnutrition.

We reviewed the dietetics referral to response times for 2023 and found 100% of high "priority 1" referrals were reviewed by dietetics within the provider's target of 1 working day. For referrals made at a weekend these would be reviewed by the dietetic team on the following Monday. Out of hours, patients' nutrition and hydration needs would be managed by the nursing and medical staff using a standard care plan.

The provider's target for referral to response for "priority 2" referrals was within 3 working days. The data submitted by the Trust showed a fluctuation in compliance with this target ranging from 20% to 85%, with the main decrease occurring in June 2023. This was consistent with the service's staffing data that showed May to November had the highest number of dietitian vacancies.

Competent staff

The service made sure staff were competent for their roles.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work.

The clinical educators supported the learning and development needs of staff. Ward managers could get support from them for staff training.

Managers made sure staff received specialist training for their role working with patients with spinal injuries. The Trust had a competency package for nurses and health care assistants specific to spinal injury care.

Spinal injuries

Managers could explain how they would identify poor staff performance and were supported with a Trust policy.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The Trust submitted consent audit data for May 2023 that demonstrated that out of 60 consent records assessed, 94% were completed fully in line with the policy which was above the provider's target of 90%.

Staff clearly recorded consent in the patients' records. We saw evidence of this in the records we reviewed.

Staff did not keep up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), the level 2 mental capacity act training compliance was at 74% at the time of our inspection.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and DoLS.

Staff implemented Deprivation of Liberty Safeguards in line with approved documentation.

The safeguarding team monitored how well the service followed the Mental Capacity Act and the use of DoLS and made sure staff knew how to complete them. The Trust submitted audit data from September 2023 which demonstrated that 100% of patients with an impairment of mind or brain had a 2-stage capacity assessment for the decision to be accommodated in hospital.

Staff reviewed documentation daily to ensure the DoLS was still appropriate and relevant to the patient's needs.

Is the service well-led?

Inspected but not rated



This service was inspected but not rated.

Governance

Leaders operated effective governance processes and had policies and procedures in place relating to safeguarding, nutrition, and mental health. Staff at all levels were clear about their roles and accountabilities.

The service had policies and procedures in place such as safeguarding, malnutrition in adults and delirium and mental health pathways. Staff were clear about their roles and accountabilities outlined in these policies.

Managers monitored staffing levels and had mitigations and actions in place to keep patient's safe in the event of any staffing shortfalls.

Spinal injuries

Managers monitored restrictive practice and compliance with Trust policies such as MUST assessments and SALT referrals. The Trust also audited restrictive practice specifically for patients with learning disabilities and autism in line with the learning disability improvement standards for NHS Trusts.

The service had identified hydration as one of the Trust's quality objectives for 2023/2024. All wards had a fluid balance link nurse and a fluid balance standard operating procedure had been developed alongside awareness and training sessions for staff.

Areas for improvement

Action the Trust **MUST** take is necessary to comply with its legal obligations. Action a Trust **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the Trust SHOULD take to improve:

Location

- The Trust should consider expanding dietetic and speech and language services to 7 days.

Medical Care

- The Trust should ensure that records are kept securely.

Spinal Injuries

- The Trust should ensure that staff are up to date with Mental Capacity Act training.

Our inspection team

The team that inspected the service was comprised of a CQC lead inspector with 4 other CQC inspectors. An operations manager and deputy director oversaw the inspection team.