

# Blackpool Teaching Hospitals NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall trust quality rating

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Inadequate 

Are resources used productively?

Requires improvement 

# Summary of findings

## Combined quality and resource rating

Requires improvement 

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

## Background to the trust

Blackpool Teaching Hospitals NHS Foundation trust is situated on the west coast of Lancashire and operates within a regional health economy catchment area that spans Lancashire and South Cumbria and supports a population of 1.6 million.

The trust provides a range of acute services to the 330,000 population of the Fylde coast health economy and the estimated 11 million visitors to the seaside town of Blackpool. Since April 2012, the trust also provides a wide range of community health services to the 445,000 residents of Blackpool, Fylde, Wyre, Garstang and North Lancashire.

Blackpool Victoria Hospital treats more than 80,000 day-case and inpatients and more than 200,000 outpatients from across Blackpool, Fylde, Garstang and Wyre every year. Its Emergency Department sees more than 80,000 attendances each year. The maternity unit delivers approximately 3,000 babies every year. The hospital has 767 beds and employs more than 7,000 members of staff.

The trust serves a population that has mixed health needs. Parts of the population are among the most deprived in England (Blackpool Local Authority is the 10th most deprived of 326 local authorities in England). The population's health is worse than expected in 23 of the 32 health indicators (for example: life expectancy, alcohol-related admissions, drug misuse, smoking related deaths and early deaths from cancer, stroke and heart disease). However, for the populations of Fylde and Wyre and Garstang, they are better than expected: 9 of the 32 health indicators are better than the England average.

Men in Blackpool have the lowest life expectancy in England and Wales and life expectancy is five years lower for men and three years lower for women compared to the national average. In the most deprived areas of Blackpool life expectancy is just under 12 years lower for men and 8.5 years for women compared to the national average.

The population of Blackpool is 96.7% white British with the highest ethnic group Asian British making up 1.6% of the population.

The trust has been inspected previously, this has included a comprehensive trust inspection carried out in 2014. Maternity services were inspected subsequently in 2016 and a focussed inspection was carried in 2017. Most recently, a responsive inspection of Urgent and Emergency services was completed in January 2019.

## Overall summary

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



## What this trust does

The trust runs services at Blackpool Victoria Hospital, Fleetwood and Clifton Hospitals.

# Summary of findings

The trust provides various secondary care services usually found in all main hospitals along with tertiary cardiac surgery for the residents of Lancashire and South Cumbria. The trust also provides some tertiary haemato-oncology services and manages the national artificial eye service on behalf of the whole country.

The trust provides a range of community services including specialist community services for children and young people.

## 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. At this trust we carried out a comprehensive inspection of the trust because of a number of concerns that were raised with us, that some patient outcomes at the trust were not in line with expected outcomes and our concerns regarding mortality and whistleblowing. We inspected all hospital and community services as part of our continual checks on the safety and quality of healthcare services.

## What we found

### Overall trust

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

We rated safe, effective, responsive as requires improvement, and caring as good. We rated six services as requires improvement, one as inadequate, nine of the trust's services as good and one service as outstanding. We rated caring for community services as outstanding.

We rated well-led for the trust overall as inadequate.

### Are services safe?

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

- The trust did not always have enough nursing, medical and allied health professional staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. In some services there were high levels of agency and bank staff usage to fill vacancies.
- Staff did not consistently assess risks to patients, act on them or keep good care records. Records were not always stored securely.
- Incidents were not consistently reported to identify patterns and trends. Learning from incidents was not effectively shared.

However:

# Summary of findings

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The trust controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

## Are services effective?

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

- Staff did not consistently monitor the effectiveness of care and treatment in some services. They did not always use the findings to make improvements and achieve good outcomes in several hospital based services.
- Staff did not always assess and monitor patients regularly to see if they were in pain and give pain relief in a timely way.
- Key services were not always available seven days a week to support timely patient care in surgery and critical care.
- The trust did not always provide care and treatment based on national guidance and evidence-based practice. Several policies and guidelines in different services required updating. Several key clinical guidelines had not been reviewed including, 'non-invasive ventilation'; chronic obstructive pulmonary disease' and 'stroke' pathways. Other pathways were not in place.
- Staff did not always support patients to make informed decisions about their care and treatment. They did not always know how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However

- In community services patient outcomes were monitored and improvement work was in place to enhance patient outcomes.
- Staff gave most patients enough food and drink to meet their needs and improve their health.
- In community and some hospital services staff supported each other to provide good care.

## Are services caring?

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

## Are services responsive?

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

# Summary of findings

- We rated services within Blackpool Victoria Hospital as inadequate for being responsive. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards. For example, urgent (two-week) cancer referral performance had declined; particularly in relation to urgent assessment for suspected breast cancer, which had fallen to unacceptable levels. Since our inspection the trust has taken action to improve the urgent (two-week) cancer referral performance.
- We found examples where services had not planned to meet patient's additional needs and where environments were not in line with national guidance.
- People could not always access the services when they needed them and did not always receive the right care promptly. The four-hour performance target in urgent and emergency care was consistently below national targets with no improvement.
- The trust's response to complaints were not always compassionate, fully investigated and reflective of the findings. We were also concerned that the system in place was not timely in line with complaint regulations.

However

- There were innovative approaches in community services to provide integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs.
- People could access community health services when they needed them, and technology was used innovatively to ensure people had timely access to treatment, support and care.

## Are services well-led?

Our rating of well-led went down. We rated it as inadequate because:

- We rated well-led for services within Blackpool Victoria Hospital and Fleetwood Hospital as requires improvement. We rated well led at trust level as inadequate.
- Not all leaders had the knowledge and capacity to lead some of the services and effectively implement change.
- Leaders did not always operate effective governance processes throughout the service and with the wider hospital. Staff did not always have regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams did not use systems to manage performance effectively. They did not always identify and escalate relevant risks and issues and identify actions to reduce their impact. Risks and issues were not always dealt with quickly enough.
- Staff did not always understand the service's vision and values. Staff did not always feel respected, supported and valued. We were concerned about the culture within Blackpool Victoria Hospital. More information can be found within our well-led report.

However

- We rated well-led within Clifton Hospital and community services as good.
- In Clifton Hospital and community services staff felt respected, supported and valued. There was strong collaboration and team working and staff were focused on the needs of patients receiving care.

## Use of resources

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

We were concerned around the Trust's plans to return to financial balance and performance in constitutional operational performance standards.

# Summary of findings

## Combined quality and resources

Our rating of combined quality and resources went down. We rated it as requires improvement because:

- We rated safe, effective, responsive and well-led as requires improvement, and caring as good. We rated six services as requires improvement, one as inadequate, nine of the trust's services as good and one service as outstanding. We rated caring for community services as outstanding.
- We rated well-led for the trust overall as inadequate.

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in acute and community services.

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

## Areas for improvement

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

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

## Action we have taken

We issued requirement notices to the trust. Our action related to breaches of two legal requirements at a trust-wide level and seven in six core services.

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

## What happens next

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

## Outstanding practice

We found examples of outstanding practice in:

### Urgent and Emergency Care

- The service worked with the mental health team and had recruited five substance misuse workers to support staff within the department. The service had extended the 'psynergy car', which avoided mental health attendances to the emergency department.
- The service had set up a community café, where support workers worked with the Red Cross to assist with temporary food packages for home discharges.

# Summary of findings

- The service had successfully bid for funding for an independent domestic and sexual violence advocate to support staff within the department because of a high level of domestic abuse within the area.

## **Surgery**

- The service had developed a pre-operative anaemia pathway for elective surgery patients. Patients were asked certain question regarding their anaemia which helped the service to better identify the risks of surgery and improve patient discharge and recovery.

## **Maternity Services**

- Staff held a monthly multidisciplinary team meeting for women with complex social needs. The woman attended clinic and was seen by a multidisciplinary team of obstetrician, midwife, anaesthetist and substance misuse key worker so shared care plans were developed.
- The service had a 'rainbow' pathway for women who had previously lost a baby after 16 weeks gestation. Women received additional support such as an early scan, additional reassurance scans, sessions with the bereavement nurse and additional consultant appointments. They were offered peer support from volunteers who had been through similar experiences. The volunteers were supported to deliver this by the bereavement nurse.
- The service used technology to reduce anxiety for mothers who were separated from their babies on the maternity unit following delivery. Mothers were given hand held computer tablets that had an application which allowed mothers on the maternity ward to see and interact with their baby on the neonatal or special care baby unit in real time.
- The service had introduced a transitional care model to support women whose baby required neonatal care. As well as neonatal nurses caring for a baby on the maternity ward there were also transitional care rooms within the neonatal unit which reduced the time women were separated from their babies.

## **End of Life Care**

- The chaplaincy team were involved with local schools and community groups to develop comfort packs for patients and their loved ones at the end of life. The packs included toiletries, books, notepads, pens, food vouchers and a blanket knitted by a local organisation.

## **Services for Children and Young People**

- The service focused on ensuring mothers and neonates were together as much as possible. The unit implemented different strategies to encourage bonding and reduce emotional distress. For example, they used video calling so that mothers who could not visit their neonate could see them and feel reassured their baby was safe.
- Staff and play specialists worked with parents to provide individualised holistic care. Play specialists completed courses in baby massaging, so they could teach parents how to massage their baby. They organised individual clinics for young people at the weekends, so that they could access mental health services or learn coping mechanisms when they were distressed.

## **Community Services for Adults**

- The home first service had a team of dedicated therapy staff who holistically reviewed medically fit patients in their own home within two hours of discharge. Between October 2018 to May 2019, 161 patients of the 174 patients were safely managed in their home and avoided hospital admission.
- The community IV nursing team worked closely with GPs to provide services normally requiring a hospital attendance. Services included iron, antibiotics, magnesium and blood transfusions. The team was also working closely with the maternity ward in the treatment of hyperemesis.

# Summary of findings

- District nurses held drop in clinics three times a week for people who were vulnerable, for example homeless people. The clinic was located at a centre that offered lunch and access to other services which focused on assisting people who were having a crisis, for example, those with housing difficulties.

## Community Services for Children and Young People

- The services involvement in Better Start clearly showed a commitment to improving services standards for families and children. The directorate new assessment and care planning framework for health visitors was innovative. The experience of developing it would be used to plan work in other areas of the directorates business.

## Community Sexual Health Services

- Home testing kits were available for residents of Blackpool. This enabled patients to test for sexually transmitted infections without requiring a clinic visit.
- The lead HIV consultant and specialist nurse took part in 'dinner with the doctor', which allowed patients to meet with them outside of the clinic setting and ask questions.

## Community End of Life Services

- The service had introduced a telehealth service for the specialist palliative care nurses and medical consultations in the community hospital.

## Community Dental Services

- The service offered a nurse led dental anxiety management service. This was used to help patients overcome their anxieties related to dental treatment.

## Areas for improvement

### Action the hospital MUST take to improve:

#### Trust Wide

- The trust must ensure there are effective processes to review and update policies and guidelines based on national guidance and evidence based practice. (Regulation 17: Good Governance)
- The trust must ensure that culture is improved in all staff groups so that there is no impact on patient care. (Regulation 17: Good Governance)
- The trust must ensure that the duty of candour is applied in line with legislation. (Regulation 20: Duty of Candour)

#### Urgent and Emergency Care

- The trust must ensure that the care and treatment of service users is appropriate, meets their needs and reflects their preferences. The trust must ensure that it carries out an assessment of the needs for care and treatment and it designs care and treatment that meets those needs. (Regulation 9: Person Centred Care)
- The trust must ensure that care and treatment of service users is only provided with the consent of the relevant person and that Mental Capacity Act 2005 and Deprivation of Liberty legislation and trust policy is adhered to and documented appropriately. (Regulation 11: Need for Consent)
- The trust must ensure the trust meets the needs of patients who present with a mental health need. (Regulation 9: Person Centred Care)

# Summary of findings

- The trust must ensure that care and treatment is provided in a safe way for service users and that the risks to the health and safety of service users is assessed and that all is done to mitigate any such risks. (Regulation 12: Safe Care and Treatment)
- The trust must ensure that systems and processes are established and operated effectively to assess, monitor and improve the quality and safety of the services provided. (Regulation 17: Good Governance)
- The trust must ensure consultant staffing in the adult emergency department meets the minimum requirements of the Royal College of Emergency Medicine. (Regulation 18: Staffing)
- The trust must ensure the trust deploys sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure they can meet people's care and treatment needs. (Regulation 18: Staffing)

## Medical Care

- The trust must ensure that the care and treatment of service users is appropriate, meets their needs and reflects their preferences. They must ensure that they carry out an assessment of the needs for care and treatment and design care and treatment that meets those needs. (Regulation 9: Person Centred Care)
- The trust must ensure that care and treatment of service users is only provided with the consent of the relevant person and that Mental Capacity Act 2005 and Deprivation of Liberty legislation and trust policy is adhered to. (Regulation 11: Need for Consent)
- The trust must ensure that care and treatment is provided in a safe way for service users and that the risks to the health and safety of service users is assessed and that all is done to mitigate any such risks. (Regulation 12: Safe Care and Treatment)
- The trust must ensure that all medicines are stored properly and safely. (Regulation 12: Safe Care and Treatment)
- The trust must ensure that systems and processes are established and operated effectively to assess and monitor and improve the quality and safety of the services provided. (Regulation 17: Good Governance)
- The trust must ensure that they maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. (Regulation 17: Good Governance)
- The trust must ensure they deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure they can meet people's care and treatment needs. Regulation 18: Staffing)

## Surgery

- The trust must ensure the trust stores records securely. (Regulation 17: Good Governance)
- The trust must ensure that patients have an accurate and timely assessment of their condition, are monitored appropriately, and are escalated to medical staff when they need to be. (Regulation 12: Safe Care and Treatment)
- The trust must ensure that patients receive appropriate pain relief without delay. (Regulation 9: Person Centred Care)
- The trust must ensure the trust improves how it monitors, acts, and records the steps it has taken to reduce and mitigate risk. (Regulation 17: Good Governance)

## Critical Care

- The trust must ensure the trust follows national guidance and ensures that the environment and facilities are suitable (Regulation 15: Premises and equipment)

# Summary of findings

- The trust must ensure the service has enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. (Regulation 18: Staffing)
- The trust must ensure it reviews its systems to ensure that all mixed sex accommodation breaches are reported. (Regulation 17: Good Governance)

## Outpatients

- The trust must develop and embed a process for the timely assessment, monitoring and prioritisation of patients referred for or awaiting transcatheter aortic valve implantation. (Regulation 17: Good Governance)
- The trust must ensure it improves waiting times for urgent cancer referrals in line with operational standards; particularly for those patients referred with suspected (symptomatic) breast cancer. (Regulation 17: Good Governance)
- The trust must ensure it improves the proportion of people waiting less than 62 days from urgent referral to first definitive treatment, in line with operational standards. (Regulation 17: Good Governance)
- The trust must ensure the service improves how it monitors, acts, and records the steps it has taken to reduce and mitigate risk; particularly with respect to patients referred with suspected (symptomatic) breast cancer, and patients referred for or awaiting transcatheter aortic valve implantation. (Regulation 17: Good Governance)

## Child and Adolescent Mental Health Services

- The trust must ensure that patients' care and treatment address the mental health problems identified during assessment. (Regulation 9: Person Centred Care).
- The trust must ensure that patients wait no longer than 18 weeks from the point of referral to start treatment. (Regulation 9: Person Centred Care).

## Community Services for Children and Young People

- The trust must ensure that it reviews arrangements to admit and treat patients in line with national targets. Waiting times from referral to treatment need to improve particularly in therapy services. (Regulation 9: Person Centred Care).

## Community Dental Services

- The trust must ensure it acts to reduce the waiting list for children requiring a general anaesthetic in the south region. (Regulation 9: Person Centred Care).

## Action the hospital SHOULD take to improve:

### Trust wide:

- The trust should ensure it continues to improve its complaints processes so that responses are compassionate, fully investigated in a timely way and reflective of the findings.

### Urgent and Emergency Care

- The trust should ensure that there is a room available for child and adolescent mental health patients within the paediatric area which meets the Royal College of Paediatrics and Child Health standards.
- The trust should ensure that an escalation procedure is in place for paediatric patients waiting more than 15 minutes from time of arrival to initial assessment in line with national standards.
- The trust should ensure that clinical pathways and protocols used within the department are in date and follow best practice guidance.

# Summary of findings

- The trust should ensure that patient's records are contemporaneous and reflect the care the patient receives in the emergency department in line with professional standards set by the Royal College of Physicians and Nursing and Midwifery Council.
- The trust should ensure that records of local inductions are completed and kept for locum staff.
- The trust should ensure it improves the ability of patients to access the service when they need it and receive the right care in a timely way.
- The trust should consider how departmental team meetings and band specific team meetings can be facilitated in times of demand.
- The trust should consider how IT systems can be used so that performance within the emergency department can be visualised throughout the hospital.

## **Medical Care (including older people's care)**

- The trust should ensure the nutritional needs of all patients are met.
- The trust should ensure care and treatment reflects the latest evidence based practice.
- The trust should ensure it takes steps to improve the culture and morale within the service and ensure staff feel valued and supported.
- The trust should ensure it improves the ability of patients to access the service when they need it and receive the right care in a timely way.
- The trust should ensure staff who care for children receive level three safeguarding training.

## **Surgery**

- The trust should ensure that patients who self-medicate can store their medicines securely.
- The trust should ensure that all staff report incidents in line with trust policy.
- The trust should ensure that patients' care plans are updated in a timely way.
- The trust should ensure that patients who do not speak English, or have communication difficulties, receive information in a way they can understand.
- The trust should ensure the trust reviews processes to improve completion rates for mandatory training, including safeguarding training.
- The trust should ensure the trust continues to monitor the effectiveness of actions it had already taken to reduce surgical site infections.
- The trust should ensure improvement in the storage of equipment on wards and theatre areas.
- The trust should ensure the trust continues to take steps to improve the processes for accessing and maintaining medical equipment.
- The trust should ensure the trust continues to review and monitor how staff record patient consent and best interest decisions.
- The trust should ensure the trust updates the guidance on resuscitation trollies.
- The trust should ensure the trust continues to review nursing and medical staffing within surgery so that the right people with the right skills are in the right locations.

# Summary of findings

- The trust should ensure the trust improves and monitors the use of patient passports in all surgical areas.
- The trust should consider a review of the current bed management meeting arrangements to assure that this is the most effective and efficient process.
- The trust should consider options to increase the visibility of the divisional management team on wards and in theatres.
- The trust should consider options to improve engagement of all staff in surgery.

## Critical Care

- The trust should ensure that all nursing staff keep up to date with their mandatory training.
- The trust should consider improving the intensive care unit and high dependency unit isolation rooms to provide simultaneous source and protective isolation.
- The trust should consider the process for governance meetings, ensuring they run effectively, and terms of reference are in place.
- The trust should consider a review of its systems to improve the visibility of senior executives on the critical care unit.

## Services for Children and Young People

- The trust should ensure it improves completion rates for mandatory training, including safeguarding training.
- The trust should ensure records are legible and time stamped.
- The trust should ensure it reviews theatre provision for children and young people.

## Maternity

- The trust should ensure all staff complete the required mandatory training.
- The trust should ensure the number of third- and fourth-degree perineal tears experienced by women are reduced.
- The trust should ensure staff know how to raise concerns and staff are aware of the role of Freedom to Speak Up Guardian.
- The trust should ensure women are aware of birth options in the midwifery led unit and women can choose to give birth there, when appropriate.
- The trust should ensure the trust continues to improve home birth and normal birth rates.
- The trust should consider acting to improve breastfeeding rates and improve breastfeeding support in line with the Baby Friendly Initiative scheme.
- The trust should consider acting to increase the normal birth rate and ensure that elective caesarean sections have a documented clinical indication for early delivery.
- The trust should consider processes to reduce the number of missed appointments.
- The trust should consider improving information sharing and engagement with the wider trust management, including executive and non-executive leaders.

## End of Life Care

- The trust should ensure that all patients receive their pain relieving medicines without delay.

# Summary of findings

- The trust should consider a system to monitor, audit and evaluate rapid discharges from hospital led by the specialist palliative care service.

## Outpatients

- The trust should ensure staff complete mandatory training.
- The trust should ensure staff receive an annual appraisal.
- The trust should ensure it continues to monitor and reduce sickness absence rates in outpatients, where possible.
- The trust should ensure that records are clear and easily available to all staff providing care.
- The trust should ensure it improves referral to treatment time (RTT) for incomplete pathways, in line with operational standards; particularly for thoracic medicine, geriatric medicine, gynaecology and ophthalmology specialities.
- The trust should ensure it continues to closely monitor and improve referral to treatment time (RTT) for non-admitted pathways; particularly for thoracic medicine, geriatric medicine and cardiothoracic surgery specialities.
- The trust should ensure cancelled appointments are kept to a minimum; particularly within those specialities with high cancellation rates (such as general medicine, cardiology, dermatology, gastroenterology, colorectal, geriatric medicine, and clinical haematology).

## Clifton Hospital Outpatients

- The trust should carry out a risk assessment of resuscitation equipment to ensure that there would be no delays in staff bringing the resuscitation trolley and oxygen tank to a patient in the event that both were needed as they are currently stored in separate places.
- The service should consider the use available forms at the front of patient records to record individual patient needs, such as disability and communication awareness, other additional needs and significant events.
- The service should consider how communication with all staff can be improved so that they are kept fully informed of key issues affecting their service and are more engaged.

## Community Services for Adults

- The trust should ensure it reviews safeguarding training, so all staff receive appropriate training for their roles.
- The trust should ensure the secure storage of all medicines including intravenous fluids.
- The trust should consider a review of its current provision of lone working devices so that all community staff have access as required.
- The trust should consider performing environment and hand hygiene audits across all community services.
- The trust should consider options to improve the sharing of good practice and patient outcomes amongst teams across all localities.
- The trust should consider updating the trust website to ensure all information relating to community services for adults is up to date.

## Community Inpatient Services

- The trust should ensure there are enough staff of an appropriate level to meet patient needs on all shifts.
- The trust should ensure that all staff, including medical staff, are compliant with mandatory training.
- The trust should ensure that all patients admitted to community inpatient services meet the criteria for admission.

# Summary of findings

- The trust should ensure staff comply with guidance around medicines reconciliation and administering of paracetamol in the four-hour window.

## **Community Services for Children and Young People**

- The trust should ensure it continues to review all completion rates in the services mandatory training courses, where compliance is lower than the trust target
- The trust should consider a review of the system for supervision which had been introduced in September 2018 in the service. Audits should be considered across teams to ensure a clear chain of evidence occurs concerning discussions, especially in safeguarding.
- The trust should consider a review to ensure the visibility of management across its services bases.

## **Child and Adolescent Mental Health Services**

- The trust should ensure that plans to provide CAMHS to young people aged 16 and 17 are implemented.
- The trust should ensure that mandatory training requirements are appropriate for CAMHS staff, so that compliance figures are meaningful.
- The trust should ensure that staff are compliant with training in basic life support.
- The trust should ensure that individual patients' risk assessments include all relevant information.
- The trust should ensure that all staff follow the trust's information security policy when sending sensitive emails to other organisations.
- The trust should ensure that CAMHS staff feel engaged with the trust and local strategy.
- The trust should work with partners to ensure that mental health needs of children and young people with a moderate-severe learning disability are met.
- The trust should consider implementing a clinical audit programme in CAMHS so that staff can evaluate the quality of care they provide.
- The trust should consider using rating scales to monitor treatment outcomes for all patients, not just those who receive care from children and young people's wellbeing practitioners.

## **Community End of Life Care**

- The trust should ensure that regular audits of Do Not Attempt Cardiopulmonary Resuscitation take place to assure the trust that staff are compliant with policy.
- The trust should consider including end of life care in mandatory training.
- The trust should consider including mental health, learning disability and autism needs in their model for identifying patients for supportive and palliative care.

## **Community Sexual Health Services**

- The trust should ensure staff complete an incident form when safeguarding referrals are made, in line with trust policy.
- The trust should ensure that consent is documented at each attendance.

## **Community Dental Services**

- The trust should consider a review of the frequency at which audits of the decontamination process are carried out.

# Summary of findings

- The trust should consider a review of the need to carry medical emergency equipment when carrying out domiciliary visits.

## 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.

Our rating of well-led at the trust went down. We rated well-led as inadequate because:

- Immediately prior to our inspection, the chief executive retired and there was a new interim chief executive who had been in post for five weeks at the time of the inspection. We found insufficient priority was given to improvement work that was needed. Some executives in key roles were out of touch with what was happening on the front line and they could not identify or did not understand the risks and issues described by staff. We were not concerned regarding the skills and abilities of those executives recently appointed.
- The trust had a vision for what it wanted to achieve and a strategy to turn it into action developed with all relevant stakeholders. There was a vision, values and seven work programmes the trust was trying to deliver. However, there was limited evidence that staff across the trust recognised delivery of the vision and values.
- The trust had structures, systems and processes in place to support the delivery of its strategy, however these processes were not always effective. There was limited scrutiny of performance measures and the trust was slow to implement actions to improve performance.
- There was limited understanding of the importance of culture. In hospital based services there were low levels of staff satisfaction, high levels of stress and work overload. Staff did not feel respected, valued, supported or appreciated by some members of the board. In some areas there was poor collaboration or cooperation between teams and high levels of conflict. Staff told us they felt that the culture was top-down and directive. It was not one of fairness, openness, transparency, honesty, challenge and candour.
- When something went wrong, people were not always told and did not consistently receive an apology. There were levels of bullying, harassment, discrimination and the organisation was not taking adequate action to reduce this.
- When staff raised concerns, they were not treated with respect, or the culture, policies and procedures did not provide adequate support for them to do so. The culture was defensive. However, the new chief executive had quickly identified this and had started to take action to address the issues.
- We heard from several staff groups particularly those from a BME background that they felt ignored and disenfranchised. We were given examples where staff had been subjected to disrespectful language which had been escalated but it was not clear if these concerns had been effectively dealt with.
- The trust did not always promote equality and diversity in daily work or provide opportunities for career development for all staff groups. Arrangements for equality and diversity and the role of the Freedom to Speak up Guardian were at an early stage of development and further work was required in this regard.
- The arrangements for governance and performance management were not fully clear and did not always operate effectively. Staff were not always clear about their roles, what they were accountable for, and to whom.

# Summary of findings

- The trust had systems in place to identify learning from incidents, complaints and safeguarding alerts however this learning was not always communicated effectively, and action plans were not sufficiently monitored to ensure that learning was embedded across the organisation.
- There was little understanding or management of risks and issues, and there were significant failures in performance management and audit systems and processes. The new trust board acknowledged that risk or issue registers and action plans were variable in quality and required updating and further review. The perception of staff was that meeting financial targets had been seen as a priority at the expense of quality of care. The trust board had sight of the most significant risks although mitigating actions were not always clear.
- The trust did not always collect reliable data and analyse it. The trust's digital status was relatively poor, and there was considerable reliance on paper-based systems. The trust had ambition to improve and was developing a business case for investment in an electronic patient record. This agenda needed to move at pace as current systems were unwieldy and there was a lack of responsive business intelligence tools to support decision-making.
- There was a limited approach to sharing information with and obtaining the views of staff, people who use services, external partners and other stakeholders, or insufficient attention to appropriately engaging those with particular protected equality characteristics. Feedback was not always reported or acted on in a timely way.
- There was little innovation or service development, limited knowledge or appreciation of improvement methodologies, and improvement had not been a priority among staff and leaders. There was minimal evidence of learning and reflective practice. The impact of service changes on the quality and sustainability of care had not been clearly understood.

However:

- The new board were committed to improve the organisation and responded quickly to issues raised during our inspection. We were not concerned regarding the skills and abilities of those executives recently appointed.
- The board acknowledged there was more work to do on talent management and succession planning with a focus on developing the skill set of middle management and clinical leaders.
- The new board recognised that the leadership was disconnected from the staff. An external review of clinical and corporate governance arrangements had commenced. The board were committed to taking appropriate action to address the recommendations from this review along with action to improve staff engagement across the trust although this was at an early stage.
- The trust acknowledged that it had been poor at implementing solutions to problems. There was now a commitment by the board to implement a structured quality improvement approach and methodology within the organisation.

## 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 ↔ Sept 2019	Requires improvement ↓ Sept 2019	Good ↔ Sept 2019	Requires improvement ↔ Sept 2019	Inadequate ↓↓ Sept 2019	Requires improvement ↔ Sept 2019

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
Blackpool Victoria Hospital	Requires improvement ↔ Sept 2019	Requires improvement ↓ Sept 2019	Good ↔ Sept 2019	Inadequate ↓ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↔ Sept 2019
Clifton Hospital	Requires improvement ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019
Fleetwood Hospital	Requires improvement ↔ Sept 2019	N/A	Good ↔ Sept 2019	Good ↑ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019
<b>Overall trust</b>	Requires improvement ↔ Sept 2019	Requires improvement ↓ Sept 2019	Good ↔ Sept 2019	Inadequate ↓ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↔ Sept 2019

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 ↔ Sept 2019	Requires improvement ↓ Sept 2019	Good ↔ Sept 2019	Inadequate ↓ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↔ Sept 2019
Community	Good ↔ Sept 2019	Good ↔ Sept 2019	Outstanding ↑ Sept 2019	Requires improvement ↓ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019
Mental health	Good ↑ Sept 2019	Requires improvement ↓ Sept 2019	Good ↔ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019
<b>Overall trust</b>	Requires improvement ↔ Sept 2019	Requires improvement ↓ Sept 2019	Good ↔ Sept 2019	Requires improvement ↔ Sept 2019	Requires improvement ↔ Sept 2019	Requires improvement ↔ Sept 2019

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 Blackpool Victoria Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↑ Sept 2019	Requires improvement →← Sept 2019	Good →← Sept 2019	Inadequate ↓ Sept 2019	Requires improvement →← Sept 2019	Requires improvement →← Sept 2019
Medical care (including older people's care)	Requires improvement →← Sept 2019	Inadequate ↓↓ Sept 2019	Good →← Sept 2019	Inadequate ↓↓ Sept 2019	Inadequate ↓↓ Sept 2019	Inadequate ↓↓ Sept 2019
Surgery	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019	Good →← Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019
Critical care	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019	Good ↓ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019
Maternity	Good ↑ Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019
Services for children and young people	Good →← Sept 2019	Good →← Sept 2019	Outstanding →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019
End of life care	Good Sept 2019	Good Sept 2019	Good Sept 2019	Good Sept 2019	Good Sept 2019	Good Sept 2019
Outpatients	Good Sept 2019	N/A	Good Sept 2019	Inadequate Sept 2019	Requires improvement Sept 2019	Requires improvement Sept 2019
<b>Overall*</b>	Requires improvement →← Sept 2019	Requires improvement ↓ Sept 2019	Good →← Sept 2019	Inadequate ↓ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement →← Sept 2019

\*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 Clifton Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement →← Sept 2019	Good →← Sept 2019				
Outpatients	Good →← Sept 2019	Not rated	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019
<b>Overall*</b>	Requires improvement →← Sept 2019	Good →← Sept 2019				

\*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 Fleetwood Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Requires improvement →← Sept 2019	N/A	Good →← Sept 2019	Good ↑ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019
<b>Overall*</b>	Requires improvement →← Sept 2019	N/A	Good →← Sept 2019	Good ↑ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019

\*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	Good ↔ Sept 2019	Good ↔ Sept 2019	Outstanding ↔ Sept 2019	Outstanding ↔ Sept 2019	Good ↔ Sept 2019	Outstanding ↔ Sept 2019
Community health services for children and young people	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Requires improvement ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019
Community end of life care	Good Sept 2019	Good Sept 2019	Good Sept 2019	Good Sept 2019	Good Sept 2019	Good Sept 2019
Community dental services	Good ↑ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Requires improvement ↓ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019
Community health sexual health services	Good ↔ Sept 2019	Good ↔ Sept 2019	Outstanding ↑ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019
<b>Overall*</b>	Good ↔ Sept 2019	Good ↔ Sept 2019	Outstanding ↑ Sept 2019	Requires improvement ↓ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019

\*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.

## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Child and adolescent mental health wards	Good ↔ Sept 2019	Requires improvement ↓ Sept 2019	Good ↔ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019
<b>Overall</b>	Good ↔ Sept 2019	Requires improvement ↓ Sept 2019	Good ↔ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019

Overall ratings for mental 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.

# Clifton Hospital

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## Key facts and figures

Clifton Hospital is a community hospital with 24 beds across four wards as well as diagnostics and outpatient clinics. At the time of our inspection there were also 10 escalation beds in use at the hospital. The hospital provides sub-acute care for the older person and those living with long term conditions.

We inspected medical care and outpatients services at Clifton Hospital.

During our inspection we:

- spoke with 47 members of staff across all specialisms and grades
- spoke with 15 patients
- reviewed 13 sets of patient records
- reviewed trust policies and standard operating procedures
- observed care delivered to patients.

## Summary of services at Clifton Hospital

**Good**   

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

- We rated medical care and outpatients services as good. We rated safe as requires improvement in medical care services.
- Staff protected patients from abuse, assessed risks to patients and responded accordingly. Records were kept up to date and were available when staff needed them.
- Staff worked well together to provide good quality care to patients. They provided evidence based care and treatment and managers used performance measures to monitor patient outcomes and improve services.
- Services were planned to meet the needs of local people. Staff took account of people's individual needs when planning care and treatment.
- There was good local leadership and staff felt supported and valued by their managers.

# Summary of findings

However;

- There were some areas for improvement which can be found within the core service reports.
- Within medical care, there were not always enough staff to provide good quality care to patients. There were frequently fewer staff than had been planned.
- There was limited visibility of senior leaders within the trust who were not based at Clifton Hospital.

# Medical care (including older people's care)

Good   

## Key facts and figures

The trust provided the following information about their medical care services:

- Clifton hospital provides sub-acute care for the older person and those living with long term conditions.
- The hospital has four wards each with 24 beds, and 10 escalation beds.
- The inpatient wards support patients on one of four pathways: step up, step down rehabilitation pathways, repatriation and step across directly from A&E pathway.
- Patients leaving Clifton Hospital are aligned to appropriate health or social care community pathways to enable continued rehabilitation and care in the patient's home.
- The service includes a gym area which offer equipment to aid rehabilitation and therapy goals.
- A dementia friendly garden area is available for patients and their loved ones to use all year round.
- Each ward is supported by a multi-disciplinary team made up of doctors, advanced practitioners, nurses, physiotherapists, occupational therapists, speech and language therapists and members of the hospital discharge team.
- The service includes a chaplaincy team that can provide spiritual and pastoral care to patients and their carers.

*(Source: CHS Routine Provider Information Request (RPIR) – CHS1 Context CHS)*

We inspected all inpatient wards and the inspection was announced to ensure that everyone we needed to talk to was available.

*We spoke to 32 members of staff and 10 patients. We observed caring and therapy interactions between staff and patients. We observed staff meetings and checked 10 sets of patient records.*

*The inspection team comprised an inspector, a medicines inspector and a specialist advisor.*

## Summary of this service

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

- The service had systems and processes in place to ensure the environment was clean, and patients were protected from infection.
- The environment was comfortable and fit for purpose with necessary equipment in good working order, ready for patient use.
- Staff knew how to keep patients safe and knew how to respond if a patient became unwell. Staff used risk assessments to put patients on correct pathways of care.
- There was good access to a range of food and drinks and patients commented positively on food choices.
- Patients' pain levels were assessed regularly and controlled.
- Staff had good knowledge of the Mental Capacity Act and we saw evidence that staff sought consent of patients for caring interventions.

# Medical care (including older people's care)

- There was effective and co-ordinated working between different types of staff to benefit the patient journey through the service.
- Staff were caring, and respected patients' privacy and dignity. We saw many examples of where staff had 'gone the extra mile' to make patients feel comfortable and at ease.
- The service worked hard to meet the needs of vulnerable patients and we saw many examples of how they had done this.
- The service worked well with local agencies to improve support for patients on discharge and to reduce the number of patients returning to hospital unnecessarily.
- Leaders had the right skills and abilities to run the service.
- Staff were aware of what the service was trying to achieve and felt supported by their managers.
- Managers engaged well with patients and staff and acted on feedback.
- Managers were aware of the top risks to the service, which echoed the views of staff.

However,

- We found that not all shifts were covered by qualified nurses, and the skill mix of staff on duty could be improved.
- The service did not meet its own target for compliance rates of mandatory training for nursing staff.
- The service did not ensure medical staff completed mandatory training.
- Best practice guidance was not always followed for medicines administration.
- At times patients who did not meet the admission criteria were admitted to the service, which put extra demands on staff and exacerbated staffing pressures.
- The service did not meet its own target when responding to complaints.

A different clinical division had responsibility for the medical staff.

## Is the service safe?

**Requires improvement** ● → ←

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

- Although the service provided mandatory training in key skills, systems in place did not ensure all staff accessed mandatory training. The trust did not meet its own target for compliance for nursing staff. We found that medical staff had not undertaken mandatory training.
- The service did not always have enough staff with the right qualifications, skills and training. We saw evidence that not all shifts were covered according to planned levels although there were measures in place to keep people safe during these times.
- Recommendations for medicines management were not always followed, for example medicine reconciliation within 24 hours, and a four-hour window between doses of paracetamol.

However,

# Medical care (including older people's care)

- 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 used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff could identify a deteriorating patient and provided the appropriate action.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Staff used paper records and we found that improvements were made in legibility of hand-written records following our last inspection in 2014.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public. Results were clearly shown on the boards in all wards.
- The service had systems in place to prescribe, administer, record and store medicines.

## 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 best practice. The service communicated relevant guidelines to staff and told us they monitored compliance. Clear goals and treatment plans were evident in patient records.
- 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 planned for patients' religious, cultural and other needs. Patients could access speech and language therapists and the dietician.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service participated in three clinical audits as part of their clinical audit programme.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Staff held regular multidisciplinary meetings to discuss patients and improve their care.
- Staff gave patients practical support and advice to lead healthier lives.
- 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.

However,

- Although the service made sure staff were competent for their roles, staff reported that new nursing staff were sometimes included in staffing numbers during their induction.
- We found that the locum doctor had not received medicines management induction.

# Medical care (including older people's care)

## Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs. Staff went 'the extra mile' to help patients attend important events.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

However,

- Staff who helped patients to attend important events had to do so in their own time.

## Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The service worked with health and social care providers to develop services for patients with longer term needs on discharge.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint. Medical care services received 765 compliments between January and December 2018. This was 25% of all compliments received by the trust.

However,

- Although there was a clear admission criteria and pathways, we found evidence that patients transferred from the hospital were not always medically fit.
- The trust took an average of 33.8 days to respond to complaints, which was not in line with their own policy of 25 days.

## Is the service well-led?

Good ● → ←

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

# Medical care (including older people's care)

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply the vision and strategy and monitored progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research. Staff used electronic devices to allow palliative care nurses at other sites to see patients in real time, enabling them to give advice on the best care for individuals nearing their end of their life. This device also allowed patients to view the hospice without the need to visit.

## Areas for improvement

We found areas for improvement in this service:

- The trust should ensure there are sufficient staff of an appropriate level to meet patient need on all shifts.
- The trust should ensure that all staff, including medical staff, are compliant with mandatory training.
- The trust should ensure that all patients admitted to medical care services are medically fit.
- The trust should ensure staff comply with guidance around medicines reconciliation and administering of paracetamol in the four-hour window.
- The trust should ensure they meet their own target to respond to complaints.

# Outpatients

Good   

## Key facts and figures

Clifton Hospital is a community hospital on the Fylde Coast in Lytham St Annes, approximately eight miles from Blackpool Victoria Hospital. The hospital offers a combination of consultant and nurse-led outpatient clinics for a small range of specialities. The clinics include dermatology, rheumatology, a monthly Parkinson's Disease clinic, a weekly pain clinic and speech therapy clinics.

We inspected the whole outpatient department against all the key questions. We had previously inspected this service in January 2014.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Site visits were carried out over four days from 3 to 6 June 2019. As part of our inspection we visited:

- the dermatology clinic
- the rheumatology clinic

During our inspection we:

- spoke with 15 members of staff across all specialisms and grades
- spoke with five patients
- reviewed three sets of patient records
- reviewed trust policies and standard operating procedures relating to outpatient services
- observed care delivered to patients.
- looked at the environment and equipment in outpatient areas.

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. The service controlled infection risk well. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available five days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

# Outpatients

However:

- Staff did not always effectively record risks to patients, such as allergies. There was a risk that staff would not have the information readily available to enable them to minimise risks. Care records were not kept well, and patient records were not always available at all times to staff.
- Leaders were not always visible and approachable in the service for patients and staff. They supported staff to develop their skills but there were limited opportunities for staff to take on more senior roles.
- Staff did not understand or were not aware of the service's vision and values.

## Is the service safe?

Good   

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

- Staff understood how to protect patients from abuse and the service worked with other agencies to do so.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities and premises kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- 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 staff a full induction.
- 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.
- Staff kept records of patients' care and treatment. Records were up to date and stored securely.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

- Staff did not always effectively record risks to patients, such as allergies. There was a risk that staff would not have the information readily available to enable them to minimise risks.
- The resuscitation trolley and oxygen were being stored in two separate places and it was not clear whether there could be a delay in getting both to the patient in the event of an emergency.
- Not all records were easily available to all staff providing care.

# Outpatients

## Is the service effective?

We do not rate effective in outpatients. During the inspection we found:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Where appropriate, patients were given advice on nutrition and hydration to meet their needs and improve their health.
- Staff assessed patients' pain levels when they attended appointments. They supported those who were unable to communicate and could get additional pain relief for patients.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available six days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However

- The 'did not attend' rate for Clifton Hospital was mostly higher than the England average.

## Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good   

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

# Outpatients

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

Good   

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.
- The service had a vision and strategy for what it wanted to achieve.
- The service identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff were committed to learning and improving services
- Leaders and teams used systems to manage performance effectively.
- Staff actively and openly engaged with patients, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

However

- Not all staff felt engaged in the development of the strategy for outpatients. Not all staff had been told about the transformation programme for outpatients and were unaware of plans for the future or progress made.
- Leaders at divisional management level were not always visible and there were limited opportunities for staff to take on more senior roles.
- Staff at all levels did not always have regular opportunities to meet, discuss and learn from the performance of the service. The most recent governance structure had only been developed in April 2019 and it is not clear how familiar staff were with the current governance structure at outlying locations.

## Areas for improvement

We found areas for improvement in this service:

# Outpatients

- The service should carry out a risk assessment of resuscitation equipment to ensure that there would be no delays in staff bringing the resuscitation trolley and oxygen tank to a patient in the event that both were needed as they are currently stored in separate places.
- The service should start to use available risk assessment forms for all patients.
- The service should use available forms at the front of patient records to record individual patient needs, such as disability and communication awareness, other additional needs and significant events.
- The service should consider how communication with all staff can be improved so that they are kept fully informed of key issues affecting their service and are more engaged.

# Fleetwood Hospital

Pharos Street  
Fleetwood  
Lancashire  
FY7 6BE  
Tel: 01253655520  
www.bfwh.nhs.uk

## Key facts and figures

Fleetwood Hospital is a community unit that serves residents from Wyre and the surrounding area. The Trust provides a range of outpatient services and physiotherapy from Fleetwood Hospital.

The outpatient department offers a number of consultant-led clinics for people of all ages from Monday to Friday of each week. The clinics include rheumatology, dermatology, diabetic, urology, general medicine, ear, nose and throat, orthopaedic, podiatry and ophthalmology.

During our inspection we:

- spoke with 20 members of staff across all specialisms and grades, including managers at Blackpool Victoria Hospital.
- spoke with two patients and received feedback cards from another 38 patients
- reviewed four sets of patient records
- reviewed trust policies and standard operating procedures relating to outpatient services
- observed care delivered to patients.
- looked at the environment and equipment in outpatient areas.

## Summary of services at Fleetwood Hospital

**Requires improvement**  

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

- We rated safe and well led as requires improvement and caring and responsive as good for outpatient services. We do not rate effective in outpatient services.
- Risks to patients were not always assessed and recorded appropriately. Records were sometimes unavailable for patient appointments and some records were illegible.
- There was a lack of visibility of senior leaders within services at Fleetwood Hospital.
- Governance processes were not effective as information was not always shared with staff and issues of risk were not always escalated appropriately.

# Outpatients

Requires improvement  

## Key facts and figures

Fleetwood Hospital is a community unit that serves residents from Wyre and the surrounding area. The hospital only provides outpatient services and physiotherapy services. The outpatient department has seven consulting suites, one of which has been adapted for audiology and another houses a light therapy unit.

The outpatient department offers a number of consultant-led clinics for people of all ages from Monday to Friday of each week. The clinics include rheumatology, dermatology, diabetic, urology, general medicine, ear, nose and throat, orthopaedic, podiatry and ophthalmology.

We inspected the whole outpatient department against all the key questions. We had previously inspected this service in January 2014.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Site visits were carried out over four days from 3 to 6 June 2019. As part of our inspection we visited:

- the dermatology clinic
- the rheumatology clinic
- an ear, nose and throat clinic
- the physiotherapy unit

During our inspection we:

- spoke with 20 members of staff across all specialisms and grades, including managers at Blackpool Victoria Hospital.
- spoke with two patients and received feedback cards from another 38 patients
- reviewed four sets of patient records
- reviewed trust policies and standard operating procedures relating to outpatient services
- observed care delivered to patients.
- looked at the environment and equipment in outpatient areas.

## Summary of this service

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

- We were not provided with a breakdown of mandatory and safeguarding training compliance data for staff at Fleetwood Hospital.
- Staff did not effectively record risks to patients, such as allergies. There was a risk that staff would not have the information readily available to enable them to minimise risks. Care records were not kept well and patient records were not available at all times to staff.
- The service did not always take account of patients' individual needs.

# Outpatients

- The service was not always focused on the needs of patients receiving care.
- Senior leaders were not always visible and approachable in the service for patients and staff. They supported staff to develop their skills but there were limited opportunities for staff to take on more senior roles.
- Staff did not understand or were not aware of the service's vision and values.
- Governance processes were not always effective throughout the service although relevant departmental risks were identified locally and information and change was not always communicated well to all staff.

However:

- The service had enough staff to care for patients and keep them safe. The service controlled infection risk well. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available five days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

## Is the service safe?

**Requires improvement** ● → ←

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

- Although the service provided mandatory training and key skills to all staff, we were not provided with the aggregated data indicating compliance at Fleetwood Hospital.
- Staff did not effectively record risks to patients, such as allergies. There was a risk that staff would not have the information readily available to enable them to minimise risks.
- Not all records were easily available to all staff providing care. Notes were not always legible.
- The resuscitation bag and oxygen were being stored in two separate places and it was not clear whether there could be a delay in getting both to the patient in the event of an emergency.

However:

- Staff understood how to protect patients from abuse and the service worked with other agencies to do so.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities and premises kept people safe. Staff were trained to use them. Staff managed clinical waste well.

# Outpatients

- 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 staff a full induction.
- 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 used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

## Is the service effective?

We do not rate effective in outpatients. During the inspection we found:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Where appropriate, patients were given advice on nutrition and hydration to meet their needs and improve their health.
- Staff assessed patients' pain levels when they attended appointments. They supported those who were unable to communicate and could get additional pain relief for patients.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available six days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Good** ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

# Outpatients

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make 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 care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- There was a risk that the service did not always take account of patients' individual needs and preferences as these were not routinely recorded in patient records.

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- Senior leaders were not always visible and approachable in the service for patients and staff. They supported staff to develop their skills but there were limited opportunities for staff to take on more senior roles.
- The service had a vision and strategy for what it wanted to achieve but this had not been developed with or communicated well to staff. Staff had not been told about the transformation programme for outpatients and were unaware of plans for the future or progress made.
- While managers working within the department identified relevant risks, wider governance processes were not always effective. Information and change was not always communicated well to all staff and they did not have regular opportunities to meet, discuss and learn from the performance of the service.
- Patient records were paper and were not available at all times to staff and were stored at the main hospital site.
- We could not be assured that data was always accurately reported to external organisations.
- Staff were committed to learning and improving services but did not have a good understanding of quality improvement methods and the skills to use them. Leaders did not actively encourage innovation.

# Outpatients

However:

- Staff felt respected, supported and valued by managers working within the service. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- Staff actively and openly engaged with patients, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

## Areas for improvement

We found areas for improvement in this service:

- The service should carry out a risk assessment of resuscitation equipment to ensure that there would be no delays in staff bringing the resuscitation bag and oxygen tank to a patient in the event that both were needed as they are currently stored in separate places.
- The service should start to use available risk assessment forms at the front of patient records for all patients.
- The service should use available forms at the front of patient records to record individual patient needs, such as disability and communication awareness, other additional needs and significant events.
- The service should consider how communication with all staff can be improved so that they are kept fully informed of key issues affecting their service and are more engaged.

# Blackpool Victoria Hospital

Whinney Heys Road  
Blackpool  
Lancashire  
FY3 8NR  
Tel: 01253655520  
www.bfwh.nhs.uk

## Key facts and figures

Blackpool Victoria Hospital is the trust's largest hospital. The hospital provides a range of secondary care services usually found in all main hospitals along with tertiary cardiac surgery for the residents of Lancashire and south Cumbria (with an equivalent population of 1.6 million). The trust also provides some tertiary haemato-oncology services. Additionally, the hospital manages the national artificial eye service on behalf of the whole country.

The hospital has 677 beds. From January 2018 – December 2018 the hospital had 92,895 inpatient admissions, 573,941 outpatient attendances, 2,723 births and 1,740 deaths.

During our inspection we:

- Spoke with 146 patients and reviewed feedback cards
- Spoke with 453 staff
- Visited 56 wards and several departments
- Attended several meetings, observed patient care and treatment, carried out an unannounced visit at night and reviewed 232 patient records.

## Summary of services at Blackpool Victoria Hospital

**Requires improvement**   

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

- We rated safe, effective, responsive and well-led as requires improvement. We rated caring as good.
- The rating for medical care, surgery and critical care went down. The rating for urgent and emergency care, maternity and services for children and young people stayed the same. Because we previously inspected outpatients with diagnostic services and end of life care jointly with community end of life care, we cannot compare our new ratings directly with previous ratings. The rating for outpatients was requires improvement. The rating for end of life care was good.

# Summary of findings

- The overall rating for community services was good. The rating for community health services for adults, community inpatient services, services for children and young people, sexual health services and dental services stayed the same. The rating for child and adolescent mental health services went down. Because we previously inspected community end of life care services jointly with acute end of life care, we cannot compare our new ratings directly with previous ratings. The rating for community end of life care was good.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

The emergency department at Blackpool Victoria Hospital has a four-bedded resuscitation bay, a rapid assessment area with five cubicles, a main assessment area called assessment A which has 13 bed bays and an assessment area consisting of five rooms called assessment B. The resuscitation bay includes one designated paediatric space. Assessment B includes a room reserved for mental health patients and a room which can accommodate up to four seated ambulatory patients. There is a dedicated triage room for walk in patients located next to the rapid assessment area and a dedicated space for triaging ambulance patients with two separate cubicles for ambulance patients.

There is a separate paediatric emergency area within the department which has a separate waiting room, triage cubicle and four side rooms.

The emergency department is not a designated major trauma centre however, the hospital is the regional cardiothoracic centre and as such patients with penetrating trauma to the chest are treated here.

The emergency department provides care and treatment to approximately 250 people a day. Services are provided for both adults and children for both medical and surgical emergencies and trauma.

The emergency department is adjacent to a primary care urgent care centre and patients with minor injuries and illnesses are streamed to this facility; which is operated by a different provider. Similarly, the department also adjoins a mental health decision unit which can accommodate up to four patients for a period of 23 hours and this service is provided by a local mental health provider. Neither of these facilities have been included in our inspection.

The Care Quality Commission (CQC) carried out an announced comprehensive inspection between 3 and 7 June 2019. During this inspection we visited all areas of the emergency department including the reception area, both adult and paediatric waiting rooms, the resuscitation area, all triage and assessment areas.

We reviewed over 45 sets of records, including risk assessments, safeguarding referrals and prescription charts. We reviewed ten complaints and eight reported incidents. We attended two patient flow meetings, one staffing meeting, one department handover and numerous department safety huddles.

We spoke with over 60 members of staff including senior managers, specialist nurses, registered nurses, student nurses, emergency department assistants, practice educators, consultants, middle grade doctors, junior doctors, medical students, allied health professionals including physiotherapists, occupational therapists, pharmacists, domestics, ward clerks and housekeepers.

We spoke with 22 patients, relatives and care givers and we observed care and treatment being delivered. We reviewed comments from patient feedback cards and we looked at information provided by the trust both before and after the inspection.

## Summary of this service

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

- The service did not always have enough staff to care for patients and keep them safe. Staff did not always assess the risks to patients appropriately nor act on them and did not always keep good care records. Safety incidents were not always investigated appropriately.

# Urgent and emergency services

- The care provided was not always in line with best practice and the effectiveness of the service was not always monitored. Staff did not always follow the principles of the mental capacity act and best interest decisions were not always undertaken or documented.
- Multidisciplinary working with the wider hospital was less positive and impacted on patient care.
- The service did not always consider patients' individual needs, care was not tailored to individual patients. People trying to access the service sometimes waited too long for treatment.
- Leaders did not always run services well using reliable information systems and managing risk competently. The service vision and strategies were not clear, and it was not apparent how these would be achieved.

However:

- There had been significant improvements since the last inspection. Staff had training in key skills and understood how to protect patients from abuse. The service controlled infection risk well.
- Pain relief was assessed and reassessed appropriately. Managers made sure staff were competent. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service was planned to meet the needs of local people and made it easy for people to give feedback.
- Staff felt supported and valued and they were clear on their roles and responsibilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services.

## Is the service safe?

**Requires improvement** ● ↑

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

- The design, maintenance and use of facilities, premises and equipment did not always keep people safe.
- Staff did not always complete and update risk assessments for each patient and they did not always remove or minimise risks.
- Although managers regularly reviewed and adjusted staffing levels and skill mix, the service did not always have enough medical staff, 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.
- Staff did not always keep detailed records of patients' care and treatment. Records were not always up to date.
- The service did not always manage patient safety incidents well. Managers did not always investigate incidents appropriately. When things went wrong, staff did not always apologise and give patients honest information and suitable support.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. This was a significant improvement from previous inspections.

# Urgent and emergency services

- 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. Training rates had increased significantly from previous inspections.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. This was an area of improvement from previous inspections.
- Staff identified and quickly acted upon patients at risk of deterioration.
- Records were stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. This showed reflective improvement from previous inspections.
- Staff recognised and reported incidents and near misses. Lessons learned were shared with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

**Requires improvement** ● → ←

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

- The service did not always provide care and treatment based on national guidance and evidence-based practice. Managers did not always check to make sure staff followed guidance.
- Doctors, nurses and other healthcare professionals within the wider hospital did not always work together as a whole multi-disciplinary team to benefit patients.
- Staff did not always support patients to make informed decisions about their care and treatment. They did not always follow national guidance to gain patients' consent. They did not always know how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They did not always use agreed personalised measures that limit patients' liberty.

However:

- 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 assessed and monitored patients to see if they were in pain. They supported those unable to communicate using suitable assessment tools.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements.
- 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.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.

# Urgent and emergency services

- Staff protected the rights of patients' subject to the Mental Health Act 1983.

## Is the service caring?

**Good** ● → ←

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

- Staff treated patients with compassion and kindness and respected their privacy and dignity.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Inadequate** ● ↓

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

- The service was not always inclusive and did not always take account of patients' individual needs and preferences. Staff did not always make reasonable adjustments in the care and treatment of patients' or help patients to access the appropriate services.
- People could not always access the services when they needed them and did not always receive the right care promptly. The four-hour performance target was consistently below 70% and frequently below 60%; this was well below the national standard, with no improvement trajectory.
- Waiting times from decision to admit until admission were consistently considerably higher than the England average; with no stable improvement shown during the last 12 months.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

**Requires improvement** ● → ←

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

- Although the service had a vision for what it wanted to achieve, it did not have a strategy to turn it into action, developed with all relevant stakeholders, higher management and with the support of the wider hospital.

# Urgent and emergency services

- Leaders did not always operate effective governance processes throughout the service and with the wider hospital. Staff did not have regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams did not use systems to manage performance effectively. They did not always identify and escalate relevant risks and issues and identify actions to reduce their impact.
- Leaders lacked wider support and commitment from higher management which resulted in limited capacity at both departmental and divisional level.
- The service did not always collect reliable data and analyse it. Staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were not integrated.
- Leaders and staff did not always have a good understanding of quality improvement methods.

However:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff at all levels were clear about their roles and accountabilities.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services and leaders actively encouraged innovation.

## Outstanding practice

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

## Areas for improvement

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

# Medical care (including older people's care)

Inadequate ● ↓↓

## Key facts and figures

The medical care service at Blackpool Teaching Hospitals NHS Foundation Trust provides care and treatment for:

- General medicine
- Care of the older person
- Diabetes and endocrinology
- Infectious diseases
- Gastroenterology
- Stroke and tertiary haematology

There are 443 medical inpatient beds located at Blackpool Victoria Hospital across 21 wards or units. The division has an ambulatory emergency care unit (AEC) and a short stay unit with the primary aim that patients admitted to these areas can be typically discharged within 72 hours.

*(Source: Routine Provider Information Request (RPIR Acute) – Context tab)*

The trust had 59,384 medical admissions from January to December 2018. Emergency admissions accounted for 23,131 (39.0%), 1,577 (2.7%) were elective, and the remaining 34,676 (58.4%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 12,603 (21.2%)
- Gastroenterology: 11,850 (20.0%)
- Clinical haematology: 8,644 (14.6%)

*(Source: Hospital Episode Statistics)*

The Care Quality Commission (CQC) carried out an announced comprehensive inspection between 3 and 6 June 2019. During this inspection we visited the following wards;

- Acute Medical Unit (Medical Admissions Unit)
- Cardiac day case unit
- Ambulatory care ward 18
- Coronary care unit
- Discharge lounge
- Endoscopy unit
- Haematology ward E
- Oncology ward 3
- Respiratory Wards 10 and 5

# Medical care (including older people's care)

- Diabetes/Endocrinology Ward 11
- General Medicine Wards 2, 6, C
- Isolation ward 8
- Gastroenterology ward 12
- Care of the older person ward 23, 24, 25, 26
- Escalation ward

We spoke to 18 patients and relatives. We also spoke with 85 members of staff including senior managers, specialist nurses, registered nurses, student nurses, health care assistants, consultants, middle grade doctors, junior doctors, medical students, allied health professionals including physiotherapists, occupational therapists, dieticians, pharmacists, ward clerks, housekeepers and nursing agency staff.

We observed care and treatment and looked at 57 patient care records. We reviewed comments from staff focus groups, patient feedback cards and we looked at the service performance data.

## Summary of this service

Our rating of this service went down. We rated it as inadequate because:

- We rated effective, responsive and well led as inadequate. We rated safe as requires improvement and caring as good.
- The service did not have enough staff to care for patients and keep them safe. Staff did not always assess the risks to patients appropriately nor act on them and did not keep good care records. They did not manage safety or medicines well. Staff collected safety information but did not always use this to improve the service. Staff did not always report safety incidents and did not always learn lessons from them.
- The care provided was not always in line with best practice and some aspects were based on the judgment of staff. We were concerned regarding patient outcomes, as they were below the national average in a number of areas. Some patients who needed help with food and drink were not always provided with it. Staff did not always follow the principles of the Mental Capacity Act. Staff did not always use the findings of their monitoring of the effectiveness of care and treatment to make improvements to outcomes for patients.
- We were not assured that the service planned and provided care in a way that met the needs of local people and the communities served. The service did not work well with others in the wider system and local organisations to plan care. The service did not always take into account patients' individual needs. Care was not consistently tailored to individual patients. People trying to access the service sometimes waited too long for treatment.

However:

- Staff had training in key skills, understood how to protect patients from abuse. The service controlled infection risk well.
- Managers made sure staff were competent. Staff advised patients on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

# Medical care (including older people's care)

## Is the service safe?

**Requires improvement** ● → ←

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

- Staff did not effectively complete and update risk assessments for each patient and did not always remove or minimise risks.
- Staff did not always identify or quickly act when patients were at risk of deterioration.
- The service did not have enough staff to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff did not always keep detailed records of patients' care and treatment. Records were not always clear, up-to-date or stored securely.
- Systems and processes used to prescribe, administer, record and store medicines were not always robust. The service was still not following the self-administration policy, an issue identified at our last inspection.
- The service did not manage patient safety incidents well. Staff did not always recognise and report incidents and near misses. Although managers investigated incidents, lessons learned were not always shared with the whole team and the wider service and there were risks that incidents could reoccur.
- The service used monitoring results; but it was not clear how this was used to improve safety.

However,

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Whilst overall completion levels had deteriorated since our last inspection, where compliance levels were not in line with trust targets, we saw evidence that staff were booked on to upcoming training courses.
- 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 used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

**Inadequate** ● ↓ ↓

Our rating of effective went down. We rated it as inadequate because:

- The service did not always provide care and treatment based on national guidance and evidence-based practice. Whilst the service had a process in place for the introduction of new guidance, managers did not check to ensure this process was followed. As a result, several key pieces of guidance were out of date or had not had a timely review.
- Records showed that patients with additional nutrition and hydration needs were not always assessed or commenced on special feeding and hydration techniques when necessary.

# Medical care (including older people's care)

- We were concerned regarding patient outcomes, as they were below the national average in a number of areas. The service was an outlier in four areas and had recurrently been an outlier for pneumonia and sub-cutaneous skin infections. We were not assured action plans to improve outcomes were effective in helping the service improve patient outcomes.
- Staff did not always support patients to make informed decisions about their care and treatment, nor follow national guidance to gain patients' consent. They were unclear on how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They did not follow best practice and trust policy around the mental capacity act and deprivation of liberty safeguards.
- Staff did not always give pain relief in a timely way.

However,

- The service made adjustments to diets for patients' religious and cultural needs.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools.
- The service made sure staff were competent for their roles. Managers' appraised staff's work performance.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.

## Is the service caring?

**Good** ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Inadequate** ● ↓ ↓

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

- We were not assured that the service planned and provided care in a way that met the needs of local people and the communities served. The service did not work well with others in the wider system and local organisation to plan care.

# Medical care (including older people's care)

- We were concerned that people were unable to access the care they needed. The service did not always take account of patients' individual needs and preferences. Staff did not always make reasonable adjustments to help patients access services, particularly for those with complex or additional needs. Care was not always coordinated.
- People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment had deteriorated since our last inspection and arrangements to admit, treat and discharge patients were not in line with national standards.

However;

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

**Inadequate** ● ↓↓

Our rating of well-led went down. We rated it as inadequate because:

- Leaders did not always understand and manage the priorities, risks and issues the service faced. There was a lack of approachability, visibility and a number of staff raised with us directly the punitive culture within the service.
- Staff told us they did not feel respected, supported and valued. The service did not have an open culture and staff did not feel they could raise concerns without fear.
- Although there were governance processes in place, staff at all levels were not clear about their roles and accountabilities and did not have regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams did not always use systems to manage performance effectively well. They did not always identify and escalate relevant risks and issues nor effectively identify actions to reduce their impact.
- The service had a vision for what it wanted to achieve but the strategy to achieve it was lacking. Leaders and staff did not appear to understand how to apply the vision and values nor how to monitor progress.
- Data was not always used effectively to understand performance, make decisions and achieve improvements.
- The information systems were not integrated or secure. Data or notifications were not consistently submitted to external organisations as required in a timely manner.
- Options for and the success of staff engagement were limited.
- Leaders and staff did not engage well with patients, the public and local organisations to plan and manage services. They did not collaborate with partner organisations to help improve services for patients.

## Areas for improvement

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

# Surgery

Requires improvement  

## Key facts and figures

Surgery is part of the scheduled care division at the trust. The division provides non-elective, elective and day case surgery for several specialities. These include general surgery, specialist surgery and tertiary services. The specific services include ear, nose and throat, orthopaedic, ophthalmology, urology, colorectal, breast, oral, plastic and podiatric surgery. The scheduled care division also has responsibility for clinical psychology, outpatients, cardiology, and cardiac intensive care.

One day a week is dedicated for children's surgery utilising the day surgery unit.

The service has ten theatres, four inpatient wards, two trauma wards a surgical admissions unit and a day surgery unit. The tertiary centre (cardiothoracic unit) has four theatres, a day case ward, three inpatient wards, and a cardiac intensive treatment unit.

Also Included in the surgical footprint is the urology unit, a pre-operative assessment unit, and an enhanced recovery team. The trust has a surgical facility for private patients – the Lancashire Suite - a six bedded area located within the cardiac centre.

The trust had 26,939 surgical admissions from January to December 2018. Emergency admissions accounted for 7,366 (27.3%), 16,032 (59.5%) were day case, and the remaining 3,541 (13.1%) were elective.

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

We inspected the division of surgery between 3 and 6 June 2019. Our inspection was announced. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During the inspection the inspection team the following areas:

- Ward 14 – ear nose and throat surgery, surgical high care.
- Ward 15a – general surgery and urology.
- Ward 15b - general surgery.
- Ward 16 - elective orthopaedic.
- Ward 34 and 35 – trauma and orthopaedic.
- Surgical admission unit.
- Cardiac centre – including wards 38 and 39.
- Surgical day unit.
- Lancashire Suite.

We visited several theatres, the recovery areas and anaesthetic room. We also observed an evening ward handover, board rounds and team briefs.

# Surgery

The inspection team spoke with 24 patients and carers who were using the service, and 79 members of staff including managers, consultants, nurses, healthcare assistants and administrative staff. We reviewed 27 patient records and nine WHO checklists. We observed staff interactions with patients, team meetings and huddles. We also received four “tell us about your care” comment cards that had been completed by both patients and staff.

The service was last inspected in November and December 2017, with the report published in March 2018. Surgery was previously rated as good.

## Summary of this service

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

- The service did not always have enough staff to care for patients and keep them safe. The service did not ensure that staff completed mandatory training. Staff did not consistently assess risks to patients, act on them or keep good care records. The service also did not follow best practice when administering and storing medicines and did not routinely report incidents. However, staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff prescribed and recorded medicines appropriately. The service managed reported safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff did not always give patients pain relief when they needed it. The service did not always ensure staff were competent. Key services were not always available seven days a week. However, the trust monitored the effectiveness of the service, and staff provided good care and treatment and gave patients enough to eat and drink. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service did not always take account of patients' individual needs. Whilst people could access the service when they needed, they did not always receive the right care promptly. However, the service planned care to meet the needs of local people and made it easy for people to give feedback.
- Staff did not always understand the service's vision and values. Staff did not always feel respected, supported and valued. Leaders used systems to manage performance, but it was not always clear what action had been taken to mitigate risk. However, staff were focused on the needs of patients receiving care and were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

**Requires improvement** ● ↓

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

- The service did not make sure all staff completed mandatory training.

# Surgery

- Not all staff had training on how to recognise and report abuse.
- Not all of the equipment was readily available.
- Staff did not consistently act to remove and minimise risks or identify and quickly act upon patients at risk of deterioration.
- The service did not consistently follow best practice when administering and storing medicines.
- The service did not consistently have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. There were high levels of agency and bank staff usage to fill nursing vacancies.
- Staff did not consistently keep records of patients' care and treatment. Records were not consistently accurate, up-to-date, stored securely and easily available to all staff providing care.
- Incidents were not consistently reported to identify patterns and trends.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service provided mandatory training in key skills to all staff.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design and maintenance of premises kept people safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient.
- Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction
- The service used systems and processes to safely prescribe and record medicines.
- The service used monitoring results well to improve safety.
- The service managed reported patient safety incidents well. Staff recognised incidents and near misses.

## Is the service effective?

**Requires improvement** ● ↓

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

- Staff did not always give pain relief in a timely way.
- The service did not always provide care and treatment based on national guidance and evidence-based practice.
- The service did not always make sure staff were competent for their roles.
- Key services were not always available seven days a week to support patient care.

However:

# Surgery

- 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 followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide appropriate care.
- Staff gave patients practical support and advice to lead healthier lives.
- 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 agreed personalised measures that limit patients' liberty.

## Is the service caring?

**Good** ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ● ↓

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

- The service was not consistently inclusive or took account of patients' individual needs and preferences.
- People did not always receive the right care promptly.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not consistently in line with national standards.

However:

- Staff made reasonable adjustments to help patients access services and coordinated care with other services and providers.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

# Surgery

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- Whilst leaders understood the priorities and issues they faced, these were not always well managed. Leaders were not always visible.
- The service had not developed its vision and strategy in collaboration with relevant stakeholders.
- Staff did not always feel respected, supported and valued.
- Some risks had remained on the register for some time with no resolution, and it was not always clear when action to mitigate risk had been taken or whether these had been effective.
- Information systems were not always integrated and secure.

However:

- Leaders had the skills and abilities to run the service.
- Staff were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- There was some engagement between leaders with patients, staff, equality groups, the public and local organisations to plan and manage services. There was some collaboration with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## 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.

# Critical care

Requires improvement  

## Key facts and figures

The trust has 38 critical care beds. Blackpool Victoria Hospital has three critical care wards:

- Cardiac intensive care unit (20 beds)
- Intensive treatment unit (seven beds)
- High dependency unit (six beds)

The service has the capacity to care for seven level 3 ICU patients and six level 2 high dependency unit patients. From 1 April 2018 to 30 September 2018, the units had 435 admissions.

The intensive care unit has a maximum of eight beds, seven of which are fully established. The eighth bed is staffed using a nurse 'on call' system. This bed is commissioned for 90 days out of the year.

The high dependency unit is established for six beds with a 'swing bed'. This bed is utilised to accommodate an extra patient for a short term. Cover is provided by consultants: 24 hours, seven days a week, 365 days a year. The unit provides onsite and on call consultant cover.

The trust admits paediatric patients in critical care, with the support of paediatricians and paediatric nurses. In the acute phase of their illness the trust admits children to intensive care unit, before transfer to a dedicated children's hospital. The critical care unit had admitted 16 children during 2018.

The trust's cardiac centre is a regional centre of excellence for cardiac care and provides support for the local area, as well as the surrounding areas across Lancashire and South Cumbria. The cardiac centre includes a cardiac intensive therapy unit, which had 20 beds.

Continuity of support for patients discharged from the unit to ward areas is provided by the rehabilitation co-ordinator and critical care outreach team. The service is a member of the Lancashire and South Cumbria Critical Care Network.

We visited the services on 3 to 6 June 2019. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

As part of the inspection we spoke with 36 staff, which included; consultants, ward manager, junior medical staff, nurses, a pharmacist, dietician, critical care outreach team, practice educators, specialist nurse for organ donation, pharmacy technicians, allied health professionals and housekeeping team. We spoke with 11 patients and their families. We reviewed 12 patient records and policies, guidance and audit documentation to support our decision on ratings.

As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We last inspected critical care and the cardiology intensive care unit in April 2014. We rated the service in 2014 as Good.

## Summary of this service

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

# Critical care

- Facilities and premises in critical care and the high dependency unit were not always appropriate for the services being delivered. The service did not have enough allied health professional staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Medical staffing levels did not always allow for sustainable and effective working rota's and practices which was also identified at the last inspection in 2014.
- The service did not always provide care and treatment based on national guidance and evidence-based practice. Implementation of evidence based guidance was variable. Several guidelines and policies required updating or had not been formally approved. Key services were not always available seven days a week to support timely patient care. There was limited input into ward rounds during weekends because of the lack of allied health professional services. Teams in critical care did not always include all necessary staff, or they did not meet frequently enough to provide effective care.
- The service did not always use a systematic approach to continually improve the quality of its service. The service did not always have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The risk management approach was applied inconsistently. Staff did not always understand how their role contributed to achieving the strategy. Staff in critical care did not always feel actively engaged or empowered. There was a limited approach to sharing information with and obtaining the views of staff. Staff in critical care did not always feel supported and valued.

However

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. Staff completed and updated risk assessments for each patient. Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The service used systems and processes to safely prescribe, administer, record medicines.
- Staff assessed and monitored patients regularly to see if they were in pain. Staff gave patients enough food and drink. Managers monitored the effectiveness of care and treatment and used the findings to improve them. Staff supported patients to make informed decisions about their care and treatment. Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. The service had systems to help care for patients in need of additional support or specialist intervention. The service took account of patients' individual needs.

## Is the service safe?

**Requires improvement** ● ↓

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

- The design of the environment and available facilities in the critical care unit and high dependency unit did not follow national guidance. The geographical separation of the units made the general running of the services, patient care and staffing workload challenging.
- The service did not have enough allied health professional staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The critical care unit did not meet the standards for the provision of pharmacy, physiotherapy, dietetics and speech and language therapy support.

# Critical care

- Medical staffing levels did not always allow for sustainable and effective working rotas and practices, which was also identified at the last inspection in 2014. Sickness levels for medical staff were higher than the trust target.

However;

- The service had enough nursing 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 service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- 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. Managers used this to improve the service.

## Is the service effective?

**Requires improvement** ● ↓

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

- The service did not always provide care and treatment based on national guidance and evidence-based practice. Implementation of evidence based guidance was variable. For example, there was no approved policy for sedation and escalation. There were several guidelines and policies which were past their review date and required updating.
- Key services were not always available seven days a week to support timely patient care.
- There was limited input into ward rounds particularly during weekends due to the lack of allied health professional services, some services were not available weekdays but by on call systems only.
- Staff of different kinds in the service did not always work together as a team to benefit patients. Due to limited roles of allied health professionals, teams did not always include all necessary staff, or did not meet frequently enough to provide effective care.
- At the time of inspection, the service was not meeting the target of registered nursing staff completing a post registration award in critical care nursing but there were plans for staff to receive this training

However

- 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 assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

# Critical care

- The service contributed to the Intensive Care National Audit Research Centre, which meant that the outcomes of care delivered, and patient mortality could be marked against similar units nationwide. Patient outcomes were within the expected range.
- Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- 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 agreed personalised measures that limit patients' liberty.

## Is the service caring?

**Good** ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff supported patients to make advanced decisions about their care.

## Is the service responsive?

**Requires improvement** ● ↓

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

- Facilities and premises were not always appropriate for the services being delivered. For example, the cardiology intensive care unit had two visitors waiting rooms which were dark and not inviting. They were poorly equipped with basic facilities.
- The cardiac theatre had several cancelled operations due to no cardiac intensive care beds being available.
- Although staff knew about and understood the standards for mixed sex accommodation and knew when to report a potential breach, managers reported in critical care that not all breaches were reported because they occurred so frequently.

However

- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service had systems to help care for patients in need of additional support or specialist intervention. The service took account of patients' individual needs.
- Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

# Critical care

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- Leaders in critical care did not always have the capacity to effectively manage the priorities and issues the service faced. There had been no permanent leader for critical care since 2018. Although there had been some progress since the last inspection, the pace of improvement was slow and there remained areas which required attention to meet national standards.
- Staff in critical care and the high dependency unit did not always feel supported and valued. Staff satisfaction on the units was mixed. Staff did not always understand how their role contributed to achieving the strategy. There was a limited approach to sharing information and obtaining the views of staff.
- Leaders did not always operate effective governance processes throughout the service. The service did not use a systematic approach to continually improve the quality of its service. Staff did not always have regular opportunities to meet, discuss and learn from the performance of the service. For example, some staff were not aware of the results from the critical care peer review and the action plan had not been communicated to them.
- Leaders and teams did not always use systems to manage performance effectively. The service did not always have effective systems for identifying risks, planning to eliminate or reduce them and identified actions to reduce their impact. Risks and issues were not always dealt with quickly enough. There were several areas identified in the Lancashire and South Cumbria Critical Care Network peer review and at the 2014 inspection which had not been fully addressed.

However

- Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Staff were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service collected reliable data and analysed it. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, equality groups, the public and local organisations to plan and manage services.

## Areas for improvement

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

# Maternity

Good   

## Key facts and figures

Maternity services at Blackpool Victoria Hospital have 31 beds, nine in the delivery suite and 22 in the maternity ward. The service has one midwifery led unit, the Flyde Coast Birth Centre, consisting of four rooms. There is one maternity day unit with four rooms, and one early pregnancy assessment unit with three rooms.

The service provides antenatal, intrapartum and postnatal care. It provides several specialist antenatal clinics and joint obstetric clinics with specialist consultants.

The service has an early pregnancy foetal assessment unit which provides care for women who have specific pregnancy problems below 16 weeks gestation.

All women have a named midwife who are part of a small team of midwives. Women who are high-risk have a named consultant.

From January to December 2018, there were 2,723 deliveries at the hospital, 98.9% were single deliveries and the rest multiple. The number of babies delivered at term was 2,336.

At our previous inspection in 2017, we rated the service as good overall, with effective, caring, responsive and well-led domains rated as good and safe as requires improvement.

We inspected maternity services as part of an announced comprehensive inspection between 3 and 7 June 2019. We inspected all five key questions. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During the inspection we visited the maternity ward, delivery suite, Fylde Coast Birth Centre, early pregnancy assessment unit, maternity day unit and antenatal clinic.

We carried out focus groups with staff including community midwives. We spoke with 36 members of staff including senior managers, ward sisters and managers as well as registered nurses, midwives, student nurses, allied health professionals, doctors and health care assistants. We also spoke to seven women and six relatives.

We observed care and treatment and looked at 11 patient care records and six prescription charts, as well as service performance data.

## Summary of this service

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

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave women enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

# Maternity

- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women, families and carers.
- The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

## 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 staff. We saw that completion rates for cardiotocography and basic life support were high. This was an improvement from our previous inspection.
- Staff understood how to protect women 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 used equipment and control measures to protect women, themselves and others from infection. They kept equipment and the premises visibly clean. This was an improvement from our previous inspection.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each woman and took action to remove or minimise risks. Staff identified and acted upon women at risk of deterioration.
- The service had enough maternity staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.
- Staff kept detailed records of women's care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and wider service. When things went wrong, staff apologised and gave women honest information and suitable support.

However,

- Medical staff did not consistently receive and keep up to date with mandatory training. Overall completion rates for medical and nursing and midwifery staff were below trust target.

# Maternity

## 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 best practice. Managers checked to make sure staff followed guidance.
- Staff gave women enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used findings to make improvements and achieved good outcomes for women in some areas.
- 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.
- Doctors, nurses, midwives and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care. The monthly multidisciplinary team meeting for women with complex social needs was recognised as an example of good practice by NHS England.
- Key services were available seven days a week to support timely care.
- Staff gave women practical support and advice to lead healthier lifestyles.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limited women's liberty appropriately.

However,

- The service was not accredited under the Baby Friendly Initiative scheme. The service was in the bottom 25% of hospitals in the National Maternity and Perinatal Audit Programme in 2017 for babies receiving breast milk at first feed and at discharge from the maternity unit.
- The service performed lower than expected in the National Maternity and Perinatal Audit Programme in 2017 for the number of elective caesarean sections performed between 37 and 39 weeks with no documented clinical indication for early delivery. The service had higher than expected rates of elective caesarean section from January to December 2018 and remained an outlier for this at the time of our inspection.
- In the National Maternity and Perinatal Audit Programme in 2017, the service had higher than expected rates of third- and fourth-degree perineal tears.

## Is the service caring?

Good   

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

# Maternity

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- The 'rainbow pathway' for women who had previously lost a baby after 16 weeks gestation provided women with additional support from peer volunteers who were supported by a bereavement nurse.
- Staff supported women, families and carers to understand their condition and make decisions about their care and treatment.
- Women's views and feedback was gathered by patient experience facilitators who attended the maternity ward every morning.

## Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider local maternity system and local organisations to plan care.
- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The service had several specialist midwives and teams who supported women with complex social, medical and mental health needs.
- The service had hand held computer tablets that had an application that allowed mothers on the maternity ward to see and interact with their baby on the neonatal or special care baby unit in real time.
- Women whose baby required neonatal care were supported by a transitional care model which reduced the amount of time women were separated from their baby.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge women were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However

- The service did not take robust action to minimise missed appointments as scan and antenatal clinic appointments were not coordinated.

## Is the service well-led?

Good   

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

# Maternity

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Leaders in the service and division were visible and approachable for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the local maternity system. Leaders and staff understood and knew how to apply them and monitor progress.
- Most staff felt respected, supported and valued. Staff were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where patients and their families could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However

- Some staff told us they did not feel valued and supported. Staff we spoke with were not aware of the Freedom to Speak Up Guardian and how to contact them.

## Outstanding practice

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

## Areas for improvement

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

# Services for children and young people

Good   

## Key facts and figures

Children and young people's service are part of the children and families division at the trust. The division provides elective, non-elective, day case surgery and outpatients appointments.

The service offers a dedicated children's surgery utilising the day surgery unit one day a week.

The trust had 9384 admissions from January to December 2018.

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

We inspected the children and young people's service between 3 and 6 June 2019. Our inspection was announced. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We visited the children's ward, children's assessment unit, neonatal unit, children's outpatient's clinic, day surgery, theatres, the recovery area and anaesthetic room.

The inspection team spoke with 19 parents and eight children who were using the service, and 47 members of staff including managers, consultants, nurses, healthcare assistants and administrative staff. We reviewed 17 patient records and nine drug charts. We observed staff interactions with patients, team meetings and huddles.

The service was last inspected in 2014, children and young people's service was previously rated as good.

## Summary of this service

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

- Staff understood of how to protect patients from abuse and the service worked well with other agencies to do this in an appropriate way. All areas of the children's and young people's services were located in suitable premises and the service-controlled infection risk well. The service prescribed, administered and recorded medicines in line with guidance.
- Risk assessments for each patient were completed by a paediatric nurse and kept in the patient record. Staff kept detailed paper-based records of patients' care and treatment. However, due to the size of the patient record this made it challenging for staff to retrieve information quickly.
- Nursing and medical staff had the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. However not all staff had completed their mandatory training, compliance rate amongst nursing and medical staff was low in some training.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Children and young people were given a choice of food and drink and pain was managed well. Managers monitored the effectiveness of care and treatment and used the findings to improve them. Local results were undertaken to further improvements.

# Services for children and young people

- Patients and parents were supported by staff who were kind and compassionate. Staff cared for children in a way that met their personal preferences and needs. Staff provided emotional support to patients, families and carers to minimise their distress and encouraged parents to be active partners in the care and treatment they delivered.
- The service was inclusive and took account of children, young people and their family's individual needs and preferences. Staff made reasonable adjustments to help patients access services. Patients could access the service when they needed it but those needing surgery did not always have their surgery on time.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. The service had a vision for what it wanted to achieve. All staff understood and were invested in the vision and values of the organisation. Staff felt respected, supported and valued. Staff felt there was a no blame culture and a strong team ethos.
- There were effective governance processes in place. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. The service and staff were committed to improving services by learning from incidents, promoting training and innovation.

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff.
- Staff understood how to protect patients from abuse and the service worked well with other external agencies to do so.
- We saw there were appropriate systems to identify patient risks, these were supported by risk assessments.
- Staff kept detailed records of patients' care and treatment.
- Equipment across all areas we visited was visibly clean, well maintained. Staff managed clinical waste well.
- All staff we observed complied to infection prevention and control practices. Staff used protective equipment when delivering patient care and were bare below elbows.
- Staff reported incidents through the electronic reporting system. incidents were investigated, and learning was implemented.
- Medicines were managed in line with best practice. Staff used systems and processes to safely prescribe and record medicines.
- The service consistently had enough nursing and 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.

However

- Not all staff had completed mandatory training. Training rates for level 2 and 3 safeguarding was low amongst nursing and medical staff.
- Records were not always clear. Due to the size of the patient record this made it challenging for staff to retrieve information quickly.

# Services for children and young people

## 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-based practice.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- We saw staff assess and monitor patients regularly to see if they were in pain. Staff used a range of child friendly toys to support them determine the child's pain score.
- Patients had access to food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Key services were available seven days a week to support patient care.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide appropriate care.
- 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 agreed personalised measures that limit patients' liberty.

However:

- Some policies were out of date.
- The service did not have provisions in place to promote healthy lifestyle to all children and young people. Resources were limited to the adolescent ward.

## Is the service caring?

**Outstanding** ☆ → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff supported them in a way that met their personal preferences and needs. For example, children and young people were offered a wide range of methods to minimise their distress whilst in hospital.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. For example, staff recognised the emotional distress mothers went through when their baby was admitted to the neonatal unit. As a result, staff introduced different initiatives to support parents' bond and be close to their baby.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

# Services for children and young people

## Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The service enthusiastically worked with people who used the service to shape it to the needs of the community.
- The service was consistently inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services and coordinated care with other services and providers. Meeting the needs of children and young people was paramount to the service.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- People could access the service when they needed it but those needing surgery did not always have their surgery on time.

## Is the service well-led?

Good ● → ←

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Leaders and teams used systems to manage performance. Risks were identified and escalated appropriately and subsequently actions were put in place to reduce their impact. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear. The team ethos across the service was one of team work.
- There was some engagement between leaders with patients, staff, equality groups, the public and local organisations to plan and manage services.

# Services for children and young people

## 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.

# End of life care

Good 

## Key facts and figures

End of life care services were provided at Blackpool Hospital by Trinity Hospice for all adult in patients.

We inspected five wards where end of life care services were provided at Blackpool Hospital.

- The Acute Medical Unit which cares for acutely unwell patients.
- Ward 5 which cares for patients which respiratory illness.
- Ward 12 for patients with gastric illness.
- Ward 2 for short stay patients.
- Ward 12 gynaecology

Services we inspected included

- The specialist palliative care team
- Bereavement service
- Mortuary team
- Chaplaincy service

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Before the inspection visit we reviewed information that we held about these services and information requested from the trust.

During the inspection visit the inspection team

- spoke with six patients who were using the service and eight carers.
- spoke with the managers or acting managers for each of the wards.
- spoke with 25 other staff members including nurses, doctors and matrons.
- reviewed six sets of patient records and care plans
- observed two multidisciplinary team meetings and one board round meeting.

End of life care services were last inspected in 2014 with community end of life care services, because they were jointly inspected we are unable to compare the ratings at this inspection.

## Summary of this service

We rated it as good because:

- We rated safe, effective, caring, responsive and well led as good

# End of life care

- The service had enough 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. The service controlled infection risk well. End of life care was not part of the trusts mandatory training for all staff.
- Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. Staff demonstrated care and compassion to patients.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. The service did not monitor, audit and evaluate rapid discharges from hospital led by the specialist palliative care service.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually. There was a non-executive director at board level for end of life care. Staff told us they did not always feel valued by senior managers.

## Is the service safe?

**Good** 

We rated it as good because:

- 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.
- 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 looked after them well. Syringe drivers and mattresses were available when requested. The mortuary viewing rooms were well maintained.
- The service prescribed, gave, recorded and stored medicines well.

# End of life care

- The service followed appropriate processes for the prescription, administration, recording and storage of anticipatory medicines.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- 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 provided training in key skills to all staff and made sure everyone completed it. The specialist palliative care team had completed additional training to enhance their skills in communication, advance care planning and prescribing medications.
- 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.

However

- End of life care was not part of mandatory training for all hospital staff.

## Is the service effective?

**Good** ●

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.
- 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 preferences. Staff demonstrated a good understanding of symptom control and the use of anticipatory medications.
- 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 held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. The chaplaincy team worked closely with the specialist palliative care team and attended multidisciplinary team meetings.
- 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 service did not monitor, audit and evaluate rapid discharges from hospital led by the specialist palliative care service.

# End of life care

- There were times when it was not possible to administer pain-relieving medication to patients when they required it due to staffing levels.

## Is the service caring?

**Good** ●

We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- All staff treated the bodies of the deceased with dignity and respect both on the ward and while being transferred to the mortuary.
- Staff involved patients and those close to them in decisions about their care and treatment. Feedback from patients and those close to them confirmed that patients felt included in their plan of care.
- Patients were given the opportunity to make advance care plans and encouraged to be involved in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress. The chaplaincy team offered support to patients of all faiths and spiritual support for those with no denoted faith.

## Is the service responsive?

**Good** ●

We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice.
- The service took account of patients' individual needs. The specialist palliative care team saw all palliative patients regardless of diagnosis.
- The chapel provided a place of worship and opportunity for quiet time for all faiths and those with no denoted faith. Prayer mats and religious texts were available for most faiths.
- 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** ●

We rated it as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. End of life care was represented at board level.

# End of life care

- 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.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- 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, 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.
- There were palliative care and bereavement resources available on all wards.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- There was a non-executive director at board level for end of life care.

However

- Not all staff felt listened to or valued by senior managers or felt they received recognition for their work.

## Outstanding practice

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

## Areas for improvement

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

# Outpatients

Requires improvement 

## Key facts and figures

The trust runs more than 150 outpatient clinics every week, of which more than a hundred are held at Blackpool Victoria Hospital. The hospital provides over half a million outpatient clinic appointments to patients from across Blackpool, Fylde and Wyre every year.

Blackpool Victoria Hospital has a large outpatients department with separate (site-based) outpatients' locations for breast care, cardiology, and gynaecological outpatient services. Within the main outpatient department at Blackpool Victoria Hospital, the clinics are subdivided into speciality areas; these include orthopaedic, maxillofacial, ophthalmology (eye), medical and surgical, chest, and ear, nose and throat (ENT) clinics.

Most of outpatient clinics and speciality areas at the site fall within the scheduled care division; which is made up of three directorates: cardiac, cardiology and cardiothoracic; general surgery, urology, ENT, maxillofacial, anaesthetics, and plastic surgery; and orthopaedics, ophthalmology, and pain management.

The outpatients service typically provides a weekday service with additional clinics provided in the early evening, and some Saturday provision.

From January to December 2018, there were 576,430 outpatient attendances at the trust; the clear majority of which took place at Blackpool Victoria Hospital. Most outpatient appointments were undertaken by surgical specialities (30%), medical specialities (30%), and ophthalmology (15%) departments.

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

We inspected outpatient services at the location between 3 and 6 June 2019. Our inspection was announced. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During our inspection, we visited the cardiac centre, breast centre, and the main outpatient department; focusing on eye, ENT, and orthopaedic clinics.

During our inspection, we spoke with 10 patients who were using the service, and 48 members of staff including managers, nurses, healthcare assistants and administrative staff. We reviewed 10 patient records.

We previously inspected outpatient and diagnostic services at the location in January 2014, which was rated as requires improvement overall.

As we only inspected outpatient services at this inspection, our findings cannot be directly compared.

## Summary of this service

We rated it as requires improvement because:

- People struggled to access services when they needed them and receive the right care promptly. Patients were frequently and consistently not able to access services in a timely way for assessment or diagnosis, and experienced unacceptable waits for some treatments.

# Outpatients

- Staff collated reliable data and teams used systems to monitor performance. However, leaders lacked the knowledge and capacity to lead the service and effectively drive improvements. The service was failing to manage services to meet key performance measures.
- There were governance processes in place. However, these were not always used to successfully manage risks and improve performance. Leaders didn't consistently act on risks and identify and implement actions in a timely manner to reduce their impact.
- The service used paper-based patient records, and this presented a risk to the security and loss of patient information. We saw patient records, although complete and stored securely, were not always clear and easily available to all staff providing care.
- The number of cancelled appointments were not always kept to a minimum and had increased over time. The service did not have systems in place to sufficiently manage cancelled appointment rates.

However:

- The service had enough competent staff to keep patients safe from avoidable harm; and different professionals worked together as a team to benefit patients. Staff understood how to protect patients from abuse. Staff identified and quickly acted upon patients at risk of deterioration.
- Staff were focused on the needs of patients receiving care. Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. Staff followed national guidance to gain patients' consent and supported patients to make informed decisions about their care and treatment.
- The service used systems and processes to safely prescribe, administer, record and store medicines; and staff assessed and monitored patients regularly to see if they were in pain. The design, maintenance and use of facilities, premises and equipment kept people safe; and the service-controlled infection risk well.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action. We saw some evidence that leaders engaged with staff and local and partner organisations to plan and manage services for patients and encouraged innovation and participation in research.

## Is the service safe?

**Good** 

We rated it as good because:

- The service provided mandatory training in key skills to all staff.
- 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 used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff responded promptly to any sudden deterioration in a patient's health.

# Outpatients

- 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 staff a full induction.
- Staff kept up-to-date and detailed records of patients' care and treatment, and we saw records were stored securely.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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.

However:

- We saw patient records, although complete, were not always clear and easily available to all staff providing care.

## Is the service effective?

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- There was enough food and drink available to meet patients' needs
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements.
- 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.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- 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.

However:

- Not all staff within the service had received an appraisal within the previous 12 months.

## Is the service caring?

**Good** ●

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

# Outpatients

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Inadequate** ●

We rated it as inadequate because:

- People struggled to access services when they needed them and receive the right care promptly.
- Managers monitored waiting times; however, patients were frequently and consistently not able to access services in a timely way for assessment or diagnosis. For example, urgent (two-week) cancer referral performance had declined; particularly in relation to urgent assessment for suspected breast cancer, which had fallen to unacceptable levels.
- People experienced unacceptable waits for some treatments; for example, performance for patients receiving their first cancer treatment within 62 days of an urgent GP referral showed significant deterioration.
- The services did not have systems and processes in place to effectively monitor and prioritise patients awaiting transcatheter aortic valve implantation (TAVI).
- The proportion of cancelled appointments had increased over time and were not always kept to a minimum.

However:

- The service worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with staff.

## Is the service well-led?

**Requires improvement** ●

We rated it as requires improvement because:

- Senior leaders and teams used systems to monitor performance, and they understood most priorities and issues they faced; however, they lacked the knowledge and capacity to lead the service and effectively implement change.
- The service collected reliable data and analysed it; however, information was not always used to improve performance. The service was failing to manage services to meet key performance measures. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were significantly below England averages and national standards across several metrics.
- There were governance processes in place. However, these were not always used to successfully manage risks and improve performance. Leaders did not consistently identify and implement actions in a timely manner to reduce their impact.

# Outpatients

- During the inspection we identified risks which were not on the risk register; for example, with respect to monitoring and oversight of patients who required transcatheter aortic valve implantation.
- The service did not have systems in place to sufficiently manage cancelled appointment rates.
- The service used paper-based patient records, and this presented a risk to the security and loss of patient information.

However:

- The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy included the sustainability of services and alignment of local plans with the wider health economy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Middle-level managers were visible and approachable in the service for patients and staff.
- Staff were clear about their roles and accountabilities and had regular opportunities to meet and discuss the performance of the service.
- Leaders and staff actively and openly engaged with patients; and we saw some evidence that leaders engaged with staff and local and partner organisations to plan and manage services for patients.
- We saw some evidence of leaders encouraging innovation and participation in research.

## Areas for improvement

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

# Community health services for adults

Outstanding   

## Key facts and figures

Blackpool NHS Foundation Trust provide a wide range of community-based health and specialist nursing and community therapy services to the Fylde coast and north Lancashire. It serves a population of 440,000.

From October 2018, North community services including Morecombe had transferred to a different provider

Community adult services are commissioned by Blackpool CCG and Fylde and Wyre CCG.

Care is provided in patients homes, clinics and healthcare centres to adults aged 18 and above across Blackpool, Fylde and Wyre and Garstang areas.

Neighbourhood teams consisted of therapy staff, community nurses, health and well-being support workers were situated across the Blackpool locality. In Fylde and Wyre enhanced primary care teams were being aligned and integrated with community nursing teams.

These services worked closely with other services from primary and secondary care including extensive care team; intravenous therapies; outreach team; podiatry; musculoskeletal; rapid response; diabetes; heart failure; continence; nutrition and dietetics; speech and language; community neurological rehabilitation services.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Site visits were carried out over three days from 3 June to 5 June 2019 and we visited seven locations; Blackpool stadium; Clifton hospital; Poulton healthcare centre; Westview health village; Great Eccleston health centre; South shore primary care centre and Whitegate health centre.

As part of our inspection we visited:

- five locations where patient care was provided in clinic settings.
- District nursing teams.
- The extensive care team
- Enhanced primary care teams
- The rapid response team
- The care home team.
- The outreach team.
- Community Intravenous therapy service
- and we observed eight home visits.

During our inspection we:

- Spoke with 65 members of staff across all specialisms and grades
- Spoke with 20 patients and three relatives
- Reviewed 15 sets of patient records and six prescriptions

# Community health services for adults

- Observed two safety huddle meeting
- Observed one multidisciplinary meeting
- Held two focus groups
- Reviewed trust policies and standard operating procedures relating to the community health services for adults services
- Observed care delivered to patients.

## Summary of this service

Community adult services was last inspected in November 2017 and was rated overall as outstanding.

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan and deliver care in a way to ensure flexibility, choice and continuity of care.
- There were innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs.
- People could access community health services for adults when they needed them, and technology was used innovatively to ensure people have timely access to treatment, support and care.
- People were respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by dedicated staff.
- Staff were motivated and passionate in providing care that is kind and promotes dignity.
- Patients felt cared for and valued their relationship with staff and their personal preferences and needs were always reflected in the care they received.
- Staff found innovative ways to enable people to manage their own health and care when they could and to maintain independence as much as possible.
- Staff of different kinds were committed to work collaboratively within their service but also with external organisations to benefit patients and provide good and effective care.
- Staff consistently supported people to live healthier lives, including identifying those who need extra support, through a targeted and proactive approach to health promotion and prevention of ill-health, and they used every contact with people to do so.
- The leadership, governance and culture promoted the delivery of high-quality person-centred care.
- Leaders had the skills and abilities to run the service and were visible, approachable and supportive for patients and staff.

However:

- Not all staff had received all relevant training in safeguarding children.

# Community health services for adults

- There were limited opportunities for staff to engage and share good practice or better ways of working across different localities.

## Is the service safe?

**Good** ● → ←

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service used monitoring results well to improve safety.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses

However:

- Not all staff had received all relevant training in safeguarding children.

## 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-based practice.
- Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery.
- Staff assessed and monitored patients regularly to see if they were in pain, provided advice and signposted to other health care professionals, if required.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff of different kinds were committed to work collaboratively within their service but also with external organisations to benefit patients and provide good and effective care.

# Community health services for adults

- Staff consistently supported people to live healthier lives, including identifying those who need extra support, through a targeted and proactive approach to health promotion and prevention of ill-health, and they used every contact with people to do so.
- 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.

## Is the service caring?

**Outstanding** ☆ → ←

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

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery.
- Staff assessed and monitored patients regularly to see if they were in pain, provided advice and signposted to other health care professionals, if required.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff of different kinds were committed to work collaboratively within their service but also with external organisations to benefit patients and provide good and effective care.
- Staff consistently supported people to live healthier lives, including identifying those who need extra support, through a targeted and proactive approach to health promotion and prevention of ill-health, and they used every contact with people to do so.
- 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.

## Is the service responsive?

**Outstanding** ☆ → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care. It also worked well with others in the wider system and local organisations to plan care.
- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. This enabled patients needs to be met in the community setting and care homes, and wherever possible avoided the need for admission to hospital
- People could access community health services for adults when they needed them, and technology was used innovatively to ensure people had timely access to treatment, support and care.

# Community health services for adults

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Good** ● → ←

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve. Priorities and objectives focused on development and integration of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. There was strong collaboration and team working and staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and during our inspection we were given examples reasonable adjustments had been made to individual staff to allow them to work.
- Leaders and teams used systems to manage performance and governance processes effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected reliable data. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However;

- There were limited opportunities for staff to engage and share good practice or better ways of working across different localities.
- Information relating to community adult services on the trust website was not up to date.

## 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 children and young people

Good   

## Key facts and figures

The service consists of health visiting, therapist and school nursing teams who work together to promote the health and wellbeing of families, children and young people.

The service aims to work in partnership with families and other local providers of services for families, in collaboration with schools, GPs, youth services and many other community services and is delivered in the family home, school or community venue.

The service encourages healthy lifestyles, addressing concerns about physical and mental wellbeing, as well as addressing health inequalities.

The service is offered on four levels, according to need:

- Universal core which is offered for every child and family.
- Universal plus which is time limited interventions to support a specific need within the family.
- Universal partnership plus where the identified need requires support from other agencies.
- Safeguarding where a child or family is identified at risk of harm which necessitates multi-agency working with social care and other agencies.

*(Source: CHS Routine Provider Information Request (RPIR) CHS Context)*

Information about the sites and teams which offer community health services for children, young people and families at this trust is shown below:

Location site name	Team/ward/satellite name
South primary care centre Blackpool	<b>Blackpool South School Nursing Team</b>
Moor Park Health and Leisure Centre	<b>Blackpool North School Nursing Team</b>
Ashton community care centre	<b>Health Visiting Lancaster South HV Team,</b>
Bleasdale C of E (VA)	<b>School Nursing and IMMS</b>
Bloomfield medical practice	<b>Community Midwifery</b>
Carnforth clinic	<b>Carnforth Health Visiting Team</b>
Carnforth School Nursing Team	<b>Children's hearing / audiology service</b>
Cleveleys health centre	

# Community health services for children and young people

Children's SLT	<b>Children's hearing/audiology service</b>
Poulton/Thornton/Cleveleys HV Team	
Fleetwood Health and Well Being Centre	
Fleetwood hospital	<b>Fleetwood School Nursing Team</b>
Freckleton primary care centre	<b>Kirkham and Freckleton HV Team</b>
Garstang health centre	<b>Garstang &amp; Over Wyre School Nursing Team</b>
Garstang medical centre / primary care centre	<b>Garstang &amp; Over Wyre HV Team</b>
Children's Continence	<b>Children's SLT</b>
Children's SLT	
Great Arley special school	
Children's OT/PT	<b>Heysham IMMS Team</b>
Heysham primary care centre	
Higfurlong school	<b>Children's SLT</b>
Special School Nursing	<b>Kirkham &amp; Freckleton School Nursing Team</b>
Children's OT/PT	
Kirkham health centre	
Kirkham and Freckleton HV Team	<b>IMMS only</b>
Children's Continence	
Children's SLT	
Loyne specialist school	<b>North/Far North HV Team</b>
Moor Park Health and Leisure Centre	
Community Midwifery	
Children's Continence	<b>Central East Health Visiting Team</b>
Children's SLT	
Newton drive medical centre	

# Community health services for children and young people

Park school	<b>Children's OT/PT</b>	
Pear tree special school	<b>Special School Nursing</b>	
Children's OT/PT		
Children's SLT		
Poulton clinic		<b>Poulton School Nursing Team</b>
Poulton, Thornton and Cleveleys HV Team		
Children's Continence		
Children's SLT		
Queen Victoria centre	<b>Morecambe HV Team</b>	
Red marsh special school	<b>Special School Nursing</b>	
Children's OT/PT		
Children's SLT		
Ryelands house		<b>Lancaster North School Nursing Team</b>
Lancaster North Health Visitor		
South primary care centre	<b>Blackpool South HV Team</b>	
Children's SLT		
South Central HV Team		
Blackpool South School Nursing Team		
St Anne's health centre		<b>St Anne's School Nursing Team</b>
St Anne's primary care centre		<b>Children's Community Nursing</b>
School Based Immunisation Team		
Specialist Needs Nursing/ Specialist Health Visiting and Child Development		
Children's hearing/audiology service		
Children's OT and Physio		

# Community health services for children and young people

Children's SLT	
Thornton health centre	<b>Thornton School Nursing Team</b>
Westview health village	<b>Fleetwood HV Team</b>
Fleetwood HV Team	
Children's SLT	
Community Midwifery	
Whitegate health centre	<b>Central Blackpool School Nursing Team</b>
Central West HV Team	
Community Midwifery	
Family Nurse Partnership	
Children's Continence	
Children's hearing/audiology service	
Children's SLT	
CAMHS	
Specialist Practitioners in child development	
Children's OT and Physio	
Woodlands special school	<b>Special School Nursing</b>
Children's OT/PT	
Children's SLT	

(Source: Universal Routine Provider Information Request (RPIR) – P2 Sites)

## Summary of this service

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

- The service provided mandatory training in key skills to all staff and most staff received and kept up to date with their mandatory training.
- Staff understood how to protect children, young people and families 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.

# Community health services for children and young people

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment in the service kept people safe. Staff managed clinical waste well. A large number of the directorates services were delivered in modern high specification primary care centres and children's centres across the localities of the teams services.
- Staff in the service completed and updated risk assessments for each child and young person and acted to remove or minimise risks. Staff identified and quickly acted upon children and young people at risk of deterioration.
- Data provided by the trust showed that the service had less staff than it had planned for. In our interaction with staff we found that the service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave staff a full induction.
- Staff in the service understood the relevant consent and decision-making requirements of legislation and how this related to young people such as guidance for Mental Capacity Act 2005, Children's Acts 1989 and 2004, Gillick competence 1985.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. The directorate reported no incidents classified as never events and no serious incidents in the period from May 2018 to June 2019.
- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff teams understood the needs of local people and had introduced systems so that staff deployment met the need of high and low population areas.
- The staff in the service were aware of the diversity of populations and the challenges faced by some of its communities. Staff had access to multi-lingual sources such as translation services to support patient care.
- The directorates leaders had the skills, knowledge and experience to guide and lead staff. Management were respected, seen as supportive and effective in their roles.
- Leaders in the trust and in the directorate had a vision for children and families' services which focused on promoting well-being and nurturing. The service planned to move to a more holistic model of care which was connective with other services to promote well-being

## However;

- In a number of teams, patients had long waits to start treatment. Arrangements to admit and treat patients were sometimes not in line with national standards. Young people and families found it difficult to receive treatment when they needed it and therefore did not receive the right care promptly.
- Whilst the service provided mandatory training in key skills to all staff and most staff received and kept up to date with their mandatory training. We found that the directorate still had some room for improvement to reach the trust completion target in some of its mandatory courses.
- It was clear that supervision process needed to be reviewed and adjusted so that a clear chain of evidence concerning discussions about safeguarding occurred. Serious safeguarding concerns were still escalated and shared with the trust's safeguarding team.
- Whilst records audits showed positive results we found some recording to be patchy in some services with elements of care planning missing.

# Community health services for children and young people

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and most staff received and kept up to date with their mandatory training.
- Staff understood how to protect children, young people and families 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 used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment in the service kept people safe. Staff managed clinical waste well. A large number of the directorates services were delivered in modern high specification primary care centres and children's centres across the localities of the teams services.
- Staff in the service completed and updated risk assessments for each child and young person and acted to remove or minimise risks. Staff identified and quickly acted upon children and young people at risk of deterioration.
- Data provided by the trust showed that the service had less staff than it had planned for. In our interaction with staff we found that the service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- We generally found that 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.
- The directorate and its services managed patient safety incidents well and incident were low in seriousness. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service and incidents across the trust were shared with teams in the directorate for learning purposes. The directorate reported no incidents classified as never events and no serious incidents in the period from May 2018 to June 2019.

### However;

- A new system of supervision had been introduced in September 2019 at team level in which nurses supervised each other instead of team managers. Safeguarding was discussed in these sessions. We found that in two teams we visited timely supervision had not occurred, or discussions were not recorded. It was clear that this supervision process needed to be reviewed and adjusted so that a clear chain of evidence concerning discussions about safeguarding occurred. Whilst this was the case we found serious safeguarding concerns were still share with the trusts safeguarding team.
- Whilst the service provided mandatory training in key skills to all staff and most staff received and kept up to date with their mandatory training. We found that the directorate still had some room for improvement to reach the trust completion target in some of its mandatory courses such as paediatric life support.

# Community health services for children and young people

## Is the service effective?

Good   

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

- The service used evidence-based policies and national guidelines across its services, which included guidance from the Department of Health and the National Institute for Health and Care Excellence.
- 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.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance at a rate over the target set by the trust. A new supervision process had been introduced and all staff had access to it but compliance needed to be monitored and also reviewed.
- Across the directorate we found staff of different kinds worked together as a team to benefit patients. Healthcare professionals supported each other and other agencies to provide good care to families.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- We found staff were aware of the need to review the capacity and maturity of children to make decisions without parental consent. Staff were also aware of the need for parental consent when children were not able to provide consent themselves. Staff understood legislation and how it related to young people such as guidance for Mental Capacity Act 2005, Children's Acts 1989 and 2004, Gillick competence 1985 and Fraser guidelines 2006.

## Is the service caring?

Good   

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

- Staff in the service treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach. We observed staff talking to parents and children continually providing commentary on what was happening in their treatment and providing reassurance.
- The directorates staff discussed parenting techniques in parental meetings and parents were encouraged to work with children at home to improve children's physical health or behaviour.
- The NHS Friends and Family Test (FFT) was created to show satisfaction levels in patients. Data submitted to the Friends and Families April 2018 to March 2019 showed that of the rates of satisfaction for most of the directorates services was over 90%.

# Community health services for children and young people

## Is the service responsive?

**Requires improvement** ● ↓

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

- Patients in a number of services had long waits to start or access treatment. Arrangements to admit and treat patients were sometimes not in line with national standards or local commissioning targets. Young people and families found it difficult to receive treatment when they needed it and therefore did not receive the right care promptly.

### However;

- The service worked with others in the wider system and local organisations to plan care.
- The services were provided in family homes, schools, clinics and primary care centres. Appointment times were flexible and varied throughout the day so that parents and families had choice.
- The service was inclusive and took account of children, young people and their family's individual needs and preferences.
- Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Staff could access a wide range of services for parent's dependent on family need, from low threshold listening services to special acute services dependent on need through existing links in community. Bespoke services for parents and children could be accessed through the Better Start programme and other links in the community.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service had low numbers of complaints and high levels of patient care satisfaction.
- People who used the directorate had access to information on service's and how to make a complaint or raise concerns. The numbers of complaints were low.
- The staff in the directorate were aware of the diversity of populations and the challenges faced by some of its communities. Staff had access to multi-lingual sources such as translation services to support patient care.

## Is the service well-led?

**Good** ● → ←

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

- Leaders in the service had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. The directorate was led by a head of service, service leads and team leaders who managed all staff.
- Leaders had the skills, knowledge and experience to guide and lead staff. Managers were respected and seen as effective in their roles.
- The service had developed a vision for what it wanted to achieve and was in the process of developing a strategy to turn it into action, developed with all relevant stakeholders. The service planned to move to a more holistic model of care which was connective with other services to promote well-being.

# Community health services for children and young people

- Staff in the service were excited by plans to integrate service's and were optimistic that positive change would occur for children and families.
- We found clear processes in place across the service so that staff were looked after and their welfare was supported. There was a strong emphasis on the safety and well-being of staff both in operational management and at senior management level.

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## **However;**

- We found in most instances staff felt respected, supported and valued. However, we found three services where staff felt visibility of management as intermittent because they were not based in the service. School nurses in particular felt visibility could be improved.

## 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 end of life care

Good 

## Key facts and figures

Community end of life care is part of the adult community service and long term conditions division at the trust. The trust provides end of life care in partnership with Trinity Hospice across its community and hospital palliative care services. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in the trust. It includes aspects of essential nursing care, specialist palliative care and bereavement support services.

Community nursing services provide the majority of end of life care to patients and are supported by the specialist palliative care nursing and medical support from Trinity Hospice and GPs.

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

We inspected community end of life care between 3 and 6 June 2019. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We inspected this service against each of the key questions to determine whether the service was safe, effective, caring, responsive and well led.

During our inspection we visited four locations where staff were based and interviewed 18 members of staff including district nursing teams, medical staff, managers and stakeholders within the service.

We spoke with three patients and relatives to gather feedback about their experience of the service and looked at 15 patient records.

We observed two community team meetings and a multidisciplinary palliative care team meeting.

The service was last inspected in January 2014, and community end of life care services were inspected with acute end of life care services therefore our findings at this inspection cannot be directly compared.

## Summary of this service

We rated it as good because:

- Since our last inspection the service continued to be provided by an integrated partnership between the trust and Trinity Hospice. There were enough staff to care for patients and keep them safe. Staff assessed risk to patients and acted on them. They managed medicines well.
- The service planned care to meet the needs of local people and took account of patients' individual needs. People could access the service when they needed it.
- The service was planned, organised and delivered well. Care was delivered by competent practitioners who considered the needs of all patients and families in their care.
- Since our last inspection the end of life care service's vision and strategy had been set out for 2017-2020. The service had an action plan to monitor and deliver the vision and strategy working with external partners and the involvement of staff.
- Staff provided a range of treatment and care for patients based on national guidance and best practice.

However:

# Community end of life care

- Training in end of life care was not mandatory for all staff.
- There was no non-executive director at board level for end of life care.

## Is the service safe?

**Good** ●

We rated it as good because:

- The service provided mandatory training in key areas to all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. They used control measures to prevent the spread of infection before and after the patient died.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough staff with the right qualifications, skills, training and experience to provide care and treatment for patients at the end of life.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.

However:

- Training in end of life care was not mandatory for staff.

## Is the service effective?

**Good** ●

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery. They worked with other agencies to support patients who could not cook or feed themselves.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

# Community end of life care

- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support to help them live well until they died.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Good** ●

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good** ●

We rated it as good because:

- The service planned and provided are in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

**Good** ●

We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

# Community end of life care

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans with the wider health economy. Leaders and staff understood and knew how to apply the strategy and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issued and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- There was no non-executive director for end of life care.
- The policies were not always updated when a change had occurred before the review date.

## Outstanding practice

We found some examples of outstanding practice:

- The service had introduced a telehealth service for the specialist palliative care nurse and consultant consultations in the community hospital.

## Areas for improvement

We found some areas for improvement.

Actions the service SHOULD take to improve:

- The service should continue to improve the audit systems and processes in place for monitoring best practice.
- The service should ensure that policies are updated when changes are made instead of waiting for the review date.
- The service should have a non-executive board member as an end of life lead.
- The service should include end of life care in mandatory training.
- The service should ensure that regular audits of Do Not Attempt Cardiopulmonary Resuscitation take place to assure the trust that staff are compliant with policy.

# Community end of life care

- The trust should consider including mental health, learning disability and autism needs in their model for identifying patients for supportive and palliative care.

# Community dental services

Good   

## Key facts and figures

The trust provides community dental services for:

- Special care dentistry
- Urgent care dentistry
- Routine dentistry
- Dental student education
- Oral health education
- Dental epidemiology

A breakdown of services per site is shown below:

Service provided	Site
Special care dentistry (including sedation services)	<b>Dental access centre, Queen Victoria Centre, Morecambe</b>
Ashton road clinic, Lancaster Royal Infirmary, Lancaster	
Dental department, Moor Park HC, Bispham	
Dental department, Whitegate HC, Blackpool	
Dental department, St Anne's PCC, St Anne's	
Blackpool Victoria Hospital, Blackpool	
Urgent care dentistry	<b>Dental access centre, Queen Victoria Centre, Morecambe</b>
Dental department, Moor Park HC, Bispham	
Dental department, Whitegate HC, Blackpool	
Routine dentistry	<b>South shore dental clinic, South Shore PCC, Blackpool</b>
Dental student education (in partnership with University of Central Lancashire)	<b>Morecambe dental education centre, Queen Victoria Centre, Morecambe</b>
Blackpool dental education centre, Whitegate HC, Blackpool	

# Community dental services

Oral health education and dental epidemiology are commissioned by Blackpool council only and are therefore provided in Blackpool only. The trust is not commissioned by Lancashire county council to provide these services in Lancaster, Wyre and Fylde.

The Service is structured in two teams as follows:

- North team –covering Lancaster and Morecambe.
- South team –covering Blackpool, Wyre and Fylde and Garstang.

*(Source: CHS Routine Provider Information Request (RPIR) CHS Context)*

We received feedback from 20 patients and spoke with 19 members of staff. We looked at dental care records for 12 people.

Our inspection between 3 to 5 June 2019 was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. During the inspection we visited five locations where dental services are provided from. The locations were Moor Park Health Centre, Whitegate Drive Health Centre, South Shore Dental Clinic, Queen Victoria Centre and St Anne's Primary Care Centre.

## Summary of this service

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

- The service had enough 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. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment in line with nationally recognised guidance. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Audits of the decontamination process were only carried out annually.
- Medical emergency medicines and equipment were not taken on domiciliary visits. This had not been formally risk assessed.

# Community dental services

- Waiting times for a paediatric general anaesthetic in the south region were excessive.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and 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 used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- 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 clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- 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. There were systems in place for receiving and acting on safety alerts.

However:

- Audits of the decontamination process were not carried out as often as required.
- Medical emergency medicines and equipment were not taken on domiciliary visits. This had not been formally risk assessed.

## 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. Managers checked to make sure staff followed guidance.
- The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

# Community dental services

- 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.
- All those responsible for delivering care worked together as a team to benefit patients. Dentists, dental therapists, dental nurses and other healthcare professionals supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Good** ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. High percentages of patients rated the service as extremely likely to recommend in the Friends and Family Test.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. The service offered a nurse led dental anxiety management service. This helped patients with a dental phobia manage their anxieties and receive treatment without the need for sedation. As of June 2019, 39 patients had completed the dental anxiety management programme and 80% had gone on to have treatment without the need for sedation.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ● ↓

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

- Children could not access the service when they needed it and therefore did not receive the right care promptly. Paediatric waiting times, for general anaesthetic, from referral to treatment and arrangements to admit, treat and discharge patients were excessive in the south region. Parents or carers were offered appointments in the north region as there was a shorter waiting list for a general anaesthetic.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

# Community dental services

## Is the service well-led?

Good   

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated most risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However;

- The risk related to the extended waiting times for paediatric general anaesthetic was not on the risk register and had been a risk since 2017.

## Outstanding practice

We found areas of outstanding practice in this service. See the Areas of Outstanding practice section in the provider report.

## Areas for improvement

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

# Community health sexual health services

Good   

## Key facts and figures

Sexual health services are provided to all ages across Blackpool and Lancashire. Clinics are based on a hub and spoke model, with five main hub locations in Blackpool, North Lancashire, East Lancashire, West Lancashire and Central Lancashire. The service provides advice, guidance and treatment on all aspects of sexual health, including sexually transmitted infections, HIV and contraception.

The sexual health service also provides a psychosexual therapy service.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We visited the hub sites in Blackpool, Burnley and Preston as these were the larger sites with the most clinics.

During the inspection, we spoke with 22 members of staff, including service leads, medical staff, nursing staff, healthcare assistants, therapists and administration staff. We observed consultations, reviewed eight sets of records and spoke with five patients. We also reviewed information that was provided by the trust before and after the inspection.

## Summary of this service

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

- The service had enough 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. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

# Community health sexual health services

## Is the service safe?

Good ● → ←

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

- The service provided mandatory training in key skills to all staff and 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 used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment, although consent to examination was not always clearly recorded, in line with best practice. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

## 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-based practice. Managers checked to make sure staff followed guidance.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.

# Community health sexual health services

- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

## Is the service caring?

**Outstanding**  

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. There was a strong visible person-centred culture. Staff went above and beyond their role to support patients. Feedback from patients was consistently positive.
- We observed staff during consultations treating patients with dignity and respect. Staff made patients feel at ease and patients described feeling less ashamed and embarrassed to attend the service.
- We heard examples of staff going above and beyond their role to support patients. For example, we heard about a nurse in the HIV team, who had visited a patient on the inpatient ward when they were unwell and taken their washing home to do, as the patient had no family living nearby. They had also dropped medicines off at a patient's home when they were too unwell to attend clinic.
- The service provided outreach and did joint home visits with other professionals to provide support to more vulnerable patients.
- Staff provided emotional support to patients, families and carers to minimise their distress. Staff recognised the stigma attached with attending their service and made patients feel relaxed and at ease.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff took the time outside of clinic hours to engage with patients and their families.
- The lead consultant for HIV and specialist nurse took part in 'dinner with the doctor'. This was an opportunity for patients and their families to go out to dinner with the doctor and nurse and to ask any questions they had.

## Is the service responsive?

**Good**   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it, but there were long waits at times during walk in clinics.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

# Community health sexual health services

## Is the service well-led?

Good ● → ←

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## 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

# Specialist community mental health services for children and young people

Requires improvement  

## Key facts and figures

Blackpool child and adolescent mental health service (CAMHS) is a community mental health service for children and young people registered with a GP in Blackpool or specific GP surgeries in a neighbouring locality. The service comprises:

- A core CAMHS team who offer assessment and intervention to children aged up to 16 years who are experiencing significant emotional difficulties. This included offering urgent mental health assessment to children presenting to A&E at Blackpool Victoria Hospital before 4pm on weekdays.
- A child and adolescent support and help enhanced response (CASHER) service, which offered urgent mental health assessment to children presenting to A&E at Blackpool Victoria Hospital in evenings or at weekends.
- 'Youtherapy', a counselling service for children and young people aged between 11 and 25 years.

There is also a children's psychological service for children in the same catchment area provided by the neighbouring mental health trust.

Blackpool CAMHS is based at the Whitegate Health Centre. It shares its reception, office space and waiting area with the children's psychological service and with a specialist child and adolescent mental health service for children in Fylde and Wyre also provided by the neighbouring mental health trust.

Blackpool CAMHS is not commissioned to offer a service to young people aged 16 and 17, to children with eating disorders or to children and young people with a moderate-severe learning disability. Young people from Blackpool aged 16 and 17 are served by adult mental health services. There is a specialist eating disorder service provided by a neighbouring NHS Foundation trust. There is no mental health service commissioned for Blackpool children with a moderate-severe learning disability.

We inspected the core service, excluding CASHER and Youtherapy, as part of a comprehensive inspection of Blackpool Teaching Hospitals NHS Foundation Trust. We looked at all five key questions. Our inspection was announced (staff knew we were coming) to make sure that everyone we needed to talk to was available.

Before our inspection visit, we reviewed information that we held about this service, asked the trust for information and asked a range of other organisations for information.

We visited the service on 4 and 5 June 2019. Our inspection team comprised a CQC inspection manager and a specialist advisor.

During the inspection we:

- toured the premises where staff saw patients
- spoke with the head of the families division, head of emotional health and wellbeing, and the service manager
- spoke with eight staff including two consultant psychiatrists, a clinical psychologist, three mental health practitioners, an occupational therapist and an assistant psychologist
- spoke with four patients and seven carers
- attended and observed three clinical appointments, a multi-disciplinary case discussion and a consultation between a psychiatrist and a mental health practitioner

# Specialist community mental health services for children and young people

- reviewed 11 patients' care records
- looked at a range of policies, procedures and other documents relating to the running of the service.

This is the second time that we have inspected Blackpool community CAMHS. We last inspected the service in November 2017; we rated it 'good' overall with 'requires improvement' for the safe key question and 'good' for effective, caring, responsive and well-led.

## Summary of this service

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

- Staff did not always develop holistic, recovery-oriented care plans in collaboration with patients, families and carers. Staff did not engage in clinical audit to evaluate the quality of care they provided.
- Children who did not require urgent care waited too long to start treatment. The criteria for referral to the service excluded children and young people who would have benefitted from care.
- Governance systems and processes did not always ensure that the quality and safety of the services provided was accurately assessed, monitored or improved. The service did not provide us with valid data about waiting times. The trust did not accurately identify which staff were eligible for some mandatory training topics, meaning that compliance figures were incorrect. Information on risk was not always easy to find in patients' care records and staff did not document whether they had offered patients a copy of their care plan.

However:

- The service provided safe care. Clinical premises where patients were seen were safe and clean. Patients who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff provided a range of treatments that were informed by best-practice guidance. The team included the full range of specialists required to meet the needs of the patients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood the principles underpinning capacity, competence and consent as they apply to children and young people and managed and recorded decisions relating to these well.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service was easy to access for children who met the referral criteria.
- The service was well led and the governance processes ensured that most of the procedures relating to the work of the service ran smoothly.

## Is the service safe?

Good  

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

# Specialist community mental health services for children and young people

- All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health. Staff followed good personal safety protocols.
- 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 provider had a dedicated safeguarding team and CAMHS had a safeguarding lead.
- Staff kept detailed records of patients' care and treatment. Records were available to all staff providing care.
- The service used systems and processes to safely prescribe medicines. Staff regularly reviewed the effects of medications on patients' mental and physical health.
- The teams had a good track record on safety.

However:

- Staff compliance with some mandatory training topics, including basic life support, was low. However, staff were booked on to courses and there was always at least one member of staff on site who was trained in basic life support.
- Individual risk assessments did not always include all of the relevant information.
- Staff did not continually monitor patients on waiting lists for changes in their level of risk.

## Is the service effective?

**Requires improvement** ● ↓

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

- Care plans did not always reflect the assessed needs. Of the eleven care plans we reviewed, four did not reflect all the patient's identified mental health needs and only one included the patient's own goals.
- The service did not offer evidence-based interventions for children presenting with emotional dysregulation, risky/self-destructive behaviours, feelings of emptiness and anger, and unstable relationships.
- The service had not participated in any clinical audit during 2018 or 2019. Most staff did not routinely use recognised rating scales to assess and record outcomes.

However:

- Staff assessed the mental health needs of all patients and used recognised rating scales to inform their assessments.
- Staff provided a range of treatment and care for the patients based on national guidance and best practice.
- The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

# Specialist community mental health services for children and young people

- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with most of the relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.
- Staff supported patients to make decisions on their care for themselves proportionate to their competence. They understood how the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to people under 16. Staff assessed and recorded consent and capacity or competence clearly for patients who might have impaired mental capacity or competence.

## Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients and carers in making decisions about their care and treatment.
- Staff made sure patients could access advocacy services.
- Patients and parents and carers were involved in the design and delivery of the service. There was an established participation group called 'entwined minds'. Patients and carers were involved in recruiting new members of staff.
- We saw that one member of staff had made additional efforts to engage a child who had previous experiences of being let down by services.

However:

- Staff did not always use encryption when sending confidential emails to external organisations.
- Staff did not always collate patients' feedback and use it to improve the service.

## Is the service responsive?

Requires improvement  

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

- Patients who did not require urgent care had long waits to start treatment. Some children were waiting for over 30 weeks.
- The service's referral criteria excluded people who would have benefitted from care, including young people aged 16 to 17 and children with a moderate-severe learning disability.

However:

- The service was reasonably easy to access for children who met the referral criteria. Staff assessed and treated patients who required urgent care promptly. Staff followed up patients who missed appointments.

# Specialist community mental health services for children and young people

- The service ensured that patients who would benefit from care from another agency made a smooth transition. This included ensuring that transitions to adult mental health services took place without any disruption to the patient's care.
- The service met the needs of all patients including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- Governance systems and processes did not always ensure that the quality and safety of the services provided was accurately assessed, monitored or improved. The service did not provide us with valid data about waiting times. The trust did not accurately identify which staff were eligible for some mandatory training topics, meaning that compliance figures were incorrect. Information on risk was not always easy to find in patients' care records and staff did not document whether they had offered patients a copy of their care plan.
- Most staff did not routinely collect and analyse data about treatment outcomes.
- Staff did not feel that the trust's vision and strategy was relevant to the work of their team.
- Staff did not always feel confident that managers would act on their concerns.

However:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were approachable for patients and staff.
- The service was an active partner in strategic CAMHS transformation and redesign across Lancashire and South Cumbria.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated reasonably effectively at team level and that performance and risk were managed well. Managers had taken action to reduce waiting times for treatment.
- Managers worked closely with other local healthcare services and organisations (schools, public health, local authority, voluntary and independent sector) to ensure that there was an integrated local system that met the needs of children and young people living in the area. There were local protocols for joint working between agencies involved in the care of children and young people.

## Areas for improvement

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

### Action the trust MUST take to improve:

- The trust must ensure that patients' care and treatment addresses the mental health problems identified during assessment (Regulation 9 Person Centred Care).

# Specialist community mental health services for children and young people

- The trust must ensure that patients wait no longer than 18 weeks from the point of referral to start treatment (Regulation 9 Person Centred Care).
- The trust must ensure that systems and processes are established and operated effectively to ensure the quality and safety of services. This to include in relation to waiting times, mandatory training compliance, and record-keeping (Regulation 17 Good Governance).

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

- The trust should ensure that plans to provide CAMHS to young people aged 16 and 17 are implemented.
- The trust should ensure that staff are compliant with training in basic life support.
- The trust should ensure that individual patients' risk assessments should include all relevant information.
- The trust should ensure that all staff follow the trust's information security policy when sending sensitive emails to other organisations.
- The trust should ensure that CAMHS staff feel engaged with trust and local strategy.
- The trust should ensure that they collect data on the ethnicity of all open cases and increase efforts to make the service accessible to any groups that are underrepresented.
- The trust should work with partners to ensure that mental health needs of children and young people with a moderate-severe learning disability are met.
- The trust should consider implementing a clinical audit programme in CAMHS so that staff can evaluate the quality of care they provide.
- The trust should consider using rating scales to monitor treatment outcomes for all patients, not just those who receive care from children and young people's wellbeing practitioners.

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

Nursing care  
Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

Nursing care  
Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Nursing care  
Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

Nursing care  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Nursing care  
Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Requirement notices

Nursing care

Treatment of disease, disorder or injury

Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

# Our inspection team

Ellen Armistead, Deputy Chief Inspector for Hospitals chaired this inspection and Judith Connor, Head of Inspection led it.

The team included further inspectors and specialist advisers.