

# Mid Cheshire Hospitals NHS Foundation Trust

## Inspection report

Leighton Hospital  
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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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Good 

# Summary of findings

## Combined quality and resource rating

Good 

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

In line with CQC policy we considered the proportionality of the ratings aggregation during our quality assurance process. The team used their professional judgement to depart from the ratings principles to ensure a proportionate rating for the overall acute services.

Since Victoria Hospital is a single core service location it was agreed that it would not be proportionate to aggregate the safe and well led ratings for this location with those for Leighton Hospital to give an acute services rating as it did not represent 50 percent of service delivery. Therefore, they have been rated as requires improvement in safe and good in well led at acute services level.

We also considered the rating aggregation in the responsive domain at Leighton Hospital because the requires improvement rating in outpatients remained from inspection in 2015. The team used their professional judgement to depart from the ratings principles to ensure a proportionate rating here as we had information which demonstrated that the concerns raised regarding the over running of clinics had been resolved and that the referral to treatment times for the trust were positive. Therefore, they have been rated as good for responsive at Leighton Hospital.

## Background to the trust

Mid Cheshire Hospitals NHS Foundation trust provide services to a population of approximately 300,000 living in and around Alsager, Crewe, Congleton, Knutsford, Middlewich, Nantwich, Northwich, Sandbach and Winsford. The demographics of the area shows most people are born in England and there are very small percentages of people from other nationalities.

Mid Cheshire Hospitals NHS Foundation trust provides acute care from Leighton Hospital in Crewe and Victoria Infirmary in Northwich. They also provide community services for adults and children and young people through the Central Cheshire Integrated Care Partnership and intermediate care from the Elmhurst Intermediate Care Centre in Winsford. The trust was formed in April 1991 and became a foundation trust in April 2008.

The trust has a total of 556 beds across 21 inpatient wards. There are 38 day case beds and 28 beds for children. They employ more than 4,500 members of staff and provide a range of services including urgent and emergency care, maternity, outpatients, therapies, and children's health.

The Trust is also part of Central Cheshire Integrated Care Partnership (CCICP), a local health partnership that provides a range of community health services for people across South Cheshire and Vale Royal.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Good  → ←**

# Summary of findings

## What this trust does

The trust has a total of 556 beds across 21 inpatient wards. There are 38 day case beds and 28 beds for children. They employ more than 4,500 members of staff and provide a range of services including urgent and emergency care, maternity, outpatients, therapies, and children's health.

The Trust is also part of Central Cheshire Integrated Care Partnership (CCICP), a local health partnership that provides a range of community health services for people across South Cheshire and Vale Royal.

## 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.

We inspected urgent and emergency care services at both hospitals as the service required improvement in safe at Leighton Hospital and safe and effective at Victoria Infirmary at the last inspection in 2018. We also inspected medical care (including older people) at Leighton hospital which required improvement in safe, effective and responsive at the last inspection. We inspected community services for children and young people because they required improvement in safe, effective, responsive and well-led at the last inspection.

## What we found

### Overall trust

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

We rated safe as requires improvement.

We rated effective, caring, responsive and well led as good at acute and community service level.

We rated well led for the trust as good.

The use of resources was rated as good.

This gave a combined quality and resource rating of good.

### Are services safe?

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

The safe domain in urgent and emergency care at the Victoria Infirmary remained requires improvement.

The safe domain in urgent and emergency care and medicine at Leighton Hospital remained requires improvement.

# Summary of findings

The safe domain in critical care and maternity at Leighton Hospital remained requires improvement from the 2018 inspection. We did not inspect these core services at this inspection.

Some areas for improvement at the last inspection for the core service areas we inspected remained a concern including;

- The lack of the appropriate number of trained staff to look after children in the emergency department which remained a concern at this inspection. Post the inspection we were informed that all posts had been recruited to.
- Insufficient numbers of suitably qualified, competent, skilled and experienced persons on the medical wards, this remained a concern although it had improved at this inspection. International recruitment had been successful but this remained a challenge for the trust.
- Completion of mandatory training including safeguarding. We found that there were discrepancies in the information regarding the level of safeguarding training completed in some areas. Plans were being developed across the local area to meet new safeguarding adults level 3 guideline by August 2021.

We also found that;

- There were time lapses between patient group directions expiring and new ones being authorised and signed by staff. This was raised at the time of the inspection and the trust responded in a timely way.

Some areas for improvement at the last inspection for the core service areas we inspected had improved;

- Infection prevention and control had improved and was not identified as a concern.
- Procedures were appropriately applied regarding the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Records were accurate in the ones we reviewed however some storage of paper notes remained a minor concern.
- Integration of care records in community had been addressed and fully integrated partnership records were seen.
- There were up to date medication records.
- Safety of staff in home and community settings had been addressed with smart phones and a new app monitoring where staff were and alerted if they veered from set timings.

The safe domain for community services for children and young adults improved to a good rating. This improved the community services overall rating for safe to good.

Since Victoria Hospital is a single core service location it was agreed that it would not be proportionate to aggregate the safe rating for this location with that for Leighton Hospital to give an acute services rating as it did not represent 50 percent of service delivery.

## Are services effective?

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

The effective domain was rated overall as good for Leighton Hospital.

The effective domain in medicine improved to good. This was because audit findings showed the services had improved outcomes for chronic obstructive pulmonary disease, stroke and inpatient falls pathways.

However;

The effective domain in urgent and emergency care at Leighton Hospital went down to requires improvement. The audit data regarding outcomes for patients was poor in a number of areas. There had been no clear leadership of the audit processes or clear action to improve, although a consultant lead had recently been identified.

# Summary of findings

The effective domain in urgent and emergency care at Victoria Infirmary remained at requires improvement. There was limited local audit and limited evidence of its use for improvement. This had been identified at the last inspection.

## Are services caring?

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

The caring domain ratings were good in all services.

We saw that the trust had a patient centred approach to care.

Patient feedback was positive and response rates were good.

All staff demonstrated a caring and respectful manner when caring for patients and relatives.

Staff included patients and relatives in the decision making processes of their care.

## Are services responsive?

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

The responsive domain rating for urgent and emergency care at Leighton went down to requires improvement. We found that patients did not always receive care in a timely way in the urgent and emergency department at Leighton hospital with regards to performance against national standards such as the time from arrival to treatment and median total time in the department

The responsive domain rating stayed the same at Victoria Hospital as good.

The responsive domain rating for medicine improved to good although it was noted that complaint response times were not always within trust targets.

The responsive domain rating of requires improvement in outpatients in 2015 remained as we did not inspect this core service. However, we had information that the concern regarding clinics over running had been resolved and the referral to treatment times were good.

The team used their professional judgement to depart from the ratings principles to ensure a proportionate rating.

## Are services well-led?

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

All core services at Leighton Hospital were rated as good for being well led except for urgent and emergency care.

In urgent and emergency care there had been a lack of pace in managing the priorities and issues the service faced. Governance around audits and the learning and improvement work lacked leadership and pace. Access and flow through the department was declining and patient numbers had increased but there was an ambitious redevelopment and improvement plan in place. Performance and audit data also lacked accuracy.

Urgent and emergency care services at Victoria Infirmary were rated as requires improvement due to the lack of governance around processes, in particular patient escalation and consultant support. There was a low reporting culture and there needed to be local collection of data around activity and patient outcomes to support improvement of the unit.

All core services in community were rated as good for being well led.

Since Victoria Hospital is a single core service location it was agreed that it would not be proportionate to aggregate the well led rating for this location with the rating for Leighton Hospital to give an acute services rating as it did not represent 50 percent of service delivery.

# Summary of findings

## Use of resources

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

The trust is in surplus and has a track record of managing spending within available resources and in line with plans. In October 2016 the trust took on community services which has impacted a number of metrics considered within this assessment. However, the trust highlighted this has led to an increase in collaborative working across the local health economy and has allowed for new models of working to be introduced such as single points of access for specialities.

Since the previous Use of Resources Assessment in March 2018, the trust has demonstrated an improvement across a range of metrics in addition to areas which in the previous assessment were recognised as challenged, for instance e-rostering which has now been rolled out across the organisation. Despite challenges across the workforce, including high pay costs, high sickness absence rates and an increasing agency spend, the trust demonstrated they are using alternative workforce models and recruitment strategies to mitigate these issues where possible.

Please see the separate use of resources report for details of the assessment. The report is published on our website at

## Combined quality and resources

Our rating of combined quality and resources stayed the same. We rated it as good because:

The trust was rated as good for use of resources and for well led at trust level.

However, there were some areas for improvement.

There were significant indicators within the audit results for the urgent and emergency care unit at Leighton Hospital to show a declining picture of effectiveness which did not have embedded ownership or leadership.

They did not meet national standards for responsiveness within urgent and emergency care although there was significant environmental improvement work underway at the time of our inspection aimed at improving the capacity and flow within the department.

The trust faced significant challenges with staff recruitment and although international recruitment had been successful there remained challenges to the levels of registration in order to meet staffing standards in the urgent and emergency department.

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## 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 Mid Cheshire Hospitals NHS Foundation Trust

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

## Areas for improvement

We found areas for improvement including 13 breaches of legal requirements that the trust must put right. We found 23 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.

# Summary of findings

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 three legal requirements across three 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

Central Cheshire Integrated Care Partnership had made significant improvements in the delivery of community services since our last inspection. They had redesigned the team structures and integrated with partners to ensure that electronic patient records were accessible and utilised by all partner through a community digital space. Staff were now digitally equipped and the use of software on mobile smart phones had improved the organisation and allocation of work providing job lists and organising efficient routes. This had improved referrals between professionals as this could be done on the system and had resulted in better outcomes for patients and staff. They were also part of the Cheshire and Mersey Red Cyber Group which supported information governance.

In community services for children and young adults we noted that a pharmacy technician role had been established in one of the special schools. This had been a successful development, with enhanced support for local specialist nursing teams and reduction in medicines errors. A gait laboratory joint assessment clinic was provided in special schools twice a year, with specialist equipment hired by community physiotherapists. This reduced the need for parents and carers to travel to additional appointments with their child and a paediatric advanced nurse practitioner provided community support for children and young people with allergic and respiratory conditions which had resulted in a reduction in hospital admissions.

## Areas for improvement

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

### Action the trust **MUST** take to improve

We found the following areas for improvement across three of the regulations. Regulation 12 – safe care and treatment; regulation 17 – good governance and regulation 18 – staffing.

#### At Leighton Hospital

##### Urgent and Emergency Care

- The service must ensure that they have enough staff with the right qualifications, skills, training and experience to provide care and treatment to children and that staffing of children's nurses is in line with national guidance. Regulation 18 (1)

# Summary of findings

- The service must ensure that patients receive care in a timely way and work towards improving performance against national standards such as the time from arrival to treatment and median total time in the department. Regulation 12 (2)
- The service must ensure that there are no time lapses between patient group directions expiring and new ones being authorised and signed by staff. Regulation 12 (2) (g)
- The service must ensure that audit information is up to date, accurate and properly analysed and reviewed by people with the appropriate skills and competence to understand its significance. When required, results should be escalated and appropriate actions taken to improve. Regulation 17 (2) (a)

## Medicine

- Take actions to improve staff compliance in mandatory training and safeguarding training. Regulation 18 (2) (a).
- Take actions to improve nurse staffing levels across all medical wards. Regulation 18 (1).

## At Victoria Infirmary

### Urgent and Emergency Care

- The service must ensure that there is an effective process to safely escalate deteriorating patients. Regulation 17 (2) (b)
- The service must ensure there are processes to seek medical input, particularly a process for medical approval for unplanned patient reattendances. Regulation 17 (2) (b)
- The service must ensure that a regular schedule of local audit of patient outcomes is undertaken to improve the quality and safety of the service. Regulation 17 (2) (a)
- The service must ensure that the risks to people who use services are escalated within the organisation. Regulation 17 (2) (b)
- The trust must ensure they deploy sufficient number of suitably qualified, competent, skilled and experienced staff to ensure safe care and treatment is provided. Regulation 18 (1)
- The service must ensure they hold a record of staff competencies that are up to date for all staff. Regulation 18 (2) (a)
- The trust must ensure that all staff receive appropriate training for their role. Regulation 18 (2) (a)

## Action the trust SHOULD take to improve

### Trust wide

- The trust should improve systems and processes to operate more effectively across all areas of the trust to ensure that they assess, monitor and improve the quality and safety of all services provided and assess, monitor and mitigate the risks to the health, safety and welfare of service users and others who may be at risk.
- The trust should improve their audit and governance systems to remain the effectiveness of the systems.
- The pharmacy performance report-trend analysis required accompanying narrative and contain direct reference to the “Pharmacy plan” either as outcomes achieved or actions taken. The trust should consider the opportunity for the board to question and be briefed by the Chief Pharmacist directly.
- The trust should consider pharmacist or pharmacy technician presence in the emergency department.
- The trust should continue to prioritise the introduction of electronic patient records.

### Medicines team

# Summary of findings

- The medicines optimisation team should be more involved in the development of the strategy.

## At Leighton Hospital

### Urgent and Emergency Care

- The service should improve the uptake of mandatory training, especially in expected modules, such as life support, manual handling and paediatric resuscitation training.
- The service should improve floors in the majors area so they are made safe and infection control risks are minimised.
- The service should consider training reception staff to recognise potential time-critical conditions such as sepsis or meningitis.
- The service should make sure that documents such as prescription pads are always maintained securely.
- The service should review patient pathways and policy documents to ensure that they are up to date and in line with national guidelines.

### Medicine

- The service should take actions to improve clinical audit outcomes for chronic obstructive pulmonary disease, stroke and inpatient falls pathways.
- The service should take actions to improve antimicrobial prescribing compliance and improve the safe storage of medicines.
- The service should take actions so patient records are accurately completed and kept securely.
- The service should consider taking actions to improve complaint response times.
- The service should take actions so fluid balance charts are appropriately completed.
- The service should take actions to improve compliance in managing pain symptoms across all medical wards.
- The service should take appropriate actions to improve compliance against seven day provision standards.

## At Victoria Infirmary

### Urgent and Emergency Care

#### Should:

- The service should improve communication systems to share information and learning.
- The service should continue to monitor the environmental arrangements in relation to the waiting area for children accessing the service.

### Community Children and Young Peoples

- The service should continue with improvement plans to address staffing shortfalls in children's occupational therapy services.
- The service should continue to maintain complete records of photographic identification in children's medication charts used in special schools.
- The service should continue to identify actions to enhance access to and use of electronic records in community locations and special schools.

# Summary of findings

## Is this organisation well-led?

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

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

Leaders had the skills, knowledge and abilities to run the services although this could be improved within the urgent and emergency service.

Leaders operated governance processes, however these systems could be strengthened with regards to Victoria Infirmary.

Leaders understood and managed known priorities and issues the service faced although the pace of improvement did not always meet expectations.

Leaders and teams used systems to manage performance effectively. The urgent and emergency care services across both hospital sites collected reliable data and analysed it but did not consistently use it to make decisions and improvements. This was evident in the management and response to national audits as well as local performance.

Most staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. However, the gaps in performance monitoring meant there were some missed opportunities for staff to learn and improve services.

Challenges with recruitment had impacted on standards for paediatric nursing provision in the urgent and emergency care setting at the time of the inspection. However, post the inspection we were informed that the trust had successfully recruited up to establishment.

Plans were being developed across the local area to meet new safeguarding adults level 3 guideline by August 2021.

Leaders supported staff to develop their skills and take on more senior roles.

The trust 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. They engaged with local plans within the wider health economy and were reviewing their position in line with changes in the health landscape. Leaders and staff understood and knew how to apply them and monitor progress.

Staff felt respected, supported and valued in most areas of the trust. They were focused on the needs of patients receiving care especially within the community services we inspected. The trust promoted equality and diversity in daily work and provided opportunities for career development. The trust had an open culture where patients, their families and staff could raise concerns without fear.

The trust had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

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.

# Summary of findings

Most staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

However;

There was no electronic patient record system at the trust.

At Victoria Infirmary there was less visibility of leaders, particularly the triumvirate, even though it was evident at Leighton Hospital.

Risks were not always reported by staff at Victoria Infirmary meaning there was less understanding of the challenges and risks or areas for improvement.

Quality improvement decisions had been delayed with regards to urgent and emergency care provision. Victoria Infirmary had not been identified as having any priority requirements.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↓ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020

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
Leighton Hospital	Requires improvement ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020
Victoria Infirmary	Requires improvement ↔ Apr 2020	Requires improvement ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Requires improvement ↓ Apr 2020	Requires improvement ↔ Apr 2020
<b>Overall trust</b>	Requires improvement ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↓ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020

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

### Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↓ Apr 2020	Good ↔ Apr 2020
Community	Good ↑ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020
<b>Overall trust</b>	Requires improvement ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↓ Apr 2020	Good ↔ Apr 2020

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 Leighton Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Apr 2020	Requires improvement ↓ Apr 2019	Good ↔ Apr 2020	Requires improvement ↓ Apr 2020	Requires improvement ↓ Apr 2020	Requires improvement ↓ Apr 2020
Medical care (including older people's care)	Requires improvement ↔ Apr 2020	Good ↑ Apr 2020	Good ↔ Apr 2020	Good ↑ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020
Surgery	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good 2015	Good Jan 2015
Critical care	Requires improvement Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015
Maternity	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Services for children and young people	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015
End of life care	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015
Outpatients	Good Jan 2015	N/A	Good Jan 2015	Requires improvement Jan 2015	Good Jan 2015	Good Jan 2015
<b>Overall*</b>	Requires improvement ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020

\*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 Victoria Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Apr 2020	Requires improvement ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Requires improvement ↓ Apr 2020	Requires improvement Apr
<b>Overall*</b>	Requires improvement ↔ Apr 2020	Requires improvement ↔ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Requires improvement ↓ Apr 2020	Requires improvement ↔ Apr 2020

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Community health services for children and young people	Good ↑ Apr 2020	Good ↑ Apr 2020	Good →← Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020
Community health inpatient services	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015
<b>Overall*</b>	Good ↑ Apr 2020	Good ↑ Apr 2020	Good →← Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020

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

# Acute health services

## Background to acute health services

Mid Cheshire Hospitals NHS Foundation trust provides acute care from Leighton Hospital in Crewe and Victoria Infirmary in Northwich. They also provide community services for adults and children and young people through the Central Cheshire Integrated Care Partnership and intermediate care from the Elmhurst Intermediate Care Centre in Winsford. The trust was formed in April 1991 and became a foundation trust in April 2008.

The trust provides all eight core services from Leighton hospital but only provides urgent and emergency care from Victoria infirmary.

## Summary of acute services

**Good**   

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

- Acute services were rated as good in effective, caring, responsive and well led.
- The caring domain was rated good in all services as there was a patient centred approach and all staff demonstrated compassion and respect for patients and their families.
- The responsive and well led domains were rated good in all services except for urgent and emergency care services at Leighton.

However:

- Acute services were rated as requires improvement in safe.
- The safe domain was rated as requires improvement because there were concerns about safety in urgent and emergency care at both locations and particularly at Victoria Infirmary. There remained some concern within medicine.

# Victoria Infirmary

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CW8 1AW  
Tel: 01606564000  
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## Key facts and figures

Victoria Infirmary is one of three locations registered by Mid Cheshire Hospitals NHS Foundation Trust. The hospital provides outpatient services and a minor injuries unit.

Mid Cheshire Hospitals NHS Foundation Trust provides urgent and emergency care services for the local population of approximately 280,000 people across Cheshire East, Chester and Cheshire West. Approximately 20,000 patients attend the minor injuries unit at the Victoria Infirmary each year.

The outpatient department at Victoria Infirmary caters for a wide variety of specialities. These include medicine, surgery, orthopaedics, urology, rheumatology, dermatology, gynaecology, paediatrics, ophthalmology, ear, nose and throat, dentals and psycho-geriatrics.

## Summary of services at Victoria Infirmary

**Requires improvement** ● → ←

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

- We rated the safe, effective and well led domains as requires improvement.
- We rated the caring and responsive domains as good.

However, due to the size of the service we have not aggregated the ratings with those of Leighton Hospital for an acute services rating.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

Mid Cheshire Hospitals NHS Foundation Trust provides urgent and emergency care services for the local population of approximately 300,000 people at both Leighton Hospital and Victoria Infirmary. Between 01 December 2018 and 30 November 2019 there were 19,907 attendances at the minor injuries unit at Victoria Infirmary; 26.4% of these attendances were children.

The minor injuries unit at Victoria Infirmary in Northwich is an emergency nurse-led service providing treatment for minor injuries. These include sprains and strains, broken bones, wound infections, minor head injuries, minor burns and scalds, minor eye injuries and insect and animal bites. Adults and children are seen and treated and where applicable staff refer to either specialist services or the urgent and emergency department at Leighton Hospital.

The unit is open from 9am to 10pm, seven days a week, and is also supported by x-ray facilities between 8:30am and 04:30pm Monday to Friday. There is no x-ray cover over the weekends.

The unit has four assessment and treatment cubicles, one of which is for children. There is an additional cubicle specifically used for patients with eye complaints.

We undertook an unannounced inspection (staff did not know we were coming) to enable us to observe routine activity on the 19 and 20 November 2019.

During our inspection we spoke with 10 members of staff, including emergency nurse practitioners, registered nurses, nursing assistants and reception staff. We spoke with five patients and relatives and reviewed 10 sets of patient records. We reviewed information received from the trust before and after the inspection, including information, policies and guidelines viewed on site.

## Summary of this service

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

- Not all staff completed mandatory training. The service did not make sure all staff were competent for their roles and did not hold a complete record of all competencies for all staff.
- There were not enough nursing staff to provide the right care and treatment.
- There was a lack of formalised processes for staff to act upon for patients at risk.
- The service did not manage patient safety incidents well. Staff did not recognise and report all incidents and near misses.
- The design and use of the waiting area did not meet national guidance for urgent and emergency care departments for the care of children, although there were limitations on building changes that could be made.
- The x-ray service was not available at weekends or after 4.30pm although the unit was open from 9am to 10pm, seven days a week.
- The service did not monitor the effectiveness of care and treatment or undertake local audit to improve patient care and safety of the service.

# Urgent and emergency services

- Leaders did not understand and did not manage all of the priorities and issues the service faced. They were not visible and approachable in the service for patients and staff. Staff did not feel respected, supported and valued. Staff told us that there was a lack of local leadership and at times they felt forgotten about and left to their own devices. Leaders did not operate effective governance processes.
- Leaders and teams did not use systems to manage performance effectively. They did not identify and escalate relevant risks and issues and identify actions to reduce their impact.

However:

- 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. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.
- 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.
- 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.

## Is the service safe?

**Requires improvement** ● → ←

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

- Not all staff completed mandatory training, compliance rates for life support modules, fire safety and manual handling were low. At our previous inspection compliance with mandatory training rates were low.
- Not all staff completed appropriate levels of safeguarding training.
- At our last inspection we told the service that the design and use of facilities and premises did not meet national guidance for urgent and emergency care departments, this was because there was no separate adult's and children's waiting area. We found the same at this inspection. We recognised that the service was limited by the environment that was shared with other services and the physical construction of Victoria Infirmary made it impractical for the service to meet the national guidance. However, there had been no risk assessment undertaken to ensure that mitigations had been considered and steps taken to reduce any risk to patients.
- Staff did not effectively monitor or manage risks to people who used services. This was because there were no formalised processes for staff to act upon patients at risk of deterioration or for patients that required medical input. We saw on our inspection that opportunities to prevent or minimise harm were missed.
- The service did not have 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. Frequent staff shortages increased the risk to people who used services. We reviewed staffing rotas between August 2019 and October 2019 and could see that on 78 out of 91 occasions the safe staffing level of emergency nurse practitioners was not met.

# Urgent and emergency services

- Staff did not have all the information needed to plan and deliver effective care, treatment and support at the right time. This was because staff did not correctly record pain relief in patient records. We found gaps in recording of pain assessments and pain relief that was given to patients.
- Though staff recognised incidents and near misses, they did not report all incidents that they should. There was little evidence of learning from events or action taken to improve safety. There were low numbers of incidents reported and staff we spoke to told us that they did not report all incidents as lessons learned were not shared with the whole team and the wider service.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff knew how to recognise and report abuse.
- 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 service used systems and processes to safely prescribe, administer, record and store medicines.
- The service used monitoring results well to improve safety. At our last inspection we told the service that it should share safety information with staff, patients and visitors. At this inspection we saw that safety information was on display.

## Is the service effective?

**Requires improvement** ● → ←

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

- At our last inspection we found that the service did not monitor the effectiveness of care and treatment or use findings to make improvements to achieve good outcomes for patients; as the service did not undertake local audit. At this inspection we found that there was no audit being undertaken.
- There was access to medical advice from Leighton Hospital, however there was no formal process for this and we were told of delays. The service was developing one.
- The service did not make sure all staff were competent for their roles. The service did not hold a complete record of all competencies for all staff that worked at the minor injuries unit, however at the time of our inspection the service was in the process of compiling a staff competency matrix.
- Key services were not available seven days a week to support timely patient care. X-ray services were only available between 08.30pm to 4.30pm on weekdays and were unavailable at weekends.
- Mental capacity training was marginally below the trust target.

However:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Patients told us and we observed that 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.

# Urgent and emergency services

- Emergency nurse practitioners, registered nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good 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.

## 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:

- The service 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 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 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, though the service had not received any complaints or compliments.

## Is the service well-led?

**Requires improvement** ● ↓

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

- Leaders did not understand and not manage all of the priorities and issues the service faced.
- Staff were not involved in the development of the vision and strategy and did not understand know how to apply the operational plans and how to monitor progress.

# Urgent and emergency services

- Staff did not feel respected, supported and valued. Staff told us that there was a lack of local leadership and at times they felt forgotten about and left to their own devices.
- Leaders did not operate effective governance processes, throughout the service and with partner organisations. 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 use systems to manage performance effectively. They did not identify and escalate relevant risks and issues and identify actions to reduce their impact. They did not have plans to cope with unexpected events. Staff did not contribute to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it and staff could find the data they needed, in easily accessible formats, to understand performance, however this data was not utilised to make decisions and improvements. The information systems were not integrated and secure.
- Leaders and staff did not actively and openly engage with patients, staff, equality groups, the public and local organisations to plan and manage services. They did not collaborate with partner organisations to help improve services for patients.
- All staff were not committed to continually learning and improving services. They did not have a good understanding of quality improvement methods and the skills to use them. Leaders did not encourage innovation and participation in research. We found that emergency nurse practitioner training led by consultants was consistently cancelled.

However:

- Leaders 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. 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.

## Areas for improvement

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

# Leighton Hospital

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Crewe  
Cheshire  
CW1 4QJ  
Tel: 01270255141  
www.mcht.nhs.uk

## Key facts and figures

Leighton Hospital is the main hospital location providing inpatient care as part of Mid Cheshire Hospitals NHS Foundation Trust. They provide a range of services including urgent and emergency care, medical services, surgery, critical care, maternity, services for children and young people, end of life care and outpatient services.

The trust has a total of 556 beds across 21 inpatient wards mainly at Leighton hospital. There are 38 day case beds and 28 beds for children. They employ more than 4,500 members of staff.

## Summary of services at Leighton Hospital

Good   

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

- The safe rating for the hospital was requires improvement overall. This was because urgent and emergency care and medical services were rate as requires improvement at this inspection. Critical care and maternity were not inspected at this visit and remained requires improvement in safe from previous inspections.
- The effective rating stayed the same at good overall. Although urgent and emergency care were rate as requires improvement at this inspection.
- The caring rating remained as good and all core services were rated as good for caring.
- The responsive rating was good overall. This was because the requires improvement rating in outpatients remained from inspection in 2015. The team used their professional judgement to depart from the ratings principles to ensure a proportionate rating here as we had information which demonstrated that the concerns raised regarding the over running of clinics had been resolved and that the referral to treatment times for the trust were positive.
- The well led rating was good overall. This was because all the core services except urgent and emergency care were rated as good.

# Urgent and emergency services

Requires improvement  

## Key facts and figures

Mid Cheshire Hospitals NHS Foundation Trust provides urgent and emergency care services for the local population of approximately 300,000 people at both Leighton Hospital and Victoria Infirmary. From March 2018 to February 2019 there were 96,914 attendances at the trust's urgent and emergency care services. This was a nine percent increase in total attendances from the previous year.

At the time of the inspection the emergency department was undergoing significant refurbishment which would increase the space available to review patients from 23 to 31 cubicles.

The emergency department is part of the Division of Medicine and Emergency Care.

The urgent and emergency care services at Leighton Hospital consist of the following main areas:

- The emergency department
- Clinical decisions unit
- Ambulatory care unit
- GP out of hours service
- Urgent treatment centre

The emergency department has a five-bedded resuscitation suite (including one children's bay), a majors area with 10 cubicles, including one bay for children (this will be 18 cubicles by mid-December 2019), and a minor injuries unit with four bays. There were also four rapid assessment cubicles where patients are triaged and an x-ray unit.

The clinical decisions unit could accept 12 patients on trolleys and up to eight seated patients. Patients remained in the unit no more than 24 hours.

The ambulatory care unit was open from 8am to 10pm and had 16 chairs and four trolley spaces.

We undertook an unannounced (staff did not know we were coming) inspection to enable us to observe routine activity from 19 to 21 November 2019.

During our inspection we spoke with 56 members of staff, including managers, emergency nurse practitioners, doctors, consultants, registered nurses, nursing assistants, pharmacists reception staff and volunteers. We spoke with six patients and five relatives and reviewed 11 sets of patient records and 10 prescription cards. We also attended a bed planning meeting.

We reviewed information received from the trust before and after the inspection, including information, policies and guidelines viewed on site.

## Summary of this service

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

- There were not always enough staff with the right qualifications, skills, training and experience to provide care and treatment to children and staffing of children's nurses was not in line with national guidance.

# Urgent and emergency services

- The service did not ensure that nurses could legally administer specified medicines at all times by ensuring that new patient group directions were authorised and signed by staff immediately upon expiry of existing ones.
- The service did not ensure that the security of documents such as prescription pads were maintained at all times.
- The service did not ensure that all staff were up to date with their mandatory training.
- Some patient pathways and policy documents had not been reviewed at the scheduled time.
- Although people could access the service when they needed it waiting times for treatment were not within national targets and showed a declining picture.

However:

- The service had enough staff to care for adult 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, 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.
- 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.

## Is the service safe?

**Requires improvement** ● → ←

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

- There were not always enough nursing staff with the right qualifications, skills, training and experience to provide care and treatment to children and staffing of children's nurses was not in line with national guidance. We did not have assurance that the service was mitigating the risk of having qualified staff in place to treat children at all times. Since our inspection, the trust has successfully recruited up to the full 5.7 whole time equivalent establishment of children's nurses for the department.

# Urgent and emergency services

- There were low completion rates in some areas of mandatory training and time to complete was reported as difficult due to the demands of the department. We were not assured as to how many staff were trained to level two or three in adult safeguarding as the trust did not supply this data. Level three safeguarding children rates for nursing staff were low at 46.5%.
- Medicines, including analgesia could be administered to patients under a patient group direction. (Patient Group Directions (PGDs)). However, we saw that the patient group directions had expired a month previously and a new patient group direction (PGD) had only been signed off by the appropriate committee during the week of our inspection. There had been approximately four weeks when a valid patient group direction had not been in place.

However:

- The service provided mandatory training in key skills including the highest level of life support training 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 in children 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 risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration. Initial time to assessment was consistently better than the England average however there were black breaches mainly due to lack of space in the department which should improve following the refurbishment.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep adult 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 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 detailed 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 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.
- 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**  

# Urgent and emergency services

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

- The service provided care and treatment based on national guidance and evidence-based practice, however, we could not be assured that all documents had been reviewed and updated at the due date. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Although staff monitored the effectiveness of care and treatment and used the findings to make improvements to achieve good outcomes for patients, improvements in most standards for procedural sedation; pain in children (moderate and severe); moderate and acute severe asthma; consultant sign-off: fever in children under 1 year of age; sepsis and Trauma Audit and Research Network (TARN) were required.
- The service had a higher than expected risk of re-attendance than the England average. From August 2018 to July 2019, the trust's unplanned re-attendance rate to A&E within seven days, as reported to NHS Digital, A & E Quality Indicators, ranged between 12% and 15%, higher than the national standard of 5% and the England average. In July 2019 trust performance was 15% compared to an England average of 8.2%. The trust told us that they believed that there was a coding issue in the interface with NHS Digital that meant that the published indicators were incorrect and that this had been raised. The trust provided us with their performance analysis data for unplanned re-attendance within seven days for the same period. This data showed lower rates of re-attendance across the same period.

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 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.
- 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.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

## 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.

# Urgent and emergency services

- 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:

- Although people could access the service when they needed it they did not always receive the right care promptly. Waiting times to treatment and arrangements to admit, treat and discharge patients were not meeting national targets and showed a declining picture.
- The percentage of patient that left the trust's urgent and emergency care services without being seen was twice the England average between March and July 2019.
- The facilities and premises were under major refurbishment as they were not fully appropriate for the services being delivered, corridor care was seen although this was limited to a short time. The ambulatory care unit was due to move to a more appropriate environment.

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.
- Waiting for more than four hours from decision to admit to admission, waiting more than 12 hours from decision to admit to admission (no breaches) and the median total time in A & E per patient were better than the England average.
- 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 went down. We rated it as requires improvement because:

- Leaders had the skills and abilities to run the service, however, there had been a lack of pace in managing the priorities and issues the service faced, such as the shortages in paediatric staffing.
- Leaders operated governance processes throughout the service and with partner organisations although the governance structure around audits and their effectiveness in improving outcomes was not robust.

# Urgent and emergency services

- There had also been a deterioration in the access and flow of patients through the department and this was a declining picture. However, the service was under pressure with patient numbers at the time of our inspection and we saw that they did have ambitious redevelopment and improvement plans to improve the access and flow for patients.
- The service collected data and analysed it. However, we could not be assured of the accuracy of figures in the daily dashboard performance figures. Data or notifications were consistently submitted to external organisations as required although we could not be assured of the accuracy of the data supplied in national audits.

However:

- Leaders 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.
- 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. 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.
- 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 did not identify any areas of outstanding practice as part of this inspection.

## 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)

Good  

## Key facts and figures

Leighton Hospital is the main hospital location providing inpatient care as part of Mid Cheshire Hospitals NHS Foundation Trust. The hospital provides a range of elective and acute medical care services, including cardiology, respiratory, stroke rehabilitation, services for older people, haematology, general medicine, endocrinology and diabetes and rheumatology.

The medical care services worked in partnership with the University Hospitals of North Midlands NHS Trust for a number of medical specialties. Patients requiring treatment of hyper-acute stroke, patients requiring catheter laboratory procedures and any upper gastrointestinal (GI) bleed patients requiring an emergency scope within two hours presenting out of hours were transferred to the University Hospitals of North Midlands and then transferred back to this hospital for rehabilitation.

The medical care services at the Leighton Hospital consist of 300 in-patient beds located across 11 medical wards.

There were 23,480 medical admissions from March 2018 to February 2019. Emergency admissions accounted for 12,317 (52.5%), 70 (0.3%) were elective, and the remaining 11,093 (47.2%) were day case patients.

The top three medical specialties in terms of volume of admissions were:

- General medicine
- Gastroenterology
- Clinical haematology

We visited Leighton Hospital as part of our unannounced inspection during 10 to 12 December 2019. We visited all the medical wards as part of the inspection. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

At the last inspection in March 2018, the medical care services at Leighton Hospital were rated as requires improvement. The medical care service was rated as requires improvement for safe, being effective and responsive. The service was rated as good for caring and well-led.

As part of the inspection, we spoke with nine patients and the relatives of two patients. We observed care and treatment and looked at 48 care records. We also spoke with 30 staff across a range of disciplines including staff nurses, senior nurses, ward managers, matrons, physiotherapists, junior doctors, consultants, healthcare assistants, domestic staff, advanced clinical practitioners, the interim associate director for quality and governance, the divisional quality manager, the divisional heads of nursing, the associate medical director, the dignity matron and the divisional general manager.

## Summary of this service

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

- The service controlled infection risk well. Staff assessed risks to patients, acted on them. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

# Medical care (including older people's care)

- 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.

However;

- Whilst the service provided mandatory training in key skills, the number of staff who completed it did not always meet trust targets.
- Whilst staff understood how to protect patients from abuse, the number of staff who completed safeguarding training did not always meet trust targets.
- Whilst there had been improvements in nurse staffing levels, some medical wards did not always have 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.
- The service used systems and processes to safely prescribe, administer, record and store medicines. However, antimicrobial medicine reviews were not always completed in line with trust policies. Medicines security audit findings showed medicines were not always securely stored.
- Records were not always securely stored across the majority of medical wards. Whilst most records were clear, up-to-date and easily available to staff, we found poor compliance in areas such as completion of follow up assessments for venous thromboembolism (blood clots).
- Key services were not always available seven days a week to support timely patient care.
- Fluid balance charts were not always completed accurately.
- Whilst staff assessed and monitored the majority of patients regularly to see if they were in pain and gave pain relief in a timely way, there was poor compliance against the hospital's pain relief standards on two medical wards, indicating patients on these wards did not always receive appropriate pain relief.
- Whilst the service treated concerns and complaints seriously and investigated them, complaint responses were not always within trust targets.

## Is the service safe?

**Requires improvement** ● → ←

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

# Medical care (including older people's care)

- Whilst the service provided mandatory training in key skills, the number of staff who completed it did not meet trust targets.
- Whilst staff understood how to protect patients from abuse, the number of staff who completed safeguarding training did not meet trust targets.
- Whilst there had been improvements in nurse staffing levels, not all medical wards 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.
- The service used systems and processes to safely prescribe, administer, record and store medicines. However, antimicrobial medicine reviews were not always completed in line with trust policies. Medicines security audit findings showed medicines were not always securely stored.
- Records were not always securely stored across the majority of medical wards. Whilst most records were clear, up-to-date and easily available to staff, we found poor compliance in areas such as completion of follow up assessments for venous thromboembolism (blood clots).

However;

- 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 identified and quickly acted upon patients at risk of deterioration.
- Whilst the service did not have enough substantive senior medical staff in post, improvements had been made through the recruitment of additional medical staff. There were sufficient numbers of medical staff to provide safe care and treatment through the use of locums and advanced clinical practitioners.
- 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.
- 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?

Good  

Our rating of effective improved. 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.

# Medical care (including older people's care)

- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good 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.

However;

- Key services were not always available seven days a week to support timely patient care.
- Fluid balance charts were not always completed accurately.
- Whilst staff assessed and monitored the majority of patients regularly to see if they were in pain and gave pain relief in a timely way, there was poor compliance against the hospital's pain relief standards on two medical wards, indicating patients on these wards did not always receive appropriate or timely pain relief.

## 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 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.
- 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. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards for most medical specialties.

However;

- Whilst the service treated concerns and complaints seriously and investigated them, complaint response times were not always within trust targets.

# Medical care (including older people's care)

## 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 did not identify any areas of outstanding practice as part of this inspection.

## Areas for improvement

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

# Community health services

## Background to community health services

The trust provides a range of community adult services and community services for children, young people and their families through the Central Cheshire Integrated Care Partnership (CCICP) which is a partnership with Cheshire and Wirral Partnership NHS Trust and South Cheshire & Vale Royal General Practitioner Alliance.

## Summary of community health services

**Good**  

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

- We rated community children and young people services as good for safe, effective, caring, responsive and well led at this inspection.
- The children and young people service demonstrated improvement in all four domains where they had been rated as requiring improvement. They had addressed all the concerns from the previous inspection and improved in other areas.
- In 2018 community health services for adults and community health inpatient services were rated as good overall.
- When the ratings for community children and young people services were aggregated with the ratings from the inspection in 2018 community services rated good in all domains and overall.

# Community health services for children and young people

Good  

## Key facts and figures

Community Services for South Cheshire and Vale Royal are provided by Central Cheshire Integrated Care Partnership (CCICP) operating as a part of Mid Cheshire Hospitals NHS Foundation Trust (MCHFT). The CCICP partnership board includes board member representatives of the three partner organisations: South Cheshire and Vale Royal GP Alliance, Mid Cheshire Hospitals NHS Foundation Trust and Cheshire and Wirral Partnership Trust (CWP). The CCICP partnership board manage the operational and strategic delivery of services, with regulatory accountability for all services delivered by CCICP within the governance arrangements of MCHFT.

Central Cheshire Integrated Care Partnership provides paediatric community services including physiotherapy, occupational therapy, speech and language therapy, special school nursing, an advanced paediatric nurse practitioner and the children and young people's continuing care team. Services are provided in a range of settings including clinics, patients' homes, nurseries and mainstream school settings, and special schools within the area. Services are delivered for children and young people between the ages of 0-16, with this extending to 19 for those young people that have complex needs identified within an education, health and care plan. Local authorities in Cheshire East, and Cheshire West and Chester commission part of the speech and language therapy service for children requiring this intervention, as detailed within their education, health and care plan.

The special school nursing team is based within two special schools in the area - Hebden Green, and Springfield, providing daily nursing intervention for children and young people aged 0-19. An in-reach service is also provided to three special schools in Vale Royal.

The advanced paediatric nurse practitioner (APNP) specialist nursing service is delivered for children and young people aged 0-16 across South Cheshire only. This is a targeted provision for children and young people with eczema, or respiratory conditions.

The children and young people's continuing care team is a specialist nursing service providing intervention for children and young people who have a commissioned package of care to provide for their complex long term conditions.

We inspected the community children's service as part of an unannounced inspection (they did not know we were coming) between 26 and 28 October 2019. We visited special schools, community clinics, and attended home and school visits with nursing and therapy staff. As part of the inspection we reviewed information provided by the service about staffing, training and monitoring of compliance.

During the inspection we spoke with 37 members of staff of all grades including senior leaders of the service, nurses, physiotherapists, occupational therapists, speech therapists, administration staff. We also spoke with representatives from other organisations, including NHS acute services and education services. We spoke with nine parents and carers of children and young people who were using the service at the time of our inspection. We reviewed a sample of 14 patient records, including prescription charts and care plans.

## Summary of this service

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

# Community health services for children and young people

- The service provided mandatory training in key skills to all staff. 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, regularly checked if children and young people were eating and drinking enough 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 children, young people and their families, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated children and young people 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 children and young people, their families and carers.
- The service planned care to meet the needs of local people, took account of children, young people and families' 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 children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children, young people, their families and the community to plan and manage services and all staff were committed to improving services continually.

However

- The service did not always make sure all staff completed mandatory training. There were not always enough occupational therapy staff to provide the right care and treatment for children and young people. Some medicines charts had incomplete photographic identification records, and access to electronic records in some community locations was more limited. Key services were not available seven days a week and waiting times for some community services in paediatric occupational therapy and speech therapy did not meet targets.

## Is the service safe?

Good  

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

- Staff understood how to protect children, young people and their 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. Staff were knowledgeable about potential safeguarding issues in the service and safeguarding systems were well embedded.
- The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean. Staff followed trust policies and local systems for maintaining hygiene and equipment cleanliness to reduce infection risk.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

# Community health services for children and young people

- Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration. Systems were identified for identifying and escalating unwell children and staff completed and reviewed relevant risk assessments in different services.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep children, young people and their families 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. Recent recruitment had enhanced service areas, with nursing, physiotherapy and speech therapy services at full establishment.
- Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. Staff maintained records of treatment and care and shared up to date information in electronic patient records.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed 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 children, young people and their families honest information and suitable support. Managers ensured that actions from safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, children, young people, their families and visitors.

However

- The service provided mandatory training in key skills to all staff but did not always make sure everyone completed it.
- There were not always enough occupational therapy staff to provide the right care and treatment for children and young people, although managers had identified actions in response to this.
- In some community locations access to electronic records was more challenging and there was use of electronic and paper records in dual systems.
- Medicines charts used in special schools did not always include a photographic identification record of the child or young person.

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. A range of different care pathways had been implemented across different services and were routinely applied.
- Staff regularly checked if children and young people 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, 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. Specialist nursing staff administered analgesic medicine when children needed this.

# Community health services for children and young people

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service actively reviewed different performance data to deliver service 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. Staff had regular opportunities to meet with their managers and were supported in their learning 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. Extensive multi-disciplinary team working was fully established in day-to-day practice across the service.
- Staff gave children and young people practical support and advice to lead healthier lives. Different information leaflets and advice was provided to support children's general development and acquisition of skills.
- Staff supported children, young people and their families and carers to make informed decisions about their care and treatment. They knew how to support those who lacked capacity to make their own decisions. Staff provided information and recorded consent to treatment and care for children receiving services.
- Staff always had access to up-to-date, accurate and comprehensive information on children and young people's care and treatment. Staff had access to an electronic records system that they could all update.

However

- Key services were not available seven days a week to support timely care for children, young people and their families. Community children's services were provided five days a week only.

## Is the service caring?

Good ● ↑

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

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff were highly attuned to children's needs and we saw many examples of staff displaying respect for children, young people and adults.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Nursing and therapy staff provided a holistic approach to care, which considered children's emotional wellbeing and comfort as a priority.
- 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. Children, young people, their parents and carers were fully involved in care planning and treatment decisions; the service maintained ongoing communications with families to provide a tailored response in meeting needs.

## Is the service responsive?

Good ● ↑

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

# Community health services for children and young people

- The service planned and provided care in a way that was tailored to the needs of local children and young people and the families they served. It also worked collaboratively with others in the wider system and local organisations to plan and deliver care. We saw evidence of partnership working with local authorities and local schools to plan and deliver care to children and young people in the best way to meet their holistic needs, especially those with complex needs.
- The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They proactively coordinated joined up care with other services and providers.
- Children and young people could access the service when they needed it and received the right care in a timely way. School nursing, physiotherapy and speech and language services were delivered in specialist school schools to reduce the amount of education missed by children and young people with complex care needs.
- It was easy for children and young 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. Complaints or concerns were often resolved locally on an informal basis; this was supported by the good relationships fostered between health care professionals and families of children and young people who used the services.

However:

- Waiting times for some paediatric community occupational therapy and speech and language services did not meet the trusts target. However, the trust had put measures in place to improve waiting times and assessed children and young people to ensure the highest priorities were seen quickly.

## Is the service well-led?

**Good** ● ↑

Our rating of well-led improved. 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. We saw there was strong and compassionate leadership at all levels of the service, which was positively appreciated by staff.
- 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. The service strategy was closely aligned to the overall integrated care partnership strategy; staff were fully engaged in this development and progress was evident.
- Staff felt respected, supported and valued. They were focussed 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. Culture in the service was extremely positive; staff were passionate about their services, working together with focus on children's needs at the heart 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. Systems for monitoring performance and driving quality improvement were followed; reporting arrangements both within the organisation and with system partners were effective.

# Community health services for children and young people

- 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 had a risk register which managers regularly reviewed to monitor existing and anticipated risks.
- 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 had access to a range of live service data through electronic systems, enabling an accurate picture of service activities, challenges and opportunities.
- Leaders and staff actively and openly engaged with children, young people and their parents and carers; staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients. There was wide engagement across the service in different ways; staff routinely had day-to-day communication with parents and carers. Leaders proactively engaged with system partners in local authorities and clinical commissioning groups in development of new service provision.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement and used these skills to deliver change. Leaders encouraged innovation and participation in research. Staff were fully engaged in continuing approaches for learning and development, empowered by managers to lead and deliver change.

## Outstanding practice

A pharmacy technician role had been established in one of the special schools. This had been a successful development, with enhanced support for local specialist nursing teams and reduction in medicines errors.

There was an extensive joined up working approach with education staff in special schools. Staff had been proactively involved in the planning and development a new hydrotherapy suite, to provide for children and young people with different conditions and disabilities.

Through a collaborative approach with one local authority, investment had been identified for a specialist occupational therapist to support children with sensory processing difficulties. This role had enabled training and support to be delivered to staff in over a hundred settings

A gait laboratory joint assessment clinic was provided in special schools twice a year, with specialist equipment hired by community physiotherapists. This reduced the need for parents and carers to travel to additional appointments with their child.

A paediatric advanced nurse practitioner provided community support for children and young people with allergic and respiratory conditions. There had been reduction in hospital admissions through this role.

## Areas for improvement

The service should

Continue with improvement plans to address staffing shortfalls in children's occupational therapy services.

Continue to maintain complete records of photographic identification in children's medication charts used in special schools.

Continue to identify actions to enhance access to and use of electronic records in community locations and special schools.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Diagnostic and screening procedures  
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

# Our inspection team

This inspection was overseen by Judith Connor Head of Hospital Inspection (North West). An executive reviewer, Helen Beck, Executive Chief Operating Officer, West Suffolk NHS Foundation Trust supported our inspection of well-led for the trust overall.

The team included two inspection managers, eight inspectors, a medicines inspector and 11 specialist advisers.

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