

# 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 rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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.

## Background to the trust

Mid Cheshire Hospitals NHS Foundation Trust (the trust) was established as an NHS Trust in April 1991 and became a Foundation Trust in April 2008. The trust has three registered locations: Leighton Hospital, Victoria Infirmary and Elmhurst Intermediate Care Centre.

The trust provides a full range of acute services for the whole population. It also 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). The CCICP is a partnership with Cheshire and Wirral Partnership NHS Trust and South Cheshire & Vale Royal General Practitioner Alliance. The trust took over the community services from a nearby trust in October 2016.

In total the trust has around 553 beds and employs more than 4,500 members of staff. The trust serves a local population of approximately 300,000 living in and around Alsager, Crewe, Congleton, Knutsford, Middlewich, Nantwich, Northwich, Sandbach and Winsford.

The majority of health indicators for Cheshire East and Cheshire West and Chester (including life expectancy) are either in line with or better than the England average. However, the local health profiles for Cheshire East and Cheshire West and Chester show the number of “hospital stays for self-harm” and the number of people “killed or seriously injured on roads” is worse than the England average. Breastfeeding initiation rates in Cheshire West and Chester are also worse than the England average (Public Health England, 2017).

## Overall summary

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

## What this trust does

Mid Cheshire Hospitals NHS Foundation Trust (the trust) has three registered locations: Leighton Hospital, the Victoria Infirmary and Elmhurst Intermediate Care Centre.

The trust provides a full range of hospital services at Leighton Hospital, including and emergency department, critical care, coronary care, general medicine including elderly care, general surgery, orthopaedics, anaesthetics, stroke rehabilitation, paediatrics and maternity care.

The trust also provides outpatient services and a nurse-led minor injuries unit at the Victoria Infirmary and intermediate care services at Elmhurst Intermediate Care Centre.

The emergency department at Leighton Hospital sees approximately 85,000 patients each year and 20,000 patients attend the minor injuries unit at the Victoria Infirmary. Leighton hospital is also an accredited trauma unit within the North West Midlands and North Wales trauma network.

# Summary of findings

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. The trust took over the community services from a nearby trust in October 2016.

## 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 last inspected Mid Cheshire Hospitals NHS Foundation Trust in October 2014. We rated the trust as good overall, with a rating of good for safe, effective, caring and well-led. We rated responsive as requires improvement. We also rated medical care services as requires improvement overall. Due to our inspection methodology at the time, our findings for the Victoria Infirmary were included within the Leighton Hospital report.

Mid Cheshire Hospitals NHS Foundation Trust began providing community adult services and community services for children, young people and their families in October 2016. These services, therefore had not yet been inspected.

At this inspection we inspected Urgent and emergency care; medical care and maternity care at Leighton Hospital, urgent and emergency care at Victoria Infirmary. We also inspected the community adult services and community services for children, young people, and their families provided by the trust through the Central Cheshire Integrated Care Partnership.

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

What we found is summarised in the section headed, Is this organisation well-led? The well-led inspection took place between 8 and 10 May 2018.

## What we found

### Overall trust

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

- We rated one of the three services we inspected at Leighton Hospital as requires improvement and the other two as good. Combined with the ratings from the previous inspection Leighton Hospital had an aggregated rating of requires improvement overall. However, it was agreed that the responsive rating of requires improvement in medicine should not be aggregated as it referred to a small area within the service. This location was rated as good overall.

# Summary of findings

- Urgent care services at Victoria Hospital were rated as requires improvement. However, we did not inspect the outpatients service at this location and at the last inspection the service was not rated separately. Therefore, it was agreed that this location rating would not be aggregated into the trust overall rating.
- We inspected both community adults' services, rated good overall and community services for children and young people, rated requires improvement overall. We did not inspect Elmhurst Intermediate Care Centre at this inspection so it remains good from the last inspection. However, as these services have been delivered by this trust for less than two years it was agreed that these ratings would not be aggregated into the trust overall ratings.
- Therefore, overall, we rated effective, caring, responsive and well led within the trust as good. We rated safe as requires improvement. In rating the trust, we took into account the current ratings of the six services not inspected this time.
- We rated well-led for the trust overall as good.
- The use of resources assessment was rated as good with a combined rating for quality and use of resources of good.

## Are services safe?

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

- We observed failure to follow infection prevention and control procedures on a number of occasions. These failings were observed across wards and areas within urgent and emergency care, maternity care and medicine services. This meant that not all was being done to protect patients from avoidable harm. We also found that there was a lack of adequate assurance that there was an effective process for overseeing and monitoring compliance with infection prevention and control procedures.
- Some services did not always have enough staff with the right qualifications, skills, training and experience to provide care and treatment. Urgent and emergency care services did not comply with the Royal College of Paediatrics and Child Health guidelines as there was only one registered children's nurse for the department. Nursing vacancy, turnover and sickness rates were all above the trust targets in medical care services, as was the use of bank staff. There were medical vacancies but the skill mix was in line with the England average. Maternity service had enough staff. However, there was limited flexibility in numbers to cope with increased capacity and demand, or short notice sickness and absence.
- In all the services we inspected, we found that completion levels of mandatory training for some subjects, particularly level 3 safeguarding children were variable.
- Due to lack of storage space in medical care services, equipment was not always stored safely. We saw sluice rooms unlocked in several wards, with cleaning solutions left out accessible to patients and visitors.
- Staff in the community services did not always recognise incidents and report them appropriately.
- There was inconsistent use of risk assessments in medical care services and a lack of risk assessments relating to patients' mental health needs or behaviour. The World Health Organisations five steps to safer surgery maternity safety checklist was not completed fully in theatre. Patients attending the emergency department were not routinely assessed for venous thromboembolism and as such were not always offered appropriate preventative treatment in line with best practice guidance.
- We were not assured that urgent care services at Victoria Hospital had appropriate adjustments in place for the care of children.
- The community service did not always ensure that staff completed mandatory training, including safeguarding training. Records showed that only 45% of eligible staff had completed level 3 children's safeguarding training.

# Summary of findings

- We found that staff did not always have access to up-to-date, accurate and comprehensive information on patients' care and treatment. Not all community staff had access to the trust electronic records system.
- In community services staff did not always keep appropriate records of patients' care and treatment. Records were not clear, up-to-date and available to all staff providing care. Risk assessments were not completed and care records were completed differently across community services.
- Patients in community services did not always receive the right medication at the right dose at the right time. The community service did not always administer and record medicines well. There were also limitations to medicine availability at the Minor Injuries unit due to staffing constraints.
- Not all equipment used by community services was well maintained. We found equipment used to deliver medicines that were overdue for maintenance checks. We found there were no formal systems for monitoring stock use-by dates. We found consumables in stock that were past the use-by date.
- Not all services displayed safety monitoring information or evidence of how it was used to improve the care.

However:

- Staff in the hospitals kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff in the hospitals recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The maternity service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- Following the inspection, we raised the concerns we had identified regarding infection control procedures with the trust and requested assurance that improvements would be made. The trust provided us with evidence that action had been taken and was being monitored to ensure sustained improvement and adherence to standards.

## Are services effective?

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

- Staff worked in a multidisciplinary way to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Most services monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- There were a number of initiatives to reduce hospital admissions.
- The services provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Information about the outcomes of patients' care and treatment was routinely collected and compared against national data in most areas. Information was monitored in different meetings to identify areas for improvement.
- Staff appraisal rates had improved since the last inspection but not to the expected levels in all areas we inspected.
- Staff were aware of the role of the dignity matron, dementia lead and mental health liaison team. They reported they were approachable and supportive for patients with additional needs.

# Summary of findings

- Staff gave patients enough food and drink to meet their needs and improve their health.

However;

- The Urgent and Emergency Care Service at Victoria Infirmary, did not undertake audits to monitor and benchmark performance or review patient outcomes to monitor effectiveness of care at the time of inspection.
- We found variable knowledge of staff in relation to the implementation of the Mental Capacity Act 2005. Staff did not consider the smaller decisions that may require capacity to be assessed and not all staff reported that they had received training in the Mental Capacity Act 2005.
- Patients could not always access pain relief medication if they visited the Urgent and Emergency care unit after 6:30 pm this was due to a lack of trained staff to check and administer medication in line with best practice guidance.
- Managers did not appraise staff's work performance to provide support and monitor the effectiveness of the service.

## Are services caring?

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

- Staff provided emotional support to patients to minimise their distress. We saw staff reassuring patients who were anxious or upset, with specialist support available if this was needed.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Patients we spoke with confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment. We observed nurses offering patients and relatives the opportunity to ask questions and to clarify anything they were unsure of. Patients and relatives told us staff had explained things in a way they could understand.
- The service had a dedicated dignity matron who could support patients' transition through the healthcare services where required.
- We noted that staff had a good rapport with their patients and those close to them.

## Are services responsive?

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

- The trust had undertaken a gap analysis and produced a number of options for the future of its services.
- People could access the service when they needed it. Waiting times from treatment were in line with good practice in most speciality areas.
- Women could access the maternity service when they needed it with no closures to the unit in 2017. There was a process for busier periods, where community midwives supported the midwifery-led unit while those midwives supported the labour ward suite.
- The percentage of patients waiting in urgent care between four and 12 hours from the decision to admit until being admitted was consistently better than the national average.
- From February 2017 and January 2018, no patients waited more than 12 hours from the decision to admit until being admitted.
- Re-attendance rates in urgent care were better than the England averages and the number of patients leaving without being seen was better than the national figures.

# Summary of findings

However;

- There was a lack of x-ray facilities at weekends at Victoria Infirmary.
- At the last inspection the trust did not always meet the national standards for access to services. At this inspection we found the service did not always meet national standards to admit, transfer or discharge patients within four hours.
- There were limited facilities to support the care and treatment of people living with dementia and there was no evidence of easy read documents or leaflets.
- Referral to treatment time (RTT) information was not currently collected for paediatric therapies but would be collected routinely from the electronic management system from September 2018.
- Neurology services were not meeting the 18 week referral to treatment standard.
- Complaints were not consistently responded to in a timely manner.

## Are services well-led?

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

- The trust had a vision for what it wanted to achieve and plans to turn it into action had been developed with involvement from staff, patients, and key groups representing the local community.
- The services had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- There was evidence of collaborative working with other NHS organisations and stakeholders and there was recognition that there was a need to work in a more integrated way for the benefit of patients.

However;

- The community service for Children and Young People did not have an effective, comprehensive and embedded process to identify, understand, monitor and address risks. Risks were not monitored and reviewed consistently, in order to maintain quality of care to patients and feedback to staff. Monitoring varied across the teams we visited. Not all risk matrix and GAS assessment tools were completed in records we reviewed.
- There was limited use of information technology systems within community services. Staff did not always access mobile working devices. Staff documented records on pieces of paper and returned to their base to update electronic records. These records were not always contemporaneous records and the quality of documentation was poor.
- The trust did not always plan and provide services in a way that met the needs of local people. Within the urgent and emergency care service, we found that there were limited facilities to support the care and treatment of people living with dementia and there was no evidence of easy read documents or leaflets. The children's waiting area lacked facilities for older children.
- In some services there was no clear evidence of a strategy and workable plans to make improvements. There was no effective approach to monitoring or providing evidence of progress against delivery of the strategy or plans on a regular basis.



# Summary of findings

## Ratings tables

The ratings tables in the report show the ratings overall and for each key question, for each service 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 medical care services, maternity services and urgent and emergency care services.

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

## Areas for improvement

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

## Action we have taken

“We issued a requirement notice/s to the trust. Our action related to breaches of 3 legal requirements at a trust-wide level and in 5 core services or locations.

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

## What happens next

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

## Outstanding practice

We found examples of outstanding practice in services at Leighton Hospital.

The newly developed frailty service in the clinical decisions unit was starting to reduce the number of patients admitted to the hospital and reduce the number of re-attendances. There was good evidence of multi-disciplinary team work in order to make sure patients were transferred / discharged to the appropriate location at the right time and with the support and involvement of carers and relatives.

Staff had received awards in the Patient Experience National Network Awards (PENNA), in two service areas. Staff from AMU for work focussed on improving delays in patient discharge due to waits for “to take out” medications and staff from the endoscopy unit for development of a standard operating procedure for patients’ withdrawal of consent during endoscopy procedures.

There was an Advanced Nurse Practitioner Rapid Response team to provide support to acutely ill patients who would usually be admitted to hospital. They received referrals from across the communities and responded to patients within 2 hours to avoid hospital admission. Patients were assessed at home by an advanced practitioner and supported to remain at home with an appropriate care package. The service was fully integrated with staff of all kinds supporting patient care including district nurses, physiotherapists, occupational therapists, social workers and complex case practitioners.



# Summary of findings

The continence nurses provided support and education to care home staff in the community. They had identified staff in care homes were using incontinence products incorrectly and gave training to improve practice. This helped to manage the financial impact on the service due to improper use of continence products. It also supported district nurse caseloads by reducing the number of moisture related skin conditions.

A senior practitioner from the Advanced Community Practitioner Rapid Response Service had developed a sepsis pathway tool to be used in the community. This was rolled out to all staff and used as guidance when a risk of sepsis was identified. The staff member received a trust award for their contribution to patient outcomes.

## 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

#### Leighton Hospital

##### Urgent and Emergency Care Services:

- The service must ensure there is the appropriate number of trained staff to look after children in the emergency department.
- The service must ensure the department controls the risk of infection risk and keep themselves, equipment and the premises clean.

##### Medical Care (including Older Peoples Care)

- The service must ensure that processes are in place to monitor infection, prevention and control effectively.
- The trust must ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed on duty to maintain the comfort and safety of patients.
- The trust must ensure that procedures are clear and consistently applied, in accordance with the Mental Health Act 1983 and the Mental Capacity Act 2005, for identifying, assessing, and recording the needs of patients who lack capacity.
- The service must ensure patient records are accurate and maintained securely at all times.

##### Maternity:

- The service must ensure that processes are in place to monitor infection, prevention and control effectively.
- The service must ensure that the World Health Organization (WHO) maternity five steps to safety surgery checklist is completed fully in theatre.

#### Victoria Infirmary

##### Urgent and Emergency Care Services

- The service must review the arrangements for the care and treatment of children in the department.

##### Adult Community Services:

# Summary of findings

- The service must undertake regular, local audits to assess, monitor, evaluate and improve practice, including regular effective hand hygiene audits.
- The service must ensure that accurate, up to date, contemporaneous data collection is undertaken in relation to activities provided to patients.
- The trust must consider integrated patient records to ensure up to date, MDT care pathways and care plans.
- The service must ensure that all risk assessments and monitoring tools are completed in a timely manner and are up to date.
- The service must ensure that all patient care plans are up to date and accurate.
- The service must ensure that all serious incidents are reported and investigated in a timely manner, in order to identify themes, disseminate lessons learnt and take action to improve safety.
- The service must ensure that all medication prescription charts are up to date and accurate and that medication errors are reported as serious incidents and investigated appropriate.
- The trust must ensure that all staff complete mandatory training, including safeguarding training.
- The trust must ensure there is a clear, robust, accurate, up to date, centralised system in place for all staff to access if there is a safeguarding concern.
- The trust must ensure the safety of their staff in home and community settings.

## Community Services for Children and young People:

- The service must undertake regular, local audits to assess, monitor, evaluate and improve practice, including regular effective hand hygiene audits.
- The service must ensure that accurate, up to date, contemporaneous data collection is undertaken in relation to activities provided to patients.
- The service must consider integrated patient records to ensure up to date, MDT care pathways and care plans.
- The service must ensure that all risk assessments and monitoring tools are completed in a timely manner and are up to date.
- The service must ensure that all patient care plans are up to date and accurate.
- The trust must ensure that all serious incidents are reported and investigated in a timely manner, in order to identify themes, disseminate lessons learnt and take action to improve safety.
- The service must ensure that all medication prescription charts are up to date and accurate and that medication errors are reported as serious incidents and investigated appropriate.
- The trust must ensure that all staff complete mandatory training, including safeguarding training.
- The trust must ensure there is a clear, robust, accurate, up to date, centralised system in place for all staff to access if there is a safeguarding concern.
- The trust must ensure the safety of their staff in home and community settings.

## Action the trust SHOULD take to improve:

### Leighton Hospital

#### Urgent and Emergency Care

# Summary of findings

- The service should ensure all staff understand the Mental Capacity Act and their role in making decisions in a patient's best interest.
- The service should ensure patients have access to food and water whilst in the department.
- The service should ensure there is accessible/easy read information in all locations.
- The trust should ensure the mental health assessment room meets the recommendations of the Royal College of Psychiatrists in relation to protecting patient's privacy and dignity and ensuring the room is free from ligature points.
- The trust should review the memorandum of understanding for the Mental Health Act administration as this expired on 31 December 2017.

## Medical Care (including older peoples care):

- The trust should ensure that patient records are completed appropriately and undertake regular audits of record keeping.
- The trust should ensure that patient records are secured when not in use.
- The trust should ensure that sluice rooms are locked, with all hazardous fluids stored safely when not in use.
- The trust should ensure that all staff receive an appraisal every 12 month.
- The trust should ensure that all staff have all competencies checked annually.
- The trust should ensure that complaints are reviewed in a timely manner.

## Maternity:

- The trust should ensure that all equipment is maintained / serviced appropriately.
- The trust should ensure that all hazardous fluids are locked away when not in use.
- The trust should ensure that all staff, including medical staff, complete mandatory training.
- The trust should ensure that all staff receive regular appraisals.
- The trust should ensure that all staff have all competencies checked regularly.
- The trust should ensure that complaints are reviewed in a timely manner.

## Adult Community Services:

- The trust should ensure staff receive face-to-face moving and handling training.
- The trust should ensure that each mandatory training area is completed to the trust target for the identified staff.
- The trust should continue to promote a positive culture of incident reporting to ensure staff are identifying and raising patient safety incidents appropriately.
- The trust should review access to and the use of information technology systems in the community.
- The trust should ensure consistency in patient record keeping. Treatment plans should be fully personalised, holistic and provide sufficient information to inform patients, their families and carers of the care and treatment provided.
- The trust should review their medicines management, prescribing and administration procedures and policies to ensure patients are being kept safe.
- The trust should offer clinical supervision to ensure staff are fit for purpose and developing safe practice.

# Summary of findings

## Community Services for Children and young People:

- The trust should continue to review all community services to ensure adequate workforce capacity to provide a high quality of service.
- The trust should ensure that all hazardous fluids are locked away when not in use.
- The trust should ensure that all daily fridge temperatures are recorded clearly and concisely.
- The trust should ensure that all staff have all competencies checked regularly.
- The trust should ensure that all equipment is maintained / serviced appropriately and in a timely manner.
- The trust should continue to review the service provision of the homecare team, in order to provide a 24 hour, seven day a week service.
- The trust should ensure all staff are provided with education and training opportunities to provide high quality care and enhance professional development.
- The trust should continue to review the opportunity to develop an acute hospital to home service, within the homecare team.
- The trust should review administration support available to ensure accurate and timely data entry as well as ensuring projects and care plans remain on target.
- The trust should ensure that all policies are up to date.
- The trust should ensure that processes are in place to monitor infection, prevention and control effectively.
- The trust should consider developing an escalation policy when children become unwell in the community setting.
- The trust should continue to review and action outcomes from the most recent staff survey.
- The trust should develop strategies to improve the friends and family response rates.
- The trust should ensure that patients and their families know how to and are comfortable to, make a complaint or raise a concern and that complaints are handled effectively to ensure openness, transparency, confidentially with regular updates to the complaint in a timely manner.

## Victoria Infirmary

### Urgent and Emergency Care Services

- The trust should ensure all staff complete mandatory training, particularly safeguarding training. All staff should receive a regular appraisal of their work.
- The service should review its arrangements prescribing and administering medication so patients can access their medication, particularly pain relief at the right time.
- The service should consider how it can collate and monitor patient outcome information and audit performance in order to benchmark and improve the quality and effectiveness of the service provided.

# Summary of findings

## Is this organisation well-led?

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

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

- There was a stable Board and the leaders understood the challenges to quality and sustainability, and could identify the actions needed to address them. There was a good grip of quality and safety issues and an understanding of strategic vulnerabilities.
- There was evidence from interviews of a strong culture of leadership in the organisation. The executive group were cohesive and remarkably consistent in its response to questions.
- Leaders fully understood the quality of care across both Acute and Community Health services. All directors gave account of their personal walkabouts to monitor the quality of care. There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and there was a leadership development programme, which included succession planning.
- There is a clear statement of vision and values which is driven by quality and safety. This has been translated in to a credible strategy through a structured planning process. The review process needs to be strengthened to ensure they remain achievable and relevant. There is a clear communication plan although staff understanding at all levels has not yet been tested as it was developed in November 2017.
- The service strategy was aligned to local plans in the wider health and social care economy and reflected all areas of activity. It also reflected wider environmental factors influencing the service.
- There was a newly aligned Board Assurance Framework which was being aligned to the Three Lines of Defence Model and a new Risk Management Strategy 2017/20 which were clearly interfaced. Quarterly risk reports to the Board provided assurance on the management of risk.
- The quarterly organisational risk register report 2017/18 quarter 1&2, horizon scanning section stated that work was in progress to review and identify risk across all service lines in CCICP, with an initial report planned to go to CCICP Board in quarter 3. Initial assessments indicate higher risk areas include manual handling and staffing levels in the Urgent Care (Out of Hours) unit.
- There was clear escalation from the Quality Governance Committee, Audit Committee and the Finance and Performance Committee to the Board and quality received sufficient coverage at Board meetings.
- There were service level performance dashboards for the acute services but this did not appear to be available for community services.
- Although a predominantly white workforce the trust had clear processes to address equality and diversity and the recruitment conversion rate gap between white and BME candidates applying and being appointed to roles at the Trust has significantly reduced over the past 5 years.
- The trust had a Patient and Public Involvement Strategy [2016 – 2018], the purpose of this strategy was to provide a context and framework to support the trust and its staff to work effectively in partnership with patients, the public and community stakeholders to deliver and improve services and patient experience. The Executive Patient Experience Group demonstrated that feedback was gathered from all steps of the patient and family journey.

## Summary of findings

- The *Medicines Optimisation Strategy 2017-2019* set out clear expectations of patient centred care and patient safety with a clear vision for improving safe medicines handling across the trust. The Hospital Pharmacy Transformation Plan (HPTP) had been developed taking into consideration the five trusts in the locality with plans to review areas such as aseptic services, rationalising shared care agreements, homecare delivery, community pharmacy services, medicines information and in-patient services.
- Data provided by the trust showed complaints were managed well with over three quarters responded to within three days and all non-complex complaints responded to within between 30 and 35 days. Complex complaints were responded to within 45 days. However, our analysis demonstrated that the average time to close complaints by core services was between 44 and 73 days.
- The staff surveys from 2016 and 2017 had good response rates and results were generally better than the national average.

However;

- We found there were arrangement in ENT for any inpatients to be transferred to Stoke on Fridays due to the lack of inpatient cover at weekends, which is unlikely to be sustainable in the long term.
- The trust had a published WRES action plan, however there are no clear timescales for completing actions.

## Use of resources

There was an assessment of the trusts use of resources which can be found in a separate report.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good ↑ Sept 2018	Good →← Sept 2018	Good →← Sept 2018

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

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Leighton Hospital	Requires improvement ↓ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good ↑ Sept 2018	Good →← Sept 2018	Good ↓ Sept 2018
Victoria Infirmary	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018
<b>Overall trust</b>	Requires improvement ↓ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good ↑ Sept 2018	Good →← Sept 2018	Good →← Sept 2018



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

### Ratings for a combined trust

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

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

## Ratings for Leighton Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018
Medical care (including older people's care)	Requires improvement ↓ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018
Surgery	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 2015	Good Jan 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 ↓ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018

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

## Ratings for Victoria Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018
<b>Overall*</b>	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement 2018	Good 2018	Good 2018	Good 2018	Good 2018	Good 2018
Community health services for children and young people	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
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>	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018

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

# Acute health services

## Background to acute health services

The trust provides a full range of acute health services at Leighton Hospital, including and emergency department, critical care, coronary care, general medicine including elderly care, general surgery, orthopaedics, anaesthetics, stroke rehabilitation, paediatrics and maternity care.

Leighton hospital is also an accredited trauma unit within the North West Midlands and North Wales trauma network.

The trust also provides outpatient services and a nurse-led minor injuries unit at the Victoria Infirmary and intermediate care services at Elmhurst Intermediate Care Centre.

## Summary of acute services

**Good** ● ➡ ➡

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

- We rated services at Leighton Hospital as good overall. The effective, caring, responsive and well led domains overall were rated as good and safe was rated as requires improvement.
- It was agreed that as the responsive requires improvement rating in medicine was relating to a small service within the medicine division that this domain rating would be good overall.
- It was agreed that we would not aggregate the ratings for Victoria Infirmary as we had only inspected one of the two core services provided at that location.

# Victoria Infirmary

Winnington Hill  
Northwich  
CW8 1AW  
Tel: 01606564000  
[www.mccht.nhs.uk](http://www.mccht.nhs.uk)

## 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.

We last inspected the Victoria Infirmary as part of our comprehensive inspection of Mid Cheshire Hospitals NHS Foundation Trust in October 2014. In line with our methodology at that time, due to the size and nature of services provided at the Victoria Infirmary, we included our findings for the service within the core service reports for outpatients and emergency and urgent care services at Leighton Hospital.

At this inspection we reviewed the services provided by the minor injuries unit only. We visited the service between 20 and 22 March 2018. Our inspection was unannounced (staff did not know we were coming) to enable us to observe more routine activity.

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

During the inspection visit, the inspection team visited the unit looked at the quality of the environment and observed how staff were caring for patients.

We spoke with four patients who were using the service and eight staff members including: nurses, domestic and catering staff, receptionists and administrative staff.

We reviewed five patient records.

## Summary of services at Victoria Infirmary

**Requires improvement**



We rated it them as requires improvement because:

# Summary of findings

We rated urgent and emergency care at the hospital as requires improvement overall due to the safe and effective domains being rated as require improvement.

We did not inspect the outpatients service.

# 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. Approximately 20,000 patients attend the minor injuries unit at the Victoria Infirmary each year. This equates to around 50 patients per day.

The minor injuries unit at Victoria Infirmary in Northwich is a nurse-led service providing treatment for minor injuries. The unit is open from 9am to 10pm, seven days a week, and is also supported by x-ray facilities between 8:30am and 5pm Monday to Friday. There is no x-ray cover over the weekends.

Patients present to the unit by walking into the reception area and are seen initially at the reception desk and booked in prior to being seen by a triage nurse. Triage is the process of determining the priority of patients' treatments based on the severity of their condition. Patients were streamed from triage to the most appropriate areas.

More seriously ill patients are stabilised and transferred by ambulance to the Leighton General Hospital. Staff follow a protocol to decide which illnesses they can treat or should transfer.

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 and a plastering room which is primarily used as a triage room for initial assessment.

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

We inspected the following services within the minor injuries unit at Victoria Infirmary:

- The reception and waiting area
- The four-bay assessment area with one for children
- The plaster room
- The room for specialist eye conditions

During the inspection visit, the inspection team visited the unit, looked at the quality of the environment and observed how staff were caring for patients.

We spoke with four patients who were using the service and eight staff members including nurses, domestic and catering staff, receptionists and administrative staff.

We reviewed five patient records.

## Summary of this service

We previously inspected the minor injuries unit jointly with urgent and emergency care services at Leighton Hospital so we cannot compare our new ratings directly with previous ratings. Overall, we rated this service as requires improvement because:

- The service had enough staff but we were not assured that staff had all the competencies in particular, to care for children.



# Urgent and emergency services

- The service did not have suitable premises for children as the waiting area was not separate from adults.
- The service provided mandatory training in key skills to all staff but not everyone had completed it. Completion levels of mandatory training for some subjects, including level 3 safeguarding children, duty of candour and manual handling - people were below expected.
- The service didn't display safety monitoring information or evidence of how it was used to improve the care. There was no visible evidence regarding safety performance dashboards, safety thermometer data or any quality and safety improvements seen on display.
- The service did not undertake audits to monitor and benchmark performance at the time of inspection. The service didn't review patient outcomes to monitor effectiveness of care.
- Patients could not always access pain relief medication if they visited the unit after 6:30 pm, this was due to a lack of trained staff to check and administer medication in line with best practice guidance.
- The x-ray service was not available at weekends or after 5pm although the unit was open from 9am to 10pm, seven days a week.
- We found variable knowledge of staff in relation to the implementation of the Mental Capacity Act 2005. Staff did not consider the smaller decisions that may require capacity to be assessed and not all staff reported that they had received training in the Mental Capacity Act 2005.
- Managers did not appraise staff's work performance to provide support and monitor the effectiveness of the service.

However;

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff kept appropriate records of patients' care and treatment. 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.
- The service treated concerns, complaints and patient safety incidents seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The service controlled infection risk well.
- The trust planned and provided services in a way that met the needs of local people.
- Staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- People could access the service when they needed it. Waiting times from treatment were in line with good practice.
- The service took account of patients' individual needs, although further work was required to embed processes to support patients living with dementia and patients with a learning disability.
- The service provided care and treatment based on national guidance.
- Nurses and other healthcare professionals supported each other and worked well together and cared for patients with compassion.

## Is the service safe?

**Requires improvement**



# Urgent and emergency services

We rated safe as requires improvement because:

- The service had enough staff but we were not assured that staff had all the competencies in particular, to care for children.
- The service did not have suitable premises for children as the waiting area was not separate from adults.
- The service provided mandatory training in key skills to all staff but not everyone had completed it. Completion levels of mandatory training for some subjects, including level 3 safeguarding children, duty of candour and manual handling - people were below expected.
- The service didn't display safety monitoring information or evidence of how it was used to improve the care. There was no visible evidence regarding safety performance dashboards, safety thermometer data or any quality and safety improvements seen on display.

However;

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Equipment was well maintained and clean.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

## Is the service effective?

**Requires improvement**



We rated effective as requires improvement because:

- The service did not undertake audits to monitor and benchmark performance at the time of inspection. The service didn't review patient outcomes to monitor effectiveness of care.
- Patients could not always access pain relief medication if they visited the unit after 6:30 pm, this was due to a lack of trained staff to check and administer medication in line with best practice guidance.
- The x-ray service was not available at weekends or after 5pm although the unit was open from 9am to 10pm, seven days a week.
- We found variable knowledge of staff in relation to the implementation of the Mental Capacity Act 2005. Staff did not consider the smaller decisions that may require capacity to be assessed and not all staff reported that they had received training in the Mental Capacity Act 2005.
- Managers did not appraise staff's work performance to provide support and monitor the effectiveness of the service.

However:

- Patients had access to enough food and drink to meet their needs.

# Urgent and emergency services

- Nurses and other healthcare professionals supported each other and worked well together to provide good care.
- 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.
- Staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- The service provided care and treatment based on national guidance.

## Is the service caring?

**Good** 

We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment. We observed nurses offering patients and relatives the opportunity to ask questions and to clarify anything they were unsure of. Patients and relatives told us staff had explained things in a way they could understand.
- Staff provided emotional support to patients to minimise their distress.

## Is the service responsive?

**Good** 

We rated responsive as good because:

- The unit provided a local facility for patients to attend with minor illness or injury. The trust had undertaken a gap analysis and produced a number of options for the future of this service. There were plans to consult with staff, external providers and the wider population once a full option appraisal had been finalised.
- Trust data for re-attendance rates were better than the England averages and the number of patients leaving without being seen was better than the national figures.
- The service took account of patients' individual needs, although further work was required to embed processes to support people living with dementia and people with a learning disability.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- Data for the triage of patients, both adults and children, within 15 minutes had been above the 95% standard until November 2017 when it had worsened with only 61.5% in March 2018.
- There was a lack of x-ray facilities in an evening and at weekends. This meant the demand increased on a Monday which was not addressed by increasing staffing levels to cover the demand.

# Urgent and emergency services

## Is the service well-led?

**Good** 

We rated well-led as good because:

- The service had managers with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and was reviewing the service with involvement from staff, patients, and key groups representing the local community.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However;

- The service did not collect information well to support all its activities, although they were using secure electronic systems with security safeguards.
- Managers were not visible at the service location.
- Quality indicators were not collected or monitored to benchmark performance or improve the service.
- The Division of Medicine and Emergency Care had an annual schedule of local surveys. However, at the time of the inspection the minor injuries unit had not been included. The matron with the lead for patient and public involvement was planning to include a local survey for the 2018/19 programme.

## 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  
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[www.mccht.nhs.uk](http://www.mccht.nhs.uk)

## Key facts and figures

Mid Cheshire Hospitals NHS Foundation Trust (the trust) was established as an NHS Trust in April 1991 and became a Foundation Trust in April 2008. The trust has three registered locations: Leighton Hospital, the Victoria Infirmary and Elmhurst Intermediate Care Centre.

The trust provides a full range of hospital services at Leighton Hospital, including and emergency department, critical care, coronary care, general medicine including elderly care, general surgery, orthopaedics, anaesthetics, stroke rehabilitation, paediatrics and maternity care. The trust also provides outpatient services and a minor injuries unit at the Victoria Infirmary and intermediate care services at Elmhurst Intermediate Care Centre.

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. The trust took over the community services from East Cheshire NHS trust in October 2016.

In total the trust has around 553 beds and employs more than 4,500 members of staff. The trust serves a local population of approximately 300,000 living in and around Alsager, Crewe, Congleton, Knutsford, Middlewich, Nantwich, Northwich, Sandbach and Winsford.

The majority of health indicators for Cheshire East and Cheshire West and Chester (including life expectancy) are either in line with or better than the England average. However, the local health profiles for Cheshire East and Cheshire West and Chester show the number of “hospital stays for self-harm” and the number of people “killed or seriously injured on roads” is worse than the England average. Breastfeeding initiation rates in Cheshire West and Chester are also worse than the England average (Public Health England, 2017).

## Summary of services at Leighton Hospital

**Good**   

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

- Records were clear, up-to-date and available to all staff providing care. 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.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

# Summary of findings

- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The services prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The services provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Information about the outcomes of patients' care and treatment was routinely collected and compared against national data. Information was monitored in different meetings to identify areas for improvement. The maternity service used safety monitoring results well.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- There was good evidence of multi-disciplinary team work to make sure patients were transferred / discharged to the appropriate location at the right time and with the support and involvement of carers and relatives. The newly developed frailty service was starting to reduce patient admissions and reduce re-attendances. The mental health liaison team facilitated communication with the community mental health teams and home-based treatment team, enabling people to be discharged from hospital with more intensive mental health support.
- In the main, services made sure staff were competent for their roles, although some improvements were required with competency re-training in maternity services. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service. However, appraisal rates were variable across the service.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Privacy and dignity was maintained. We saw staff reassuring patients who were anxious or upset, with specialist support available if this was needed. The Friends and Family test had a good response rate for medical care services which demonstrated a high percentage of people would recommend these services.
- The services were planned and provided in a way that met the needs of the local people. The medicine and emergency care division recognised the needs of the local population and used various sources of data such as public engagement and the use of local data and statistics to design and plan the services provided.
- Services had a vision for what they wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Services had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the hospital promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Services used a systematic approach to continually improve quality and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- Services had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Services engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Services were committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

# Summary of findings

However;

- We observed failure to follow infection prevention and control procedures on a number of occasions across wards and departments. There was also a lack of adequate assurance of compliance with infection prevention and control procedures.
- Nursing vacancy, turnover and sickness rates were all above the trust targets in medical care services, as was the use of bank staff. Some services did not always have enough staff with the right qualifications, skills, training and experience to provide care and treatment. Including the requirement for registered children's nurses in urgent and emergency care services and limited flexibility in numbers of midwives to cope with increased capacity and demand, or short notice sickness and absence.
- Completion levels of mandatory training for some subjects, particularly level 3 safeguarding children were variable in all the services we inspected.
- Maintenance and safe storage of equipment in maternity and medical care services was not at satisfactory levels. We saw sluice rooms unlocked in several wards, with cleaning solutions accessible to patients and visitors.
- Patient risk assessments were not completed consistently including a lack of risk assessments relating to patients' mental health needs or behaviour; the World Health Organisations five steps to safer surgery maternity safety checklist was not completed fully in theatre and patients attending the emergency department were not routinely assessed for venous thromboembolism in line with best practice guidance.
- Staff did not understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. We found there was an inconsistent approach for assessing the needs of patients who lacked capacity.
- Not all services were provided seven days a week. For example, at weekends consultant review of medical and stroke patients was limited to only new patients although the staff could request review for other patients, or regarding concerns. Physiotherapy and occupational therapy services were available for stroke patients Monday to Friday, however only new stroke patients were seen at weekends due to more limited availability of therapy services.
- We were not fully assured that all patients received timely pain relief in the emergency department. Children attending the department via the waiting room were not always assessed, prioritised or given pain relief at this point of care.
- Delayed discharges were an ongoing challenge for medical services. There was a backlog of dispatch of discharge letters on the acute medical unit some up to six weeks. Specialist leaders identified concerns in delays for follow up appointments particularly in rheumatology.
- The trust did not always meet the national standards for access to services. As at the last inspection we found the service did not always meet national standards to admit, transfer or discharge patients within four hours.
- Complaints were not always responded to in a timely manner which meant they did not meet the trust targets for closure of complaints. Although, concerns and complaints were treated seriously, investigated and learned lessons.
- Whilst the systems and processes were in place to support leaders of medical care services, the capacity to deliver change was limited by continuing operational pressures and challenges in recruiting and retaining staff. There was an overall lack of pace in achieving stability and sustainable improvement in the service.
- Following the inspection, we raised the concerns regarding infection control procedures and capacity to consent procedures with the trust and requested assurance that improvements would be made. The trust provided us with



## Summary of findings

evidence that action had been taken and was being monitored to ensure sustained improvement and adherence to standards. We reviewed the action taken in May 2018 when we returned to the trust to carry out our well-led inspection. We found that whilst some improvements had been made, these were still not fully embedded and a review of the consent policy was required to ensure it met the requirements of the Mental Capacity Act 2005.

# Urgent and emergency services

Good   

## 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. The emergency department at Leighton Hospital sees approximately 85,000 patients each year.

Urgent and emergency care services at Leighton Hospital consist of two main areas:

- Clinical decisions unit
- Emergency department

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

The emergency department has a five-bedded resuscitation suite; a majors' area consisting of 10 majors cubicles, a dedicated minor injury area and an eight bedded clinical decisions unit. There is a well-established emergency nurse practitioner service for minor injuries and support for this service is provided by the emergency medicine consultants.

There are also four rapid assessment cubicles. The trust is an accredited trauma unit within the North West Midlands and North Wales trauma network.

There are three consultant-led recent injury clinics each week at Leighton Hospital. Primary care presentations are seen in a co-located unit delivered by the trust between 8am and 7pm and by the Central Cheshire Integrated Care Partnership (CCICP) GP out of hours service overnight. A seven-day streaming service is in place.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

We inspected the following services within the emergency department at Leighton Hospital:

- The resuscitation area with five bays including one paediatric bay
- The four-bed rapid assessment area
- The majors area with 10 cubicles including one paediatric cubicle
- The eight-bed clinical decisions unit with three chairs
- The four-bed minor injuries unit

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

During the inspection visit, the inspection team visited the emergency department, looked at the quality of the environment and observed how staff were caring for patients. We observed three handovers and a bed capacity meeting.

We spoke with 16 patients who were using the service and their relatives or carers.

We spoke with six managers and divisional leads across each of the services inspected. We also spoke with 51 other staff members; including doctors, nurses, healthcare assistants, domestic and catering staff, security staff, receptionists, administrative staff, occupational therapists and physiotherapists.

# Urgent and emergency services

We also looked at 26 patient care records and 12 medication administration records

## Summary of this service

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

- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Outcomes for patients could be shown to have improved. This had improved since the previous inspection.
- The service had enough staff with the right qualifications, skills, training and experience to provide care and treatment to adults. However, there was limited flexibility in numbers to cope with increased capacity and demand, or short notice sickness and absence.
- Appraisal completion rates had historically been low but were improving following implementation of an action plan.
- Staff of different groups worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- There was good evidence of working together to treat and care for patients who frequently attended the department.
- The clinical decisions unit demonstrated a holistic approach to planning people's discharge, transfer or transition to other services, which was done at the earliest possible stage.
- In the main, patients received treatment within one hour of arrival in line with the best practice guidance.
- The percentage of patients waiting between four and 12 hours from the decision to admit until being admitted was better than the national average.
- The divisional and service level leadership, culture and overall governance structure had the capacity, capability and integrity to ensure that the strategy could be delivered and risks to performance addressed.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Staff were engaged, supported and felt valued by senior staff.

However:

- At the last inspection the trust did not always meet the national standards for access to services. At this inspection we found the service did not always meet national standards to admit, treat and discharge patients within four hours.
- Discharge planning was not always effective in the main emergency department
- The initial triage of self-presenting patients was conducted by either the GP out of hours team, (a locally commissioned service provided by a primary care organisation) or by a member of the department's staff. We

# Urgent and emergency services

identified concerns regarding the streaming process because there was an inconsistent approach to assessing patients between the different staff. No observations were taken when the GP Out of Hours staff were on duty; no pain relief was administered, there was no evidence of prioritisation of patient's dependent on risk or need, and no documentation was completed.

- The department was not designed to meet the needs of children. The service did not always have enough staff with the right qualifications, skills, training and experience to provide care and treatment to children.
- There was no segregation between children and adults in the waiting area and there were very few resources for adolescents such as access to Wi-Fi and age related books and magazines.
- There was no child protection information sharing system in place however there were plans to introduce this in the near future.

## Is the service safe?

**Requires improvement**  

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

- The service did not always control infection risk well. The emergency department was visibly dirty, dusty and cluttered. Staff did not follow infection control processes consistently. We observed staff entering and leaving cubicles without washing their hands. We also observed that few staff wore aprons when treating and caring for patients. Parts of the premises were in need of repair.
- The service did not always have enough staff with the right qualifications, skills, training and experience to provide care and treatment to children. The service did not comply with the Royal College of Paediatrics and Child Health guidelines as there was only one registered children's nurse for the department.
- There was no child protection information sharing system in place; however, there were plans to introduce this in the near future.
- At the last inspection the department met the mandatory training requirements. At this inspection we found completion levels of mandatory training for some subjects, including safeguarding level 3 was poor.

However:

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service had enough staff with the right qualifications, skills, training and experience to provide care and treatment to adults. However, there was limited flexibility in numbers to cope with increased capacity and demand, or short notice sickness and absence.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.

## Is the service effective?

**Good**   

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

# Urgent and emergency services

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The mental health liaison team facilitated communication with the mental health teams based within the community and made referrals to the home based treatment team, where appropriate which enabled people to be discharged from hospital with more intensive mental health support provided.
- Appraisal completion rates had historically been low but were improving following implementation of an action plan.
- 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.
- Staff understood their roles and responsibilities under the Mental Health Act 1983. They knew how to support patients experiencing mental ill health.
- Staff were aware of the role of the dignity matron, dementia lead and mental health liaison team. They reported they were approachable and supportive for patients with additional needs.

However:

- Staff did not routinely offer patients food and drink to meet their needs and improve their health. Comfort rounds (also called intentional rounding) did not take place for patients who were admitted to the department and stayed for several hours, or overnight.
- We were not fully assured that all patients received timely pain relief. Children attending the department via the waiting room were not always assessed, prioritised or given pain relief at this point of care.
- Patients were not routinely assessed for venous thromboembolism in line with best practice guidance.
- Staff understanding of their roles and responsibilities under the Mental Capacity Act 2005 was variable. Staff did not consider the smaller decisions that may require capacity to be assessed and not all staff reported they had received training in the Mental Capacity Act 2005.

## Is the service caring?

Good  → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Privacy and dignity was maintained.
- Staff involved patients and those close to them in decisions about their care and treatment.

Staff provided emotional support to patients to minimise their distress.

# Urgent and emergency services

## Is the service responsive?

Good   

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

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The department had regular meetings to discuss any patients who were classed as 'frequent attenders'. This enabled staff to put a care management plan in place to ensure they were treated appropriately.
- There was a clear escalation policy with supporting processes to help the service cope with the increased number of patients during the 'winter pressures' period.
- In the main, patients received treatment within one hour of arrival in line with the best practice guidance.
- The percentage of patients waiting between four and 12 hours from the decision to admit until being admitted was consistently better than the national average.
- From February 2017 and January 2018, no patients waited more than 12 hours from the decision to admit until being admitted.
- Ambulance handover times had been better than the England average and better than the standard between January 2017 and November 2017 however there had been a worsening of this after December 2017 related to the increased demand seen at this time.

However:

- At the last inspection the trust did not always meet the national standards for access to services. At this inspection we found the service did not always meet national standards to admit, transfer or discharge patients within four hours.
- The mental health assessment room did not protect patient's privacy and dignity as members of the public could see into the room.
- The trust did not always plan and provide services in a way that met the needs of local people. There were limited facilities to support the care and treatment of people living with dementia and there was no evidence of easy read documents or leaflets. The children's waiting area lacked facilities for older children.

## Is the service well-led?

Good   

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

- Urgent and emergency services had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

# Urgent and emergency services

- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- The service had a 'Dementia Strategy' and learning disability development group in place which was reviewed at the quality, safety, improvement strategy meetings.

## Outstanding practice

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

## Areas for improvement

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



# Medical care (including older people's care)

Requires improvement  

## Key facts and figures

The medical care service at Leighton Hospital provides care and treatment across nine wards. The Division of medicine and emergency care provides acute services for Mid Cheshire Hospitals NHS Foundation Trust, with a catchment population of around 290,000.

Medical specialties provided on site are: cardiology, gastroenterology, respiratory medicine, diabetes/endocrinology, care of the elderly, stroke medicine, rheumatology, acute medicine and acute frailty.

There are 272 beds across the nine medical wards.

The division works collaboratively with the University Hospital of North Midlands (UHNM) to provide early in-patient angiography, coronary intervention and pacemaker implantation, upper GI bleeds, neurology and hyper acute stroke services. Non-invasive ventilation is provided in the Emergency Department, on the respiratory ward and on CCU as required.

The trust had 23,278 medical admissions from September 2016 and August 2017. Emergency admissions accounted for 12,489 (53%), 132 (0.5%) were elective, and the remaining 10,657 (45%) were day case. Admissions for the top three medical specialties were:

- General medicine: 20,076
- Clinical Haematology: 1,326
- Pain management: 680

We inspected the whole service, looking at all five key questions.

## Summary of this service

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

We inspected the hospital as part of an unannounced inspection between 20 and 22 March 2018. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During the inspection we visited ward 1 (cardiac care unit), ward 2 (planned investigation unit/ short stay) ward 3 (acute medical unit), ward 4 (care of the elderly), ward 5 (respiratory) ward 6 (acute stroke/ general medicine), ward 7 (elderly care), ward 14 (gastroenterology), ward 21b ( rehabilitation).

In addition, we visited ward 15, in use as an escalation ward at the time of inspection; and the endoscopy unit in the treatment centre.

We reviewed 48 patient records and nursing plans. We spoke with 36 patients and their families and carers, as well as observing communications and ongoing clinical care in different wards.

We spoke with 43 members of staff including doctors of all levels, nurses, healthcare assistants, bed managers, therapy staff, housekeepers and senior managers.

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

# Medical care (including older people's care)

- The service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service did not always control infection risk well.
- Records were not always stored securely
- Individual risks to patients were not always clearly documented
- Staff did not understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 and were unclear about trust processes for this area.
- The service did not always take account of individual patient needs.
- Referral to treatment times were not met in all specialities. There were delays in follow up in rheumatology.
- There were delays in sending discharge letters and patients waiting for follow up appointments in some specialities.
- There were a significant number of delayed transfers of care.
- The ongoing challenge of staffing and sustainability of services compromised the ability of managers for leadership and progressing the development of services.

However

- The service managed patient safety incidents and medicines well.
- Safeguarding procedures were clear and staff understood their responsibilities.
- Mandatory training was provided and met trust targets in the majority of wards.
- Staff followed national guidance and monitored the service.
- There was extensive multi-disciplinary team working to support patients' needs.
- Staff gave patients enough food and drink for their needs.
- Staff were caring and patients spoke positively about the treatment they had received.
- There was a positive and open culture where staff felt supported and showed a positive attitude.
- The service undertook engagement and was committed to involving staff, service users and the public in developing and improving its services.

## Is the service safe?

**Requires improvement**  

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

- The service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service did not always control infection risk well. We saw several instances of failing to follow trust policy for infection prevention and control, including clinical staff not being bare below the elbows.
- Staff had access to the equipment they needed to care for patients but did not always use it in a way that helped keep people safe. We saw sluice rooms unlocked in several wards, with cleaning solutions left out on surfaces.

# Medical care (including older people's care)

- The service did not always recognise individual risks to patients and these were not consistently documented in patient records.
- Records were not always stored securely. We saw records trolleys left open and unattended in several wards

However

- The service provided mandatory training in key skills to all staff and made sure everyone completed it
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service prescribed, gave, recorded and stored medicines well.
- The service managed patient safety incidents well. Staff recognised and reported incidents appropriately.
- In the treatment centre endoscopy unit, all patient areas appeared visibly clean and orderly.

## Is the service effective?

**Requires improvement**   

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

- Staff did not understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. We saw during the inspection there was an inconsistent approach for assessing the needs of patients who lacked capacity. We wrote to the trust following inspection to express our concerns
- Not all services provided seven-day services. Therapy services were provided weekdays only, with the exception of emergency on call for respiratory patients and assessment of new stroke patients. The consultant ward rounds at weekends were for new patients only however they would review acutely unwell patients on all wards.
- The service did not always make sure staff were competent for their roles and appraisal rates in medical services did not meet trust target of 90%.

However;

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health
- Information about the outcomes of patients' care and treatment was routinely collected and compared against national data. Information was monitored in different meetings to identify areas for improvement.
- Staff of different kinds worked together as a team to benefit patients.
- Health promotion leaflets were displayed around medical wards and corridors, including healthy eating and lifestyle information.

## Is the service caring?

**Good**   

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

# Medical care (including older people's care)

- Staff cared for patients with compassion. Patients were consistently positive about the care they were receiving and spoke appreciatively about nursing staff. We heard patients say, "staff were fabulous at what they do".
- Staff provided emotional support to patients to minimise their distress. We saw staff reassuring patients who were anxious or upset and speaking in ways that respected patients' dignity.
- Where any need was identified, specialist services were available from psychologists, spiritual care leaders and admiral nurses to support patients' emotional health and well-being
- Patients attending endoscopy investigations felt reassured by the way staff spoke with and reassured them.

However

- Staff did not always involve patients and those close to them in decisions about their care and treatment. Although patients' needs may have been communicated to staff by their families, this was not maintained continuously. Families were often not consulted or involved when patients were unable to or needed to make important decisions.

## Is the service responsive?

**Requires improvement**   

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

- Average length of stay at Leighton Hospital was higher than the England average in both elective and non-elective general medicine.
- Between November 2016 and October 2017 10 percent of patient discharges were delayed.
- Neurology was not meeting the 18 week referral to treatment standard.
- Information was not always provided in an accessible format for patients.
- There were delays in sending discharge letters and consultants had concern about delays in follow up for some specialist services, notably in rheumatology.

However;

- The service planned and provided service in a way that met the needs of the local people.
- Referral to treatment times were good in three of the four speciality areas.
- Complaints were treated seriously, investigated and lessons learned.

## Is the service well-led?

**Good**   

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

- The service had managers at all levels with the right skills and abilities to run a service providing high quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients and key groups representing the local community.

# Medical care (including older people's care)

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There was an open and transparent culture and we observed staff displaying a positive attitude.
- The trust used a systemic approach to continually be improving the quality of its services and safeguarding high standards of care in which clinical care would flourish. Quality improvements were monitored in trust committees and areas for service improvement identified from this.
- The service had effective systems for identifying risks, planning to eliminate or reduce them and coping with both the unexpected and the expected.
- The service collected, analysed and used information well to support all its activities, using secure electronic systems with security safeguards. The service had effective systems for identifying and sharing important information with staff.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go wrong and when they go right, promoting training, research and innovation. We saw staff in the service were engaged in research projects.

However;

- Managers were frequently needed to work in clinical services when staffing was short and this limited their availability for leadership activities.

## Outstanding practice

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

## Areas for improvement

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

# Maternity

Good 

## Key facts and figures

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

Between October 2016 and September 2017, there were 2,678 births at this trust. Leighton Hospital has a maternity unit that includes a labour ward suite with six consultant-led rooms; a midwifery-led unit with three midwifery-led rooms as well as a triage area and induction of labour area. There are two obstetric theatres with a recovery bay for two patients. There is a combined antenatal and postnatal ward that has six four-bedded bays and three side rooms.

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

Community antenatal clinics take place at locations throughout the mid Cheshire areas including GP surgeries and children's centres.

We plan our inspections based on everything we know about services including whether they appear to be getting better or worse. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

We inspected the service between 20 and 22 March 2018. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We reviewed 10 patient records and other documentation relating to checks carried out in theatre. We spoke with seven patients and their partners as well as observing two patients during surgery and a patient in the antenatal clinic.

We spoke with 40 members of staff including specialist hospital and community midwives, doctors of all levels, care assistants, student midwives, ward clerks, housekeepers and senior managers.

## Summary of this service

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

We rated it as good because:

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The majority of staff had completed mandatory training and specific skills and drills for this service.
- Most staff had received safeguarding training updates and understood how to keep patients safe.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.

# Maternity

- Staff provided medication, including pain relief, appropriately to patients in a timely manner.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff worked together as a team to benefit patients. Doctors, midwives and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Patients were kept comfortable and supported by staff. Partners were involved with care.
- The service planned and provided services in a way that met the needs of local women. Women could access the service when they needed it.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- There was an open and transparent culture with clear supportive leadership. There was a commitment to engagement with staff and public with monitoring of the service to promote improvements.

However:

- Compliance for obstetric medical staff in resuscitation training and safeguarding training was low.
- Staff did not always follow infection control guidance and best practice. We observed some staff not adhering to 'arms bare below the elbows' guidance or washing their hands prior to patient contact.
- Some equipment had not been regularly maintenance checked.
- The World Health Organization (WHO) maternity *five steps to safety surgery* checklist was not completed fully in theatre.
- The service did not always make sure that staff were competent for their roles, particularly to provide support in theatre and almost half the midwifery staff had not received an appraisal of their work performance in the last 12 months.

## Is the service safe?

**Requires improvement**



We rated the service as requires improvement because:

- The service did not control infection risk well. Staff did not always use control measures to prevent the spread of infection. We observed some staff not adhering to 'arms bare below the elbows' guidance or washing their hands prior to patient contact.
- Mandatory training compliance levels for medical staff were low.

# Maternity

- Staff had training on how to recognise and report abuse and they knew how to apply it. However only half of the medical staff had completed the relevant training.
- Some equipment had not been regularly maintenance checked.
- The World Health Organisations five steps to safer surgery maternity safety checklist was not completed fully in theatre.

However:

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

## Is the service effective?

**Good** 

We rated the service as good because:

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

However:

- The service did not always make sure that staff were competent for their roles, particularly to provide support in theatre. Almost half the midwifery staff had not received an appraisal of their work performance in the last 12 months.



# Maternity

## Is the service caring?

**Good** 

We rated the service as good because:

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

## Is the service responsive?

**Good** 

We rated it as good because:

- The service planned and provided services in a way that met the needs of local women. Antenatal appointments could be arranged near to women's home rather than travelling to the hospital. Women could choose where to have their care throughout the pregnancy, birth and post-natally.
- Women could access the service when they needed it with no closures to the unit in 2017. There was a process for busier periods, where community midwives supported the midwifery-led unit while those midwives supported the labour ward suite.
- The service took account of patients' individual needs with women having a named midwife. The pregnancy care record book was given to all patients antenatally: this was available in a range of formats such as large print or languages other than English.
- In the midwifery-led unit, complimentary therapies were available to help with relaxation and induction of labour.
- A dedicated bereavement suite was located discreetly with memory boxes for families.

However:

- Complaints were not always responded to in a timely manner. This meant that themes or trends could not be identified to help drive improvement.

## Is the service well-led?

**Good** 

We rated the service as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

# Maternity

- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Outstanding practice

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

## Areas for improvement

See guidance note AL9 then replace this text with your report content (if required); otherwise, delete this section and its heading.

# Community health services

## Background to community health services

Mid Cheshire Hospitals NHS foundation Trust provides community services for adults and some specialist services for children. The trust has provided these services for less than two years.

Community adult services are delivered by the Central Cheshire Integrated Care Partnership (CCICP). This local health partnership formed in 2016 and is a collaboration between Mid Cheshire Hospitals NHS Foundation Trust, the South Cheshire and Vale Royal GP Alliance and Cheshire and Wirral Partnership NHS Foundation Trust.

The paediatric speech and language therapy service has commissioning arrangements with two local councils; Cheshire East (CE) and Cheshire West & Chester (CWaC) for children with special educational needs and disability (SEND), and the Cheshire and Merseyside hearing impairment network for children and adults with severe / profound hearing impairment including cochlear implants. The service is also commissioned by a number of school clusters.

The paediatric occupational therapy service assesses and gives advice on the provision of equipment for those children/ young people with complex needs. The special needs nursing service is responsible for the contribution to the safeguarding process, and will follow the guidance and pathways developed through the local children's and young people safeguarding board. Highly specialist wheelchairs are provided for paediatric patients to support independent living and quality of life. Dietetics provide a community paediatric home enteral feeding service.

The children's and young people's home care team specialise in caring for children / young people with specific nursing needs. Community paediatricians review children / young people with developmental issues, disability, social paediatrics (including child protection, Adoption and Fostering) and educational paediatrics (special educational needs).

## Summary of community health services

### Requires improvement

We rated them as requires improvement because:

- We rated the Community Health services for Adults as good overall but rated the safe domain as requires improvement due to concerns regarding mandatory training including safeguarding training; equipment maintenance; medicines management; incident reporting and records were not up-to-date or easy to follow and could not be accessed by all staff.
- We rated community health services for children and young people as requires improvement overall as they were rated requires improvement in the safe, effective, responsive and well led domains. We rate caring as good.

It was agreed that these ratings will not be aggregated into the trust overall rating as they have provided them for less than two years. We recognised an improving picture in the community adults services however the community services for children and young people although improved required further improvement.

# Community health services for adults

Good 

## Key facts and figures

Community adult services are delivered by the Central Cheshire Integrated Care Partnership (CCICP). This local health partnership formed in 2016 and is a collaboration between Mid Cheshire Hospitals NHS Foundation Trust, the South Cheshire and Vale Royal GP Alliance and Cheshire and Wirral Partnership NHS Foundation Trust.

The CCICP organisational structure comprises of five care communities with specialist services integrated into each locality. Each community is led by a care communities service manager who had all been in post since January 2018.

The CCICP delivers a full range of adult community services for more than one trust. For the purpose of this inspection we only inspected the services that are provided and managed by the Mid Cheshire Hospitals NHS Foundation Trust. The trust provides the following community adult services:

Community nurses operate 24 hours per day over a seven day period. They provide immediate access within four working hours including end of life patients who want to be cared for at home, visits that can prevent an unnecessary attendance at A&E or unnecessary hospital admission that could be safely managed at home.

The out of hours service has a role to play in safeguarding vulnerable adults who frequently present to the service. Through intermediate care there is currently provision for a "falls car" which operates over seven days working in collaboration with North West Ambulance Service to prevent unnecessary hospital admissions due to falls.

The dietetic service coordinates the community home enteral feeding service and supports cost effective provision of nutritional products. They also provide a specialist weight management service for patients requiring bariatric surgery and dietetic clinics within general practice.

Advanced community practitioners offer a two hour response following a GP request for a home visit. This rapid response service offers an alternative to a GP visit in the patient's home and potential hospital admission for patients who are having an acute episode of ill health, for example having an exacerbation of a long term condition that with appropriate and timely health assessment could remain at home.

There are complex case practitioners who case manage patients for up to six weeks offering support to patients to implement a plan of care in order for them to manage their own health care needs.

The community nursing teams provide palliative nursing care to facilitate a comfortable and dignified death in accordance with the *Gold Standard Framework*, *Preferred Priorities of Care* and End of Life Tools. They provide advice and support to the patient, family and carers. Palliative patients are seen by GPs as part of the out of hours service.

CCICP has a hospital at home service to support end of life care to patients within their own homes. This care is provided by General Nursing Assistants.

Intermediate care is provided by CCICP, Cheshire East Council, Cheshire West and Chester Council in partnership with local acute hospitals working together to provide integrated health and social care. Their aim is to provide an alternative to hospital admission, a way to support early hospital discharge and rehabilitation packages to promote independence and avoid long term care.

The service also provides patients with all necessary information relating to their care and ongoing self-management. The intermediate care team within CCICP consists of nursing, occupational therapy and physiotherapy registered staff, and relevant generic workers. The multidisciplinary team also consists of social care staff from Cheshire East Council, Cheshire West and Chester Council in partnership with local acute hospitals working together.

# Community health services for adults

The trust also provides:

An adult therapies and integrated respiratory service including podiatry, musculoskeletal physiotherapy, musculoskeletal clinical assessment and treatment service, wheelchair service, community stroke service, occupational therapy and adult speech and language therapy.

Specialist community nursing services including: Stoma specialist nursing service, tissue viability, diabetes specialist nursing service, lymphoedema specialist nurses, intermediate care, adult continence, Macmillan nurses and therapists and community rehabilitation.

Our inspection was short notice-announced which meant staff knew we were coming a short time before visiting to ensure that everyone we needed to speak with was available. We inspected community adult services provided by the trust over a three day period from 17 April 2018 to 19 April 2018.

We visited seven district nursing services, the out of hours district nursing service, the advanced care practitioner rapid response service, the tissue viability service, the continence service, intermediate care service and physiotherapy musculo-skeletal service.

During the inspection, we spoke with nine patients, two relatives and 42 members of staff. We observed care and treatment in patients' homes and in four clinics. We accompanied staff on visits to people in their own homes and looked at care records for 24 people. We also interviewed key members of staff, attended two staff handover meetings and held a senior management focus group meeting.

## Summary of this service

We had not previously inspected this service. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- There were good examples across all services where integrated care was provided.
- The trust used a capacity and demand tool to monitor caseloads and manage staffing across the community teams. Managers assessed and prioritised their caseloads daily and where teams were understaffed, staff were reallocated to meet demand.
- Patients were supported to live healthier lives and good health promotion activities were demonstrated across the communities.
- Staff cared for patients with compassion and respect.
- All patients we spoke with confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The trust planned and provided services in a way that met the needs of local people.
- The trust monitored the changing needs of the community and used feedback from patients and stakeholders to monitor their services.
- The service took account of patients' individual needs.

# Community health services for adults

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- There was a clear strategy which was embedded throughout the services we visited and staff were all aware of the plans for transformation of the community services.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- The service needed to make improvements to ensure services were safe. Not all staff had completed mandatory training, including safeguarding training. Equipment was not always maintained appropriately and medicines were not administered and stored well. Staff recognised incidents but did not always report them. Records were not up-to-date or easy to follow and could not be accessed by all staff.
- Not all staff received clinical supervision and staff found it difficult to access appropriate training to maintain their competencies.
- The service did not always investigate and respond to complaints in a timely manner in line with trust policy.

## Is the service safe?

**Requires improvement**



We had not previously inspected this service. We rated it as requires improvement because:

- The service did not always ensure that staff completed mandatory training, including safeguarding training. Records showed that only 45% of eligible staff had completed level 3 children's safeguarding training.
- Not all equipment used was well maintained. We found equipment used to deliver medicines that were overdue for maintenance checks. There were no formal systems for monitoring stock use-by dates. We found consumables in stock that were past the use-by date.
- Staff recognised incidents but we found examples where an incident had occurred but it had not been reported
- Staff did not always have access to up-to-date, accurate and comprehensive information on patients' care and treatment. Not all staff had access to the trust electronic records system that they could all update.
- Staff did not always keep appropriate records of patients' care and treatment. Records were not clear, up-to-date and available to all staff providing care. Risk assessments were not completed and care records were completed differently across the services. Not all staff used the mobile electronic devices supplied by the trust to record patient information at the time of treatment.
- Patients did not always receive the right medication at the right dose at the right time. The service did not always give and record medicines well.

# Community health services for adults

- Some staff were not trained in the use of medical devices which meant there were delays in the provision of care.

However:

- We observed use of the capacity and demand tool to manage caseloads and staffing across the community teams. This meant managers assessed and prioritised their caseloads daily and re allocated staff to meet the demands.
- Premises used in the provision of care and treatment were visibly clean and tidy. Environmental cleaning of the treatment clinics was undertaken by cleaning contractors at the health centres.
- Electronic patient record systems were being updated and we were told all community staff would have full access by September 2018.
- The service had enough staff with the right qualifications, skills and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

## Is the service effective?

**Good** 

We had not previously inspected this service. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. There were good examples across all services where integrated care was provided.
- The clinical and allied health professional team leaders met monthly to discuss and review the trust policies and standard operating procedures relevant to their practice.
- Specialist teams and practitioners provided training to staff across the communities.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- There was a comprehensive preceptorship package for all new staff and a clear induction process in place.
- Patients were supported to live healthier lives and good health promotion activities were demonstrated across the communities.
- Patients were assessed for pain and discomfort throughout their treatment.

However:

- Not all staff received clinical supervision and staff found it difficult to access appropriate training to maintain their competencies.

# Community health services for adults

## Is the service caring?

**Good** 

We had not previously inspected this service. We rated it as good because:

- Staff cared for patients with compassion.
- All patients we spoke with confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- The service had a dedicated dignity matron who could support patients' transition through the healthcare services where required.
- Staff involved patients and those close to them in decisions about their care and treatment. Family members and carers were encouraged to remain during assessments and treatment.
- Staff had a good rapport with their patients and those close to them.
- Clinic times were flexible to fit in with patients travel arrangements or other appointments.

## Is the service responsive?

**Good** 

We had not previously inspected this service. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. Community nursing teams adapted and developed clinics to respond to the needs of the communities.
- The trust monitored the changing needs of the community and used feedback from patients and stakeholders to monitor their services.
- There was an advanced nurse practitioner rapid response team to provide support to patients who would usually be admitted to hospital.
- Complex case practitioner roles were developed to support patients with long term conditions to avoid unnecessary hospital admissions.
- The intermediate care team provided support for patients to remain at home with appropriate packages of care.
- All of the community teams had access to professional interpreting and translation services and a dignity matron who was available to support vulnerable patients during episodes of care and treatment
- The service took account of patients' individual needs. The service developed a capacity and demand tool to respond to the needs of the communities and identify patients at risk.
- The intermediate care team offered a single point of access to care and treatment and patients were assessed by an appropriate practitioner.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Staff were clear on the process for raising and escalating concerns and all patients we spoke with told us they knew how to raise complaints.



# Community health services for adults

However:

- The trust set of a target of 30-35 working days to investigate and close a complaint. Of the complaints that were closed, the trust took on average 53 days, which was not in line with this target.
- There was not always a senior member of staff at each base which meant that junior staff were responsible for managing the caseload.
- The continence team were not meeting the referral to assessment targets of eight weeks.

## Is the service well-led?

**Good** 

We had not previously inspected this service. We rated it as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The management team had a varied background in senior management and expertise in a wide range of clinical and non-clinical services.
- All managers were clear about their role and the challenges to quality and sustainability.
- All staff we spoke with said management and team leaders were visible and approachable.
- A quality and safety lead was appointed in January 2018 to monitor quality and sustainability of the services.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- There was a clear strategy which was embedded throughout the services we visited and staff were all aware of the plans for transformation of the community services.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust awarded a 'Star of the Month' to teams or individuals for outstanding contribution to patient care.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Some team meetings were fully integrated with attendance from GP's, social services, allied health and dieticians.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- Staff from the Advanced Community Practitioner Rapid Response Service were delivering a presentation on the role of their service to NHS England.
- Staff provided training and development to various non NHS agencies across the communities. They offered support to staff in care homes to promote patient safety and quality care.
- Where we did find concerns, managers were keen to make improvements. Managers were aware of high risk issues. These were added to the trust risk register and were being addressed.

However:

# Community health services for adults

- There was no senior management on site outside the hours of 9am 5pm. However, there is a process in place for escalation of issues outside of these hours via the Trust wide senior manager on-call arrangements.
- Monitoring the safety of staff varied across the teams we visited. Staff were not always alerted or aware of potential issues when visiting patient homes.
- There were no systems in place for staff to request help if they were unable to access their phone or if reception was poor.
- There was limited use of information technology systems in the community. Staff did not always access mobile working devices. Staff documented records on pieces of paper and returned to their base to update electronic records.

## Outstanding practice

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

## Areas for improvement

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

# Community health services for children and young people

## Key facts and figures

The paediatric speech and language therapy service has commissioning arrangements with two local councils; Cheshire East (CE) and Cheshire West & Chester (CWaC) for children with special educational needs and disability (SEND), and the Cheshire and Merseyside hearing impairment network for children and adults with severe / profound hearing impairment including cochlear implants. The service is also commissioned by a number of school clusters. The paediatric physiotherapy provides an audiotic service through a contract with a specialist audiotics company. Joint clinics are provided with a specialist physiotherapist working with the specialist orthopaedic consultant from Robert Jones and Agnes Hunt Orthopaedic Hospital.

The paediatric occupational therapy service assess and give advice on the provision of equipment for those children/ young people with complex needs, but the equipment is provided by Choice Equip for the home. The special needs nursing service is responsible for the contribution to the safeguarding process, and will follow the guidance and pathways developed through the local children's and young people safeguarding board. Highly specialist wheelchairs are provided for paediatric patients to support independent living and quality of life. Dietetics provide a community paediatric home enteral feeding service.

The children's and young people's home care team specialise in caring for children / young people with specific nursing needs (up to their 16th birthday or 19th birthday with complex medical needs).

Community paediatricians review children / young people with developmental issues, disability, social paediatrics (including child protection, Adoption and Fostering) and educational paediatrics (special educational needs). The team is made up of community paediatricians and ADHD nurses, supported by administrative and clinical support staff.

During our inspection, we spoke with 43 staff, 11 patients, and 10 family members.

We observed care and treatment to assess if patients had positive outcomes and looked at the care and treatment records for 24 patients. We also reviewed eight medicine prescription charts. We also attended a specialist school nurse handover and a home care team diabetic team meeting.

## Summary of this service

We had not previously inspected this service. We rated it as requires improvement because:

- Not all safety incidents were appropriately recognised, recorded, monitored and investigated in order to maintain the safety of patients.
- There was no flexibility in staff numbers to cope with increased capacity and demand, short notice sickness and absence, or developing professional development.
- Hand written patient records were not clear, up-to-date and available to all staff providing care.
- Risk assessments were not always completed and there was inconsistency in the accurate recording of care plans and care records across the services.
- Staff did not use integrated patient records, therefore, multidisciplinary (MDT) reviews across different specialities were written in separate records, which did not assure us that integrated care and treatment was robust or fully effective.
- Some medication prescription charts we reviewed were out of date.

# Community health services for children and young people

- Not all staff were up to date with mandatory training, including safeguarding.
- There were not always clear pathways for reporting and dealing with child protection and safeguarding concerns.
- Not all equipment used was well maintained or serviced regularly.
- The service did not have a robust community annual audit or benchmarking system to monitor the effectiveness of care and treatment and improve clinical services.
- There service did not monitor the outcomes of the care they provided in order to understand their performance or know if they could do things better.
- There was a poor culture of incident reporting and low level of complaints received within the service.
- There was a lack of care provision from the homecare team after 4:30pm on a weekday and at weekends.
- The friends and family test response rate was low.
- The service did not have a robust, effective, comprehensive, embedded process to identify, understand, monitor and address risks.
- There was limited use of information technology systems in the community.
- There was some inconsistency and variability in communication, availability of equipment and service development, with staff, which meant some staff did not feel well engaged. This was evident between staff that were directly managed by CCICP and staff directly managed by MCHFT.

However:

- CCICP services had introduced a dedicated community pharmacist to review, monitor and audit medicines management within the community setting.
- We observed numerous examples of multi-disciplinary working with clinicians co-operating and collaborating around the needs of children, young people and their families.
- Patients were supported to live healthier lives and good health promotion activities were demonstrated across the communities.
- The service supported patients' transition through the healthcare services where required.
- Staff cared for patients with compassion treating them with kindness and respect.
- Specialist teams and practitioners provided training to staff, patients and families across the communities, to support care and treatment.

## Is the service safe?

**Requires improvement**



We had not previously inspected this service. We rated it as requires improvement because:

- Not all staff members understood and met their responsibilities to raise concerns, report incidents and near misses. Not all safety incidents were appropriately recognised, recorded, monitored and investigated in order to maintain the safety of patients.
- The service did not consistently recognise and address safety concerns in order that lessons were learned and communicated widely across the service areas.

# Community health services for children and young people

- Some new arrangements were in place to address incident reporting, review and investigation that involved all relevant parties, however, this had yet to be fully embedded into practice and audited for effectiveness.
- Staffing levels were adequate at the time of our inspection however, there was no flexibility in numbers to cope with any increase in demand. Staff informed us that they did not currently use any acuity or benchmarking tool to access and monitor staffing and workload.
- Staff did not always have access to up-to-date, accurate and comprehensive information on patients' care and treatment. Not all staff had access to the trust electronic records system that they could all update.
- Staff did not keep appropriate records of patients' care and treatment. Records were not clear, up-to-date and available to all staff providing care.
- Risk assessments were not always completed and there was inconsistency in the accurate recording of care plans and care records across the services.
- Records were paper based as electronic devices were not available to CYP staff within the community setting. Records were not integrated therefore, MDT reviews across different specialities were in separate records.
- Patients did not always receive the right medication at the right dose at the right time. This was highlighted by out of date medication prescription charts we observed.
- Even though, there had been significant improvements within some teams, not all staff were up to date with the mandatory training including moving and handling, basic life support, dementia and Mental Capacity Act and deprivation of liberties.
- Compliance rates for safeguarding training, particularly in the special school nurse team, did not provide assurance that all staff was trained to the appropriate level according to the safeguarding intercollegiate document (Safeguarding Children and Young People, 2014).
- Premises used in the provision of care and treatment were visibly clean and tidy.
- Not all equipment used was well maintained or serviced regularly. We found examples where service packages were either not purchased or not transferred across to the new trust when the entire service moved in 2016.

However:

- There were plans in place to introduce electronic patient records system to CCICP CYP services in September 2018. Staff felt that this would streamline care and treatment. However, the home care team would not avail of this implementation as they were governed directly by MCHFT not CCICP.
- There were plans to upgrade equipment that was more than three years old, in the CCICP CYP services in September 2018. Staff felt that this would improve care and treatment for patients as well as improving staff working lives. However, the home care team would not avail of this implementation as they were governed directly by MCHFT not CCICP.
- CCICP services had introduced a dedicated community pharmacist to review, monitor and audit medicines management within the community setting.
- A service review was underway at the time of our inspection across all community CYP services to review staffing levels, skill mix, caseload numbers, equity across the teams, appropriate referrals and effective systems to meet the needs of the population. Staff in some teams were unsure when this review was due to finish.
- We observed numerous examples of multi-disciplinary working with clinicians co-operating and collaborating around the needs of children, young people and their families.

# Community health services for children and young people

## Is the service effective?

**Requires improvement** 

We had not previously inspected this service. We rated it as requires improvement because:

- The service did not have a robust community annual audit or benchmarking system to monitor the effectiveness of care and treatment and improve clinical services. There was inconsistency with how different services collect, collated and compared local results in order to learn from them. Patient's care and treatment outcomes were not routinely or consistency collected, monitored and used to improve care. The trust did not provide us with any robust, continual audit programme or annual audit results that assured us that oversight or monitoring of patient outcomes was effective.
- Patients did not always have comprehensive assessments and plans developed to meet their needs. The expected outcomes were not always identified and care and treatment was not always reviewed and updated as needed. We observed out of date care plans and medicines charts and were informed by staff that due to staffing issues, they prioritised giving care and did not have time to update care plans.
- Staff did not always have access to up-to-date, accurate and comprehensive information on patients' care and treatment. Not all staff had access to an electronic records system that they could all update contemporaneously.
- As there was no flexibility in staffing numbers to cope with increased capacity and demand, staff found it difficult to develop professionally or attend non-mandatory training.

However:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Managers appraised staff's work performance and held supervision meetings with them to provide support staff.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. There were good examples across all services where integrated care was provided.
- There was a comprehensive preceptorship package for all new staff and a clear induction process in place.
- Patients were supported to live healthier lives and good health promotion activities were demonstrated across the communities.

## Is the service caring?

**Good** 

We had not previously inspected this service. We rated it as good because:

- Staff cared for patients with compassion treating them with kindness and respect. Feedback from patients was positive about the way staff treat people. Patients and their relatives were treated with dignity, respect and kindness.
- Staff responded compassionately when patients or their relatives needed help. Support was given by caring staff as and when required by patients to meet their individual needs.
- All patients we spoke with confirmed that staff treated them well and with kindness.

# Community health services for children and young people

- Staff provided emotional support to patients to minimise their distress.
- The service supported patients' transition through the healthcare services where required.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Family members and carers were encouraged to remain during assessments and treatment.
- Staff had a good rapport with their patients and those close to them.
- Clinic times were flexible to fit in with patients travel arrangements or other appointments.

## Is the service responsive?

### Requires improvement



We had not previously inspected this service. We rated it as requires improvement because:

- The trust did not provide a trust target for waiting times. Data regarding waiting times could only be provided, by the trust, on a specified date on the current electronic management system. Refer to treatment time (RTT) information was not currently collected for paediatric therapies but would be collected routinely from the electronic management system from September 2018.
- There was inconsistency regarding patients' care and treatment being coordinated with other services and other providers in order to meet their individual needs. Even though staff worked well with other agencies and specialist service and referred patients when needed, multidisciplinary joined up care was disjointed, where patients were often seen by different teams, in different locations. Patient records were not integrated; therefore, coordinated care was not robust and effective.
- Staff members were aware of how to support patients who made an informal complaint; however, there was no robust evidence that the service used the learning from complaints and concerns as an opportunity for improvement.
- The home care service did not meet all the needs of all people. Staff had concerns about the lack of continuity of care and care provision after 4:30pm on a weekday and at weekends, as the service did not provide care outside of these times.
- The friends and family test response rate was low within the community services.

However:

- Patients' needs and preferences were considered and acted on to ensure that services were delivered in a way that met their needs. New referrals were prioritised according to the severity of their needs. However, staffing levels, skill mix, appropriate referrals, waiting times and correct discharge times lines were under review due increasing acuity, workloads and waiting times.
- The service-supported patients' transition through the healthcare services where required.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Family members and carers were encouraged to remain during assessments and treatment.
- Teaching, support and parenting solution groups were available for patients and their families.
- Staff had a good rapport with their patients and those close to them.



# Community health services for children and young people

- Clinic times were flexible within a clinic day, to fit in with patients travel arrangements or other appointments. Some staff arranged home visits or school visits, if patients could not attend a clinic appointment.
- Specialist teams and practitioners provided training to staff, patients and families across the communities, to support care and treatment.

## Is the service well-led?

### Requires improvement



We had not previously inspected this service. We rated it as requires improvement because:

- The service did not have a robust, effective, comprehensive, embedded process to identify, understand, monitor and address risks. Risks were not monitored and reviewed consistently, in order to maintain quality of care to patients and feedback to staff. Monitoring varied across the teams we visited. Not all risk matrix and GAS assessment tools were completed in records we reviewed.
- There was no robust, annual audit programme or processes in place to identify risks, monitor outcomes and assess impact. Service modifications and changes were in developmental stages and initiatives needed to be embedded into practice to focus on the impact on the quality of service provided.
- Monitoring and protecting the safety of staff varied across the teams we visited.
- Information systems did not support high quality patient care and treatment. Information was not always shared widely in the organisation or between multidisciplinary agencies.
- There was limited use of information technology systems in the community. Staff did not always access mobile working devices. Staff documented records on pieces of paper and returned to their base to update electronic records. These records were not always contemporaneous records and the quality of documentation was poor.
- There was a low incident reporting culture and complaints reporting culture to encourage an open and transparent service and use lessons learnt to improve safe care and treatment.
- CCICP organisational management structure was only developed in January 2018 and needed to be embedded into the service.
- CCICP leaders understood the challenges to quality and sustainability and could identify actions needed to address them. However, plans and initiatives were still to be embedded into practice and monitored to assess impact.
- All managers were clear about their role but some were either relatively new in post or soon to leave the organisation.
- CCICP managers we spoke to were not aware of the concerns that were highlighted by staff in the most recent staff survey.
- There was some inconsistency and variability in communication, availability of equipment and service development, with staff, which meant some staff did not feel well engaged. This was evident between staff that were directly managed by CCICP and staff directly managed by MCHFT.

However:

- All staff we spoke with said management and team leaders were visible and approachable.
- A quality and safety lead was appointed in January 2018 to monitor quality and sustainability of the services. As this was a relatively new post, plans and initiatives were still to be embedded into practice and monitored to assess impact.



# Community health services for children and young people

- We were given examples of senior management walk rounds where managers of all grades visited the community bases.
- The trust had a vision for what it wanted to achieve in the future. However, some staff were apprehensive about further changes as they had experienced significant changes since October 2016 and were keen to have a period of non change.
- There was a clear strategy for the CCICP service, staff were all aware of the plans for transformation of the community services.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The CCICP managers engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Some team meetings were fully integrated with attendance from the safeguarding team, social services, allied health and dieticians.
- There were systems to support improvement and innovation work, including research studies, staff award events and a new electronic data system.

## Areas for improvement

### Must

- The service must undertake regular, local audits to assess, monitor, evaluate and improve practice, including regular effective hand hygiene audits.
- The service must ensure that accurate, up to date, contemporaneous data collection is undertaken in relation to activities provided to patients.
- The service must consider integrated patient records to ensure up to date, MDT care pathways and care plans.
- The service must ensure that all risk assessments and monitoring tools are completed in a timely manner and are up to date.
- The service must ensure that all patient care plans are up to date and accurate.
- The service must ensure that all serious incidents are reported and investigated in a timely manner, in order to identify themes, disseminate lessons learnt and take action to improve safety.
- The service must ensure that all medication prescription charts are up to date and accurate and that medication errors are reported as serious incidents and investigated appropriate.
- The service must ensure that all staff complete mandatory training, including safeguarding training.
- The service must ensure there is a clear, robust, accurate, up to date, centralised system in place for all staff to access if there is a safeguarding concern.
- The service must ensure the safety of their staff in home and community settings.

### Should

- The service should continue to review all community services to ensure adequate workforce capacity to provide a high quality of service.

# Community health services for children and young people

- The service should ensure that all hazardous fluids are locked away when not in use.
- The service should ensure that all daily fridge temperatures are recorded clearly and concisely.
- The service should ensure that all staff have all competencies checked regularly.
- The service should ensure that all equipment is maintained / serviced appropriately and in a timely manner.
- The service should continue to review the service provision of the homecare team, in order to provide a 24 hour, seven day a week service.
- The service should ensure all staff are provided with education and training opportunities to provide high quality care and enhance professional development.
- The service should continue to review the opportunity to develop an acute hospital to home service, within the homecare team.
- The service should review administration support available to ensure accurate and timely data entry as well as ensuring projects and care plans remain on target.
- The service should ensure that all policies are up to date.
- The service should ensure that processes are in place to monitor infection, prevention and control effectively.
- The service should consider developing an escalation policy when children become unwell in the community setting.
- The service should continue to review and action outcomes from the most recent staff survey.
- The service should improve the friends and family response rates.
- The service should ensure that patients and their families know how to and are comfortable to, make a complaint or raise a concern and that complaints are handled effectively to ensure openness, transparency, confidentially with regular updates to the complaint in a timely manner.

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

#### Regulation

Accommodation for persons who require nursing or personal care

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

Maternity and midwifery services

Nursing care

Treatment of disease, disorder or injury

#### Regulated activity

#### Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Nursing care

Treatment of disease, disorder or injury

#### Regulated activity

#### Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Nursing care

Treatment of disease, disorder or injury

# Our inspection team

Nicholas Smith, Head of hospital inspections led this inspection. An executive reviewer, Christopher Tibbs, supported our inspection of well-led for the trust overall.

The team included two CQC inspection manager, eight inspectors including two CQC Mental Health inspectors and a CQC pharmacy inspector; eight specialist advisers and an Expert by Experience.

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