

# Countess of Chester Hospital NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

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

# Summary of findings

## Background to the trust

The Countess of Chester NHS Foundation Trust is the main trust serving Western Cheshire and provides services to approximately 30% of the population covered by Betsi Cadwaladr University Local Health Board in Wales. Welsh patients represent one fifth of the workload of the trust. The trust is arranged into three clinical divisions: urgent care, planned care and diagnostics and pharmacy division, plus support services.

Nine areas in Cheshire West and Chester are within the 10% most deprived in England, the rate of alcohol-related harm, self-harm hospital stays in adults is worse than the average for England. The rate of smoking related deaths is better than the average for England.

The rate of hip fractures is worse than average. Rates of sexually transmitted infections and tuberculosis are better than the England average.

## Overall summary

**Our rating of this trust went down since our last inspection. We rated it as Requires improvement**  

## What this trust does

The Countess of Chester Hospital NHS Foundation Trust consists of a 600-bed large district general hospital, which provides its services on the Countess of Chester Health Park and a 63 bed intermediate care service at Ellesmere Port Hospital.

The Countess of Chester Hospital is located in Chester, Cheshire. It provides a full range of acute and several specialist services including urgent and emergency care, general and specialist medicine, general and specialist vascular surgery and full consultant led obstetric and paediatric hospital service for women, children and babies. The hospital serves the population of Chester and surrounding rural areas, Ellesmere Port, Neston and the Flintshire area.

Ellesmere Port Hospital is located in Whitby in Ellesmere Port, Cheshire. It provides medical care services, rehabilitation and intermediate care to patients over 65 years age. There were 63 beds over two wards. The hospital mainly serves the population of Chester and surrounding rural areas, Ellesmere Port and Neston.

The trust saw over 66,000 inpatient admissions between June 2017 and May 2018. There were also over 638,000 outpatient attendances and over 84,550 accident and emergency attendances in the same period. There were 2,649 babies delivered and 1,067 patient deaths at the trust during this period.

## 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.

# Summary of findings

## What we inspected and why

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

We inspected surgery, medical care and urgent and emergency care at the Countess of Chester Hospital as part of our continual checks on the safety and quality of healthcare services.

We also inspected the well-led key question for the trust overall. We have summarised what we found in the section headed 'Is this organisation well-led?'

## What we found

### Overall trust

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

- We rated safe, effective, responsive and well led as requires improvement. We rated caring as good.
- At this inspection, we inspected three core services and rated all of them as requires improvement. All three services had previously been rated as good.
- In rating the trust, we took into account the current ratings of the services not inspected this time.
- We rated well-led for the trust overall as requires improvement.
- The trust was rated as requires improvement for Use of resources.
- Overall this gives a combined rating of requires improvement.

### Are services safe?

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

- The trust did not effectively demonstrate a consistent approach to sepsis identification and treatment. We found that all staff had not received sepsis training and processes for the rapid identification and treatment of sepsis were not embedded. Documents we reviewed did not support staff to safely identify sepsis patients. The trust had developed an action plan to improve this.
- The surgical services did not have enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment. The urgent and emergency care department did not have sufficient paediatric nurses to meet the Royal College of Paediatric Child Health standard of two children's nurses per shift in an emergency department treating children.
- Best practice was not always followed when storing medicines. Across the medical wards and urgent and emergency care we saw that fridge and room temperatures were not monitored and medicines were found to be out of date.
- Staff in the medical wards did not always escalate patients appropriately following deterioration in their national early warning score.
- The national audit of inpatient falls 2017 showed that the trust did not meet the national aspirational standards. Patients at risk of falls were not always assessed or managed in a timely manner across the areas we inspected.
- The trust failed to achieve its targets for healthcare-acquired infections. The processes for cleanliness of the environment, isolation of patients and availability of hand washing facilities was not in line with infection control code of practice guidelines.

# Summary of findings

However:

- Staff understood their role in recognising and preventing potential abuse. There were systems in place to ensure that patients were appropriately protected.
- Another trust provided a mental health liaison service. The management team monitored compliance with Psychiatric Liaison Accreditation Network (PLAN) quality standards.

## Are services effective?

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

- The trust did not always ensure that care and treatment followed national guidance and evidence in order to achieve positive outcomes for patients.
- Not all patients had comprehensive assessments and plans to meet their specific needs. Expected outcomes for patients were not fully identified and risks to patients were not always mitigated.
- The outcomes of people's care and treatment were not always monitored regularly. Participation in external audits and benchmarking was limited.
- Information was not always available to staff, that was clear, accurate and up to date. This meant that information was not always shared with those involved in the care of patients in a manner that supported and met patients' needs.
- Staff we spoke with told us they were not always supported to maintain or further develop their skills and experience.
- Patients consent to care and treatment was not always obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004.
- The trust had not fully embedded the updated national early warning scores (NEWS2) which determined the condition of a patient and prompts critical care intervention. Staff we spoke with said they not received training relating to this.
- Staff appraisal rates had improved since the last inspection but not to the expected levels in all areas we inspected.

However:

- There were a number of initiatives to try and reduce the number of patients requiring emergency transfer to hospital.
- The trust achieved a grade A rating (best) in the latest Sentinel Stroke National Audit Programme (SSNAP).

## Are services caring?

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

- There was a strong, person-centred culture, the staff we met were highly motivated and driven. The relationships between people who used the service, their families and staff was valued and promoted by leaders.
- Patients' personal, cultural, social and religious needs were understood and arrangements were in place to meet their individual needs. We saw several examples of how staff had been creative to overcome obstacles to delivering care.
- People's personal preferences were reflected in how care was delivered.
- We noted that staff had a good rapport with their patients and those close to them.
- Staff involved patients and those close to them in decisions about their care and treatment.

# Summary of findings

- Staff provided information to patients in a way that they could understand. Patients were supported to understand their condition, care, treatment and advice.
- Peoples emotional needs were important to staff and were central to their care and treatment.

## Are services responsive?

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

- Patients' needs were not consistently met through the way services were organised and delivered. Signage across the medical wards did not meet the requirements for patients living with dementia, or patients with sight, or reading problems.
- In urgent and emergency care we found that children were not always segregated appropriately from adults. The children's waiting area was opposite the room used for patients attending with mental health issues. Patient's privacy and dignity was not always maintained in the ambulance hand-over area.
- The trust consistently failed to meet the target for urgent and emergency care four hour wait standards between September 2017 and August 2018.
- The average length of stay for medical elective patients was worse than the England average From June 2017 to May 2018.
- Sufficient beds for patients were not always available. During our inspection we found patients in beds in the middle of some wards without appropriate access to call bells and the ability to screen off the bed for privacy. This meant that patients' privacy and dignity was not maintained at all times.
- Information leaflets regarding the services, patient rights and help and support resources were only displayed in English and one size print format across all services.

However:

- The complaints process was easy to access and all complaints were taken seriously and dealt with in an open and transparent way.

## Are services well-led?

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

- We rated all three of the core services reviewed at this inspection as requires improvement for well-led. We considered the previous ratings of services that we did not inspect this time within the overall rating for this key question.
- We identified that some improvements had been made since our last inspection in February 2016. However, we found several areas for improvement from the previous inspection that had not improved. We also found that monitoring systems had not been embedded to ensure areas of concern had been fully addressed and monitored for improvement.
- There was no clear strategic objective in place to lead the organisation. This meant that there was no robust and realistic strategy for achieving trust priorities and developing good quality, sustainable care.
- Staff did not always feel actively engaged or empowered. We received mixed comments from some staff groups in relation to the level of engagement and support they received from senior management.

# Summary of findings

- The trust board had undergone changes in its representation including the chief executive and medical director. Leadership changes were recognised by the board and staff as vital in bringing about service improvement plans and to improve the quality of the service delivery. However, at the time of our inspection these improvements were not yet defined or fully embedded.

However:

- Changes in senior leadership such as the appointment of the interim chief executive and interim medical director had led to recognition that improvements were required.
- Staff were positive about the support they received from their local departmental team leaders.
- The trust was compliant with the fit and proper person's requirement which ensures that directors of NHS providers are fit and proper to carry out this important role.

## Ratings tables

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

We have rated well led for the trust as requires improvement. There had been some progress within the services. However, there has also been some deterioration in other ratings with previous ratings of good in different core services now rated as requires improvement. This has impacted the rating for safe at Countess of Chester hospital which has gone down one rating to requires improvement. This in turn has reduced the aggregated rating for safe, effective, responsive and well led at acute service level to requires improvement.

NHS Improvement rated the trust's use of resources as requires improvement which gives a combined rating of requires improvement.

## Outstanding practice

We found examples of outstanding practice in the urgent and emergency care service. For more information, see the Outstanding practice section in this report.

## Areas for improvement

We found areas for improvement including 18 breaches of legal requirements that the trust must put right. We found 23 areas that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

## Action we have taken

We issued four requirement notices to the trust. Our action related to breaches of legal requirements in urgent and emergency care, medical care and surgery and across the trust.

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

# Summary of findings

## 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 during the inspection.

### In Urgent and Emergency services:

- The department had introduced a bereavement re-call service, which was for any relative or carer to be invited to the department to speak with senior staff, if their loved one had died within the department.

## 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 the quality of services.

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

We told the trust that it must take action to bring services into line with legal requirements. This action related to concerns in the services we inspected.

#### Trust wide:

- The trust must take actions to strengthen governance processes and systems in place for the management of risks, to ensure there is effective on-going assurance and management oversight across the trust. **Regulation 17(1)**.
- Ensure that all patients' have their privacy and dignity maintained at all times. Patients should not receive treatment, be reviewed, or handed over directly in front of, or next to other patients, or their relatives. **Regulation 10(1)(2)(a)**.
- Ensure patients at risk of falls are assessed in a timely manner, and appropriate mitigation of risk is implemented according to the trust policy and guidance. **Regulation 17(1)(2)(b)**.
- Ensure adequate training, knowledge and competencies of the processes around sepsis identification and management are embedded amongst staff across all wards and departments. **Regulation 12(2)(c)**.
- Ensure the safe storage and management of medicines. **Regulation 12(2)(g)**.
- Ensure all wards and departments have enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment. Especially with regard to paediatric nurse staffing in the Emergency Department. **Regulation 18(1)(2)(a)**.
- Ensure fire escapes are available for use in an emergency. **Regulation 12(2)(d)**.

#### In Urgent and Emergency :

- The service must ensure that there is a staff member qualified in paediatric advanced life support on each shift. **Regulation 18(1)**.
- The service must ensure there is clinical oversight of the ambulance hand-over area and main waiting area at all times. **Regulation 18(1)**.

# Summary of findings

- The service must ensure the risks with having no emergency call bell in the ambulance hand-over area are constantly reviewed and all staff are aware of processes to follow in an emergency. **Regulation 12(2)(d)**.
- The service must ensure that there is recorded evidence of cleaning tasks that have been completed. **Regulation 17(1)**.
- The service must ensure that daily checks of resuscitation equipment are completed and recorded in an orderly way in line with trust policy **Regulation 12(2)(e)**.

## In Medical Care:

- Improve the quality of local and divisional risk registers to show actions, areas of responsibility for actions, progress and completion dates. **Regulation 17(1)**.
- Rectify problems with emergency call bells in the medical division. **Regulation 12(2)(d)**.
- Ensure staff have appropriate training and competencies in the management of deteriorating patient (including use of early warning score tools). **Regulation 12(2)(c)**.

## In Surgery:

- Ensure compliance with World Health Organization safer surgery processes. **Regulation 12 (1)**.
- Ensure substances hazardous to health are stored safely. **Regulation 12(2)(a)(b)**.
- Reduce the risk that patient records may be accessed by unauthorised persons by ensuring all patient records are stored securely. **Regulation 17(2)(c)**.

## Action the trust SHOULD take to improve

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

## Trust wide:

- Consider levels of safeguarding training in line with intercollegiate guidance.
- Improve staff compliance and knowledge around mental capacity processes and the deprivation of liberty safeguards.
- Continue their work on improving morale and culture within the hospital.
- Continue to make improvements to the freedom to speak up guardian process.
- Ensure that the strategic objectives are supported by operational strategies.

## In Urgent and Emergency:

- The service should ensure there are strict hand hygiene procedures in place in the ambulance hand-over area and that these are audited regularly to prevent the spread of infection.
- The service should ensure that children wait in an area where they are not exposed to distressing or inappropriate situations.
- The service should consider developing an area where children can be handed over from ambulance staff in a separate area to adults.
- The service should improve compliance with safeguarding and PREVENT training.



# Summary of findings

- The service should ensure that the ambulance hand over bay has suitable hand wash facilities and adequate access to electrical sockets for vital equipment for the monitoring of up to three patients at any one time.

## **In Medical Care:**

- Keep equipment and the premises clean in all areas, to prevent the spread of infection.
- Review storage across wards and ensure that corridors are kept clear of equipment, cleaning products and linen.
- Consider improving access to the toilets on ward 50 to ensure patients privacy and dignity is met at all times.
- Improve signage across the medical wards to consistently meet the requirements for dementia patients, or patients with sight, or reading impairment.
- Consider ways to improve links with community services and share information when appropriate.
- Reduce patient moves across medical wards between the hours of 10pm and 7am.
- Raise staff awareness of governance and the support functions available.
- Take appropriate actions to ensure staff compliance with trust policy on the use of the medical escalation beds.

## **In Surgery:**

- Consider levels of safeguarding training in line with intercollegiate guidance.
- Consider appropriate actions so that managers have enough time away from clinical duties to undertake their managerial duties effectively.
- Consider appropriate actions so that patients do not fast or go without fluids longer than is necessary.
- Consider establishing a permanent base for the surgical triage unit where it can effectively function without being used for escalation purposes.
- Consider improving the staff engagement strategy and increasing the visibility of senior managers.

## 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.

This was our first review of well led at the trust under our current methodology. We rated well led as requires improvement because:

- There had been a period of instability within the executive leadership team. An interim Chief Executive Officer (CEO) was appointed in August 2018 and a new interim Medical Director was appointed in September 2018 to progress the trust's strategic objectives.
- The trust executive leadership team had the appropriate skills, knowledge, experience and commitment. However, the executive team members did not have balanced and equitable portfolios to ensure they had capacity to deliver their responsibilities.

# Summary of findings

- There was no overall trust strategy in place. The trust board was in the process of developing a long term strategic plan built on its three strategic objectives.
- The trust did not have a formal clinical strategy, mental health strategy or dementia strategy in place but there were plans in place to develop these during 2019.
- There were a number of underpinning strategies in place, such as for risk management, informatics and people and organisational development. However, these were in the process of being updated as they did not fully reflect the trust's strategic objectives going forward.
- Some staff groups described a negative culture within certain parts of the trust and reported that low morale as a result of poor support and engagement by the trust leadership.
- Not all staff were aware of the freedom to speak up process or the current post holders. A plan to recruit a dedicated freedom to speak up guardian was under way.
- Governance processes were not clearly defined or consistently embedded. This meant that governance within the organisation did not always function effectively. Staff we spoke with were not always clear about the structures of accountability within the trust.
- There was a process in place for escalating key risks to the organisation. However, the trust's executive and divisional risk register records did not always contain key information such as remedial actions and controls and mitigations.
- We identified that some improvements had been made since our last inspection in February 2016. However, we found several areas for improvement from the previous inspection that had not improved, such as medicines management. We also found that monitoring systems had not been embedded to ensure areas of concern had been fully addressed and monitored for improvement.
- We rated all three of the core services reviewed at this inspection as requires improvement for well-led. We found themes around poor staff practices in relation to medicines management, sepsis management and the management of patients with falls across all three core services we inspected.

However:

- The interim chief executive officer demonstrated commitment and energy. Although she had been leading the trust since September 2018 and expressed uncompromising expectations of her team, and of the quality of care she expected for those the trust served.
- There was a clear patient focus, which included the wider community. We found the culture of care centred on the needs and experience of people who used services.
- Senior management recognised that culture within some areas of the trust required improvement and were working to put plans in place to ensure improvement going forward.
- The trust was a leading partner in the system approach to improving care for patients, in the West Cheshire area, although work in the other areas was moving at a slower pace.
- Staff across the trust displayed a culture for learning and we found evidence that learning was shared to drive improvement following patient deaths, incidents and complaints.
- There were systems and processes in place to manage the delivery of information and data used across the trust as well as processes for managing information governance and cyber security risks.

# Summary of findings

## Use of resources

See separate report at [www.cqc.org.uk/provider/RJR/reports](http://www.cqc.org.uk/provider/RJR/reports)

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ Apr 2019	Requires improvement ↓ Apr 2019	Good ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↓ Apr 2019	Requires improvement ↓ Apr 2019

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

## Ratings for The Countess of Chester Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↓ Apr 2019	Requires improvement ↓ Apr 2019
Medical care (including older people's care)	Requires improvement ↓ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↓ Apr 2019	Requires improvement ↓ Apr 2019
Surgery	Requires improvement ↔ Apr 2019	Requires improvement ↓ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Requires improvement ↓ Apr 2019	Requires improvement ↓ Apr 2019
Critical care	Good Jun 2016	Good Jun 2016	Good Jun 2016	Requires improvement Jun 2016	Good Jun 2016	Good Jun 2016
Maternity	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Services for children and young people	Requires improvement Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
End of life care	Good Jun 2016	Requires improvement Jun 2016	Good Jun 2016	Requires improvement Jun 2016	Requires improvement Jun 2016	Requires improvement Jun 2016
Outpatients	Good Jun 2016	N/A	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
<b>Overall*</b>	Requires improvement ↔ Apr 2019	Requires improvement ↓ Apr 2019	Good ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↓ Apr 2019	Requires improvement ↔ Apr 2019

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

## Ratings for Ellesmere Port Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Outpatients	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
<b>Overall*</b>	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016

\*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.

# The Countess of Chester Hospital

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## Key facts and figures

The Countess of Chester Hospital is a 600 bedded large district general hospital located in Chester, Cheshire and provides a full range of acute services. Services provided include provides a full range of acute and a number of specialist services including an urgent and emergency care, general and specialist medicine, general and specialist vascular surgery and full consultant led obstetric and paediatric hospital service for women, children and babies.

The Countess of Chester Hospital saw over 66,000 inpatient admissions between June 2017 and May 2018. There were also 638,000 outpatient attendances in the same period.

We previously inspected The Countess of Chester Hospital in February 2016 and rated the hospital as requires improvement. We rated safe and responsive as requires improvement and effective, caring and well-led were rated as good. We found the hospital was in breach of regulations and issued four requirement notices in regard to Regulation 12: Safe care and treatment; Regulation 13: Safeguarding; Regulation 17: Good governance and Regulation 18: Staffing.

Our recent inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity, and we re-inspected all domains and key questions.

As part of this inspection, we visited the urgent and emergency care, surgery and medical care services. We visited the wards and clinical areas. We spoke with 110 members of staff from all levels and reviewed over 45 patient records and prescription records. We also spoke with over 40 patients or carers. We observed daily practice and before and after our inspection, we reviewed performance information about the hospital and reviewed information provided to us by the trust.

## Summary of services at The Countess of Chester Hospital

**Requires improvement** ● → ←

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

- Our rating for safe at this hospital stayed the same as our previous rating. We rated safe at this hospital as requires improvement. This was because we rated safe as requires improvement across all three services inspected during this inspection. There was also one service (services for children and young people) that was not inspected on this visit that was rated as requires improvement.

# Summary of findings

- We rated effective at this hospital as requires improvement. This went down from the rating of good following our previous inspection. This was because we rated effective as requires improvement in surgery during this inspection. There was also one service (end of life care) that was not inspected on this visit that was rated as requires improvement.
- Our rating for responsive at this hospital stayed the same as our previous rating. We rated responsive at this hospital as requires improvement. This was because we rated responsive as requires improvement in the medical care and urgent and emergency care services during this inspection. There were also two services (critical care and end of life care) that were not inspected on this visit that were rated as requires improvement.
- We rated well-led at this hospital as requires improvement. This went down from the rating of good following our previous inspection. This was because we rated well-led as requires improvement across all three services inspected during this inspection. There was also one service (end of life care) that was not inspected on this visit that was rated as requires improvement.
- We rated caring at this hospital as good. This stayed the same as our previous rating. Across all the services we inspected, we found staff treated patients with kindness, compassion, and respect. Patients and their relatives commented positively about the care they received.
- We rated urgent and emergency care as requires improvement overall. Our rating went down since the last inspection. We rated effective and caring as good. We rated safe, responsive and well led as requires improvement because we identified areas for improvement in relation to the equipment, environment and layout and staff culture within the department.
- We rated medical care as requires improvement overall. Our rating went down since the last inspection. We rated effective and caring as good. We rated safe, responsive and well led as requires improvement because we identified areas for improvement in relation to medicines management, management of risks and staff culture within the service.
- We rated surgery as requires improvement overall. Our rating went down since the last inspection. We rated caring and responsive as good. We rated safe, effective and well-led as requires improvement because we identified areas for improvement in relation to nurse staffing levels, management of patient risks and management of patients with sepsis.



# Urgent and emergency services

Requires improvement  

## Key facts and figures

The Countess of Chester Hospital NHS Foundation Trust consists of a 600-bedded large district General Hospital, which provides its services on the Countess of Chester Health Park. The Countess of Chester is the main NHS hospital for Chester and the surrounding areas. The urgent and emergency care services are managed by the Countess of Chester Hospital NHS Foundation Trust. The department also acts as a trauma unit. The main accident and emergency department at the Countess of Chester Hospital is comprised of five main units:

- Emergency department
- Ambulatory Majors department
- Emergency Multidisciplinary Unit (EMU)
- Direct GP referral unit (GPU)
- Emergency Assessment Unit (EAU)

The hospital also has an Urgent Treatment Centre for primary care presentations delivered in collaboration with Cheshire Wirral Partnership and the trust, which was reviewed as part of this inspection, since it had staff from the trust who worked in the centre. The Urgent Treatment Centre (UTC) operated from 9am until 9.30pm, with one of the Advanced Nurse Practitioners (ANP) reviewing patients in the first instance and then streaming them to the most appropriate area for treatment. The other provider also provided secondary streaming. At 5pm, this unit was overseen by one of the out of hours GPs.

The emergency department operates 24 hours a day, seven days a week. There was a relatively small waiting area in the entrance to the department, however during inspection we were shown the plans for the building work to the department, which would result in a larger waiting area, with a separate children's waiting area. There was also an entrance for ambulances to bring patients directly into the department, with another separate ambulance access straight into the resuscitation area.

The ambulance off-loading bay had only been in operation for 12 months at the time of inspection and this was overseen by a 'time critical nurse' who would take the hand over from the paramedics, however at night, this nurse would also oversee the streaming of patients attending the waiting room.

The emergency unit was comprised of 14 cubicles, with three side rooms. There was also a resuscitation area, comprising of three trolley spaces containing vital emergency equipment.

The minors' area of the unit was led by Emergency Nurse Practitioners (ENP) and within this area, was a separate new children's waiting area ('Kids zone'), which had a glass front with different coloured patterns on the window. This area was brightly coloured inside, with a separate toilet enclosed in the waiting room, a small television and an array of different toys.

The Emergency Multidisciplinary Unit (EMU) opened in the summer of 2017 and was based in what used to be the waiting area for the department and this operated between the hours of 9am to 5pm Monday to Friday. Each morning the manager for this department would review the patients within the department, to see which patients would be most suitable to come to the Emergency Multidisciplinary Unit. Within this unit, there was a hospital based Social Worker and both Physiotherapy and Occupational Therapy staff would attend the unit to see which patients they could assist.

# Urgent and emergency services

The Emergency Assessment Unit (EAU) was an 11-bedded area, which was split into five and six beds, to accommodate female and male patients separately.

The direct GP referral unit (GPU) received medical attendances between the hours of 9am to 10 pm; with the last referral at 7pm. Patients seen there had been referred by medics to the unit. All patients attending the department were streamed through the direct GP referral unit and this was run by both a GP and an Advanced Nurse Practitioner (ANP).

A Clinical Decisions Unit (CDU) was also within the department, but this was comprised of chairs, there were no beds.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. The inspection took place over three days and during this time we spoke to eight patients and carers and 38 staff members, inclusive of senior leaders, managers, medical and nursing staff, students and domestic staff. We reviewed a total of 15 patient records, 14 prescription charts and observed daily activity and clinical practice within the department. We also reviewed data relevant to the department that we received before and after the inspection which was provided by the trust.

## Summary of this service

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

- There was a lack of cleaning rotas for the department. Domestic staff did not evidence that cleaning schedules had been followed and completed and there was no evidence to say that specific areas of the department, or the toys in the children's waiting area had been cleaned.
- The children's waiting area was diagonally opposite the room used for patients attending with mental health issues, leaving children potentially exposed to distressed and agitated patients.
- There was no emergency call bell in the ambulance hand-over area.
- There was no sink for hand washing within the ambulance hand-over area and only one electrical socket, when there could be up to three patients on trolleys in this area at any one time.
- The resuscitation trolleys within the department did not have evidence of daily checks being completed. One of the trolleys had 53 days out of a three-month period where it had not been checked and documentation for the checks that had been done was disorderly and incomplete.
- The service only had a total of three children's nurses, so were unable to meet the Royal College of Paediatric Child Health standard of two children's nurses per shift in an emergency department treating children.
- Although the service participated in the Royal College of Emergency Medicine (RCEM) audits between 2016-2017, the department failed to meet any of the national standards for the audits in: moderate and acute severe asthma, consultant sign off and severe sepsis and septic shock.
- There was an issue with the privacy and dignity of patients within the ambulance hand-over area, as when there was more than one patient waiting in the area, any other patients and their carers/relatives could hear conversations regarding other patients. This was also evident for those waiting on ambulance trolleys, who were also able to hear other hand overs and histories being taken on poorly patients. There was only one curtain inside the ambulance hand-over area, but there could be up to three patients within that area at any one time, which meant that privacy and dignity could not be maintained for all patients and this also left the risk of children being next to adult patients within the same area.

# Urgent and emergency services

- Not all the staff we spoke with reported a very approachable, open and honest culture where leaders were easily accessible and supportive, as during the inspection, we were told about some issues of bullying.
- Whilst speaking with staff, we asked about the trust's Freedom to Speak Up Guardian/Champion and if they knew who this was and how to contact them. Out of all the staff we spoke with, none were aware of who this was and what this role entailed.

However:

- Staff knew how to keep people safe from abuse and worked well with other agencies to do so.
- Staff used personal protective equipment when delivering patient care and we saw staff observing the arms 'bare below elbow' policy.
- Improvements had been made to the rooms used for patients presenting with mental health issues, to reduce ligature points.
- All patients arriving at the department were seen and triaged by a clinically trained practitioner.
- We saw evidence of National Early Warning Scores (NEWS) being used appropriately with each patient and action being taken when scores became high.
- There was an effective multidisciplinary team working environment within the service, particularly within the emergency multi-disciplinary unit, which operated Monday to Friday 9am until 5pm.
- The department could access mental health services for patients requiring a mental health assessment 24-hours a day seven-days a week from a local mental health trust.
- Throughout our inspection, we saw all staff interacting with patients, carers and family members in a very caring, polite and friendly manner. All the people we spoke with during the inspection were happy with the care and treatment provided by the service.
- During inspection we spoke to eight patients and carers. All of them reported the care to be good and the staff to be very kind and supportive and could not do enough to help.
- The department employed a mental health coordinator to work with all patients in the department experiencing mental distress. The department had introduced a bereavement re-call service, which was for any relative or carer to be invited to the department to speak with senior staff, if their loved one had died within the department. We saw enthusiasm and a real sense of team working from speaking to staff. All the staff we spoke with regardless of role, were open, honest and very helpful.

## Is the service safe?

**Requires improvement** ● ↓

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

- We found that issues in relation to cleanliness, infection control and hygiene highlighted in the last inspection in 2016 had not been resolved. There was a lack of cleaning rotas for the department. Domestic staff did not evidence that cleaning schedules had been followed and completed and there was no evidence to say that toys in the children's waiting area had been cleaned.
- The service was not always using the environment and equipment in a way which reduced the risks to patients. Some of the areas were tired and worn.

# Urgent and emergency services

- The children's waiting area was diagonally opposite the room used for patients attending with mental health issues, leaving children potentially exposed to distressed and agitated patients.
- There was no emergency call bell in the ambulance hand-over area.
- There was no sink for hand washing within the ambulance hand-over area and only one electrical socket, when there could be up to three patients on trolleys in this area at any one time.
- There was only one curtain within the ambulance hand-over area, but there could be up to three patients within that area at any one time, which meant that privacy and dignity could not be maintained for all patients and this also left the risk of children being close to adult patients within the same area.
- The resuscitation trolleys within the department did not have evidence of daily checks being completed. One of the trolleys had 53 days out of a three-month period where it had not been checked and documentation for the checks that had been done was disorderly and incomplete.
- There was a lack of necessary equipment, such as drip stands for intravenous fluids and medications throughout the department.
- Staff completed risk assessments for each patient and kept clear records, however there were areas in the department where the management of risk needed further improvement. The service was not completing falls risk assessments for all patients at risk of falls.
- From July 2017 to June 2018 the trust reported 716 "black breaches", with a peak of 135 breaches in December 2017. A "black breach" occurs when a patient waits over an hour from ambulance arrival at the emergency department until they are handed over to the emergency department staff.
- The service only had a total of three children's nurses, so were unable to meet the Royal College of Paediatric Child Health standard of two children's nurses per shift in an emergency department treating children.
- Oxygen was not always prescribed.
- The service followed best practice when giving and recording medicines, however there were issues with the safe and effective storage and prescribing of medicines that needed further improvement.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The trust set a target of 95% for completion of all mandatory training courses. Compliance was above 95% for seven out of the eight modules available for both medical and nursing staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff used personal protective equipment when delivering patient care and we saw staff observing the 'bare below elbow' policy.
- Patients with potentially infectious illnesses, were kept in isolation and screened accordingly to prevent the spread of infection.
- All fire exits were clearly labelled and free from clutter or equipment.
- Improvements had been made to the rooms used for patients presenting with mental health issues, to reduce ligature points.
- We saw evidence of National Early Warning Scores (NEWS) being used appropriately with each patient and action being taken when scores became high.

# Urgent and emergency services

- Staff kept records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

Good  → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients food and drink to meet their needs. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service tried to ensure staff were competent for their roles, although managers were not always able to appraise staff's work performance and hold supervision meetings with them in the required time frames.
- There was an effective multidisciplinary team working environment within the service, particularly within the emergency multi-disciplinary unit, which operated Monday to Friday 9am until 5pm.
- The department could access mental health services for patients requiring a mental health assessment 24-hours a day seven-days a week from a local mental health trust.
- Staff within the department identified and took opportunities to promote health to patients, when appropriate.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However:

- The service failed to meet the national standards for the Royal College of Emergency Medicine audits in moderate and acute asthma, consultant sign off and severe sepsis and shock. However, the trust had action plans and pathways in place to improve this, which we reviewed.

## Is the service caring?

Good  → ←

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

# Urgent and emergency services

- Throughout our inspection, we saw all staff interacting with patients, carers and family members in a very caring, polite and friendly manner. All the people we spoke with during the inspection were happy with the care and treatment provided by the service.
- During inspection we spoke to eight patients and carers. All of them reported the care to be good and the staff to be very kind and supportive and could not do enough to help.
- We saw a very young patient given a teddy bear by a member of the security staff who was present in the department at the time, which meant a lot to the young patient.
- Staff provided emotional support to patients to minimise their distress. We saw staff involving both patients and parents and carers in their own care, allowing time to answer any questions.
- We were told that there was chaplaincy support for those who wanted this 24 hours a day from the chaplaincy team, that comprised of chaplains and volunteers of varying religious denominations and beliefs.
- Staff involved patients and those close to them in decisions about their care and treatment. All the patients and carers we spoke with during the inspection told us that they were happy with the care and treatment provided by the staff and that everything, including test results had been explained to them in a way that they could understand.
- We saw family members and carers with their loved ones throughout the department and in the resuscitation area (when this was appropriate), allowing them to be close to those they loved, whilst offering support to those unwell.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The children's waiting area was almost opposite the room used for patients attending with mental health issues. Patients being reviewed in this room could be agitated, aggressive, or could be shouting, which would be unsuitable for a child or young person to see or hear.
- The service's performance against national targets was poor and often below the England average.
- Staff told us that there would frequently be a delay in the handing over of patients from the ambulance hand over bay to the ambulatory majors' area, as staff were so busy. This was a concern as these patients were often quite unwell and needing to be treated as soon as possible.
- From September 2017 to August 2018 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was worse than the England average and the number of people varied between 369-769 per month.
- In March 2018, an incident was logged as 97 patients failed to be discharged from the department within the four-hour target.
- In August 2017 and from October 2017 to July 2018 the trust's monthly median total time in A&E for all patients was higher than the England average.
- There was an issue with the privacy and dignity of patients within the ambulance hand-over area, as when there was more than one patient waiting in the area, any other patients and their carers/relatives could hear conversations regarding other patients. This was also evident for those waiting on ambulance trolleys, who were also able to hear other hand overs and histories taken on poorly patients.

# Urgent and emergency services

- Children could be waiting on a trolley next to one or two adults when the ambulance hand over area was busy. This was inappropriate since they could then be exposed to distressing situations, or shouting.

However:

- The service planned and provided care and treatment in a way that met the needs of local people. It worked with local commissioners and other healthcare providers to understand current and future demand.
- Within the department, the children's waiting area was bright and colourful and had its own toilet contained in the area and there were toys available for young children to play with, as well as a television.
- The department employed a mental health coordinator to work with all patients in the department experiencing mental distress.
- For patients seen by the emergency multidisciplinary unit (EMU), there was a reablement team that would assist in enabling patients to get home in the safest and best possible way for them.
- Since the last inspection, the service had tried to make improvements to access and flow throughout the department.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Requires improvement** ● ↓

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

- Some issues highlighted in the last inspection had not been addressed in a timely manner and there were gaps in governance in terms of safety issues.
- The service did not always have effective systems for identifying risks, planning to eliminate or reduce them. Key risks were logged on the risk register; however, action had not been effective to mitigate the risks. We identified a number of risks on the inspection which had not been mitigated or acted upon.
- Not all the staff we spoke with reported an approachable, open and honest culture where leaders were easily accessible and supportive, as during the inspection, we were told about some issues of bullying.
- Whilst speaking with staff, we asked about the trust's 'Freedom to Speak Up Guardian/Champion' and if they knew who this was and how to contact them. Out of all the staff we spoke with, none were aware of who this was and what this role entailed.

However:

- Local leaders and managers had the capability, experience and skills 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.
- We saw enthusiasm and a real sense of team working from speaking to staff. All the staff we spoke with regardless of role, were open, honest and very helpful.
- The trust collected, analysed, managed and used information to support activities, using secure electronic systems with security safeguards.



# Urgent and emergency services

- The trust used a systematic approach to aim to improve the quality of its services. There was a clear governance structure and clear lines of accountability for staff at all levels.
- The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

## 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 division provides elective care in a range of clinical specialities which include: acute medicine, cardiology including coronary care, respiratory including the Respiratory Support Unit, diabetes and endocrinology, geriatric medicine including stroke services, gastroenterology, clinical haematology, acute oncology, rheumatology, dermatology, chemical pathology and palliative medicine.

The division has 258 acute beds across nine wards at Countess of Chester Hospital and 63 intermediate care beds based at Ellesmere Port Hospital.

Our inspection was unannounced (staff did not know we were coming), as part of our next phase of inspections, to enable us to observe routine activity. We visited the Countess of Chester Hospital. During our inspection we spoke to 32 members of staff including; consultants, medical leads, ward managers, registered general nurse, assistant nurses, physiotherapist, administration staff and domestics. We also spoke to 16 patients and relatives.

We visited ward 50 and ward 51 (frailty wards), the cardiac catheter suite, endoscopy unit, acute medical unit, ward 48 respiratory in-patients, ward 33 acute stroke and rehabilitation, coronary care unit and the discharge lounge. The endoscopy unit formed part of the planned care division but we inspected it as part of the medical care services inspection.

## Summary of this service

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

- Staff did not always keep themselves, equipment and the premises clean.
- The service did not have a suitable environment in all wards and equipment was not always looked after well.
- Staff did not always complete and update risk assessments for each patient. They did not consistently record risk accurately and did not always know when to escalate, or ask for support when necessary.
- Best practice was not always followed when storing medicines.
- The service did not use safety monitoring results well.
- Managers did not always monitor the effectiveness of care and treatment and used the findings to aid improvement.
- The trust did not always plan and provide services in a way that met the needs of local people.
- Morale was poor amongst staff throughout the medical wards.
- Staff told us that they had received verbal abuse from patients and their families who had been admitted to the escalation beds this was due to them not being happy with the lack of dignity and equipment the bed space provided.
- We were told by staff that it was very rare to see any of the executive team.

However;

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- Staff were encouraged and given opportunities to develop.

# Medical care (including older people's care)

- Staff cared for patients with compassion; feedback from patients was positive and confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress, patients consistently told us that if they became upset staff gave reassurance.
- Staff involved patients and those close to them in decisions about their care and treatment

## Is the service safe?

**Requires improvement** ● ↓

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

- Staff did not always keep themselves, equipment and the premises clean. We observed that staff were not always following their own policy to prevent the spread of infection, for example isolating patients effectively and displaying appropriate information on side rooms.
- Staff on the medical wards had not had appropriate training in sepsis awareness, therefore there was a risk they would not be able to assess the patient for sepsis and escalate care. Medical leads told us that sepsis training had not yet been implemented; staff had purely been made aware of sepsis. The position on sepsis was described as a transition and the medical wards did not have any link nurses trained in sepsis at the time of the inspection.
- Staff did not always escalate patient care following a deterioration in their national early warning score. Audits were undertaken to measure the compliance with the completion of observations but we were not assured that actions had been identified to improve performance.
- Nurse staffing on medical wards was not always sufficient to meet the needs of patients. . Although staffing fill rates percentages showed established staffing numbers were satisfactory, other data showed actual care hours per patient were always significantly less than that the required levels during October 2018. There was high use of bank and agency staff on some wards in particular on AMU.
- Emergency call bells in AMU were not working safely; lights would not activate when a call bell was pressed, the emergency bell tone was not different from the standard patient call tone and we noted it could not be heard in all areas of the ward.
- The medical division had a number of wards with an added escalation bed. The escalation beds we looked at did not have access to oxygen, suction or an electrical plug sockets and blocked fire exits. The wards were cramped and the space between the beds was limited which increased the risk of cross infection and lack of privacy and dignity.
- We found fire exits on ward 50 and 51 inaccessible as equipment was being stored in front of the doors which would inhibit horizontal evacuation in the event of a fire.
- Staff did not always complete and update falls risk assessments for each patient. They did not always record information accurately and did not always put an appropriate action plan in place for the patient when necessary.
- Best practice was not always followed when storing medicines. Across the medical wards we saw that fridge and room temperatures were not monitored or recorded and some medicines were found to be out of date.

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.

# Medical care (including older people's care)

- The medical ward had a 'Safe care' acuity tool, which involved a safety huddle each morning with the ward manager, where staff numbers, competencies and patient acuity are discussed for the day.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

Good   

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

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special supportive techniques when necessary. The service met patients' needs in relation to their religious and cultural needs.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support.
- Staff were encouraged and given opportunities to develop. A personal development team was available for nurses. A leadership course was also available for staff and places were requested by the manager.
- 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. Multidisciplinary ward rounds and meetings took place and were well attended.
- A package of care was available to respiratory in-patients enabling them to be discharged home early.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- From May 2017 to April 2018, patients at The Countess of Chester hospital had a lower than expected risk of readmission for elective admissions when compared to the England average.
- The medical services achieved a score of an A or B in all but two domains in each of the last four Sentinel Stroke National Audit Programme (SSNAP) audits. The medical services were within the expected levels for four out of five standards in the 2017.

However:

- The services did not regularly review the effectiveness of sepsis management through local and national audit.
- National audit of inpatient falls 2017 showed that the trust did not meet the national aspirational standards. The proportion of patients who had a vision assessment, lying and standing blood pressure assessment or presence or absence of delirium, were substantially lower than the national aspirational standard.

## 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; feedback from patients was positive and confirmed that staff treated them well and with kindness.
- Interactions between staff, patients and relatives were polite, caring and respectful.
- The discharge lounge offered donated clothes for patients who were discharged wearing a hospital gown or nightwear to keep them warm.
- We spoke with 16 patients, who all gave us positive feedback about how staff treated and interacted with them.
- The NHS Friends and Family Test (NHS FFT) results for the acute medical ward for October 2018 showed 84% of patients would recommend the unit to friends and family.
- Staff provided emotional support to patients to minimise their distress, Patients consistently told us that if they became upset staff gave reassurance.
- Staff involved patients and those close to them in decisions about their care and treatment. We reviewed eight patient records and all showed evidence that patients and those close to them were involved in meetings and decisions about care.

However:

- On ward 50 the doors to the patient toilets opened inwards and there was the ability for staff from the outside to open them outwards, which was necessary due to the poor design of the toilets. This meant there was no privacy or dignity.

## Is the service responsive?

**Requires improvement** ● → ←

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

- Signage across the medical wards was not consistent and did not always meet the requirements for dementia patients, or patients with sight, or reading problems.
- We were told by managers on the medical assessment unit that there were no links with community services, or social services and they no longer shared information if a patient currently being treated by the community nurses had been admitted to the ward.
- Patient information leaflets we saw were in English and staff were unclear if they could obtain them in other languages.
- From June 2017 to May 2018 the average length of stay for medical elective patients at the hospital was 7.5 days, which was higher than England average of six days.
- The escalation bed on ward 50 had caused patients who were allocated this space to complain. We were given an example off one patient, who had not had their needs met.
- An audit of transfers from/between medicine wards after 10pm and 7am for November 2017 to October 2018 showed there had been 647 moves.

However;

- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.

# Medical care (including older people's care)

- The tele-tracking system had improved patient flow to free up beds more quickly. Managers told us that initial findings showed the time from a patient being discharged to their bed being ready for a new patient was now under two and half hours, which was down from approximately four hours.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. The trust took an average of 34 days to investigate and close complaints relating to the medical care services. This met the trust target of closing complaints within 40 days.

## Is the service well-led?

**Requires improvement** ● ↓

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

- Staff morale on the medical wards was poor. Staff felt supported by local leaders, however senior managers did not promote a positive culture and staff told us that they felt unsupported and undervalued. We were told that the morale was mainly down to staff being moved.
- All the staff we spoke to during our visit did not know why they wore a personal tracking card linked to the tele-tracking system. The reason for the need for staff to wear the devices had not been communicated to them. This created insecurity by staff which also negatively affected morale.
- Staff told us that they had received verbal abuse from patients and their families who had been admitted to the escalation beds, this was due to them not being happy with the lack of dignity and equipment the bed space provided.
- The service did not always have effective systems for identifying risks, planning to eliminate or reduce them. Key risks were logged on the risk register; however there was no effective monitoring or, action plans as a result.
- Key patient risks relating to the management of patient falls, sepsis and national early warning score (NEWS) processes were not always managed effectively.
- Some issues highlighted in the last inspection had not been addressed in a timely manner and there were shortfalls in governance and monitoring processes in relation to patient safety.

However:

- 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.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Areas for improvement

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

# Surgery

Requires improvement  

## Key facts and figures

The surgical core service at the trust has 143 inpatient beds over six wards:

- Ward 40 – Women’s Unit – 11 beds
- Ward 41 - Orthopaedic joint surgery – 29 beds
- Ward 44 – Surgical emergency and Colorectal care – 28 beds
- Ward 45 – Surgical emergency – 21 beds
- Ward 52 – Trauma and orthopaedics – 28 beds
- Ward 53 - Vascular surgery – 26 beds

The surgical division (planned care) provides elective and emergency care in a range of clinical specialties including; trauma and orthopaedics, general, colorectal and upper GI surgery, urology, ear, nose and throat, ophthalmology, oral and maxillo-facial and orthodontics, breast, plastics, nephrology and vascular surgery.

The Division includes a women’s unit, elective ward, trauma ward, two surgical wards which includes a colorectal cancer, tertiary vascular unit and a Surgical Assessment Unit (SAU).

The main theatres comprise of 11 inpatient theatres, (10 in use), a recovery area and a theatres admission lounge. The Jubilee Day Case Centre has four day-case theatres, a theatre for local anaesthetic procedures, a recovery ward and the pre-operative assessment clinic.

The trust is the provider for vascular and arterial surgery for the South Mersey region. It provides seven-day consultant led services encompassing elective and emergency surgery, two dedicated theatres including an emergency/urgent theatre, dedicated 26 bedded inpatient unit and delivers day case surgery across three trusts in the network; Chester, Wirral and Warrington.

The trust had 29,869 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 6,282 (21.0%), 21,099 (70.6%) were day case, and the remaining 2,488 (8.3%) were elective.

The surgical services at the Countess of Chester Hospital are managed by the planned care division. This included the operating theatres, the surgical wards, the surgical assessment unit and the pre-operative assessment clinic.

The Care Quality Commission (CQC) carried out an unannounced inspection between 13 and 15 November 2018; that is staff did not know we were coming, to enable us to observe routine activity. During this inspection we visited surgical wards 40 (Breast and plastics), 41 (orthopaedics), 44 (colorectal), 45 (gastrointestinal), 52 (trauma and orthopaedics), 53 (vascular), the surgical assessment unit, pre-operative assessment clinic, the theatres admissions lounge, the operating theatres, recovery areas and the day-case unit.

We spoke to 16 patients and relatives. We also spoke with 40 members of staff including senior managers, specialist nurses, registered nurses, student nurses, health care assistants, consultants, middle grade doctors, junior doctors, medical students, allied health professionals including physiotherapists, occupational therapists, dieticians, pharmacists, domestics, ward clerks, housekeepers and nursing agency staff.

We observed care and treatment and looked at 22 patient care records. We reviewed comments from staff focus groups, patient feedback cards and we looked at the service performance data.

# Surgery

## Summary of this service

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

- Nurse staffing on surgical wards was not always sufficient to meet the needs of patients because there was insufficient flexibility in the staffing to deal with unexpected demands in the service or higher acuity of patients. This led to an increase in avoidable incidents, caused delays in care and contributed to morale issues and high staff turnover. The division used high levels of bank and agency staff to supplement permanent staff and moved staff around to fill gaps in staffing levels.
- Staff in theatres did not always comply with the World Health Organisation (WHO) surgical safety checklist as there were omissions and inconsistencies in its application.
- There were not enough staff that had the recommended levels of children and young persons' safeguarding training on the Jubilee Ward.
- The service did not always implement measures to reduce the risk for some patients. The service did not always highlight patients' individual risk effectively to alert other staff to those risks.
- The service did not effectively demonstrate a robust approach response to sepsis identification and treatment. Not all staff had received training and processes were not embedded. It was not always clear how sepsis fitted with early warning scores processes.
- Patient records were not stored in a way that prevented unauthorised access.
- Some fire escapes had been blocked by patient beds, furniture, equipment or items stored in front of them.

However:

- Staff recognised incidents and knew how to report them. Managers investigated incidents in a timely way, lessons and learning were shared and this led to positive changes in practice. Staff were aware of incidents and knew were familiar with changes that came from them.
- Staff demonstrated compassion and kindness as they undertook their work and in delivering care and treatment of their patients. Patients, families and carers gave positive feedback about their care, staff involved patients and those close to them in decisions about their care and treatment. Patients had time to ask questions, have them answered and were asked their opinions.
- Staff knew how to deal with complaints and concerns and complaints were acknowledged, investigated and responded to in an appropriate way. Lessons were learned and changes implemented based on complaints and patient feedback. The service recognised the cultural and religious needs of patients and their families. Interpreters and translation services were available and leaflets were available in a range of languages. Spiritual support was available and staff were respectful of the cultural needs of patients and their families.

## Is the service safe?

**Requires improvement** ● → ←

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

- Although staff had training on how to recognise and report abuse, some staff caring for children in the Jubilee Day Surgery Unit and in theatres recovery were not trained to level 3 safeguarding children and young people.



# Surgery

- Some fire escapes on the wards were not usable as they had been blocked by additional patient beds, furniture, equipment or items stored in front of them.
- Substances hazardous to health were not stored safely and were not kept safe from unauthorised access.
- Staff did not always do all that was possible to reduce the risk to patients. This was due to lapses in processes and knowledge in key areas.
- Operating theatre staff did not fully follow the World Health Organisation (WHO) surgical safety checklist and five steps to safer surgery, processes were haphazard and inconsistent with omissions and non-adherence to processes.
- The service did not effectively mitigate the risks of falls and other risks to patients as they did not always adequately highlight the identified risks to other staff, nor implement risk reduction measures. The service experienced high levels of patient falls.
- The service did not effectively demonstrate a robust approach to sepsis identification and treatment. Not all staff had received training and processes were not embedded. It was not always clear how sepsis fitted with early warning scores processes.
- The service did not have enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Records were stored in unlocked trolleys and there was the potential for unauthorised access.
- Some records had loose leaves which could be lost and contained illegible hand writing in the notes. Some staff did not print their names and state their designation i.e. Doctor, Nurse etc.
- The service did not have a robust system for ensuring that extremes of temperature did not affect medicines efficacy. This includes refrigerator temperatures and ambient room temperatures where medicines were stored.
- Medicines were prepared in advance of patients' arrival in theatres.

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 controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service had enough surgical and theatres staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

## Is the service effective?

**Requires improvement** ● ↓



# Surgery

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

- Although the service was aware and followed some evidence based care pathways, they did not always demonstrate effective alternative plan of care or risk reduction plan.
- The service did not highlight patients' individual nutritional needs well and there was a lack of assurance that these needs were being met.
- The service did not always follow latest guidance on fasting before an operation and sometimes patients unnecessarily went for longer periods than necessary without fluids.
- Managers did not always have time to appraise staff's work performance and hold regular supervision meetings due to competing pressures for their time.

However:

- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers 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 service had a seven day service action plan and was working towards this.
- The service provided health promotion advice as appropriate to patients and families.
- The service followed policy around mental capacity and deprivation of liberty processes.

## Is the service caring?

Good   

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

- Staff demonstrated kindness, patience and a caring approach to their patients and their families.
- Feedback from patients was positive, they confirmed that staff treated them well and treated them with respect and compassion.
- We saw examples of staff providing emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

Good   

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

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.

# Surgery

- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- The surgical triage unit was not always functional and so patients were forced to attend the accident and emergency department.
- The service did not always highlight individual needs effectively to enable all staff caring for patients to be aware of them.

## Is the service well-led?

**Requires improvement** ● ↓

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

- The service did not always demonstrate effective systems for identifying risks, nor did they always implement effective measures to eliminate or reduce them.
- The service had a systematic approach to continually improve the quality of its services, although this had not always been effective in driving improvements in quality and performance.
- The service did not engage well with staff, executive team visibility was low and staff felt disconnected and disempowered.
- Staff morale across a number of staff groups was low.
- The service did not always demonstrate a systematic approach to improving the quality of its services. There were safety and performance issues which were not recognised and others that were known but not addressed effectively.

However:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service engaged well with patients, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

## Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

Judith Connor, Head of hospital inspections led this inspection. An executive reviewer, Jackie Bird, Chief Nurse and Executive Director of Quality, supported our inspection of well-led for the trust overall. The team included a CQC inspection manager, six inspectors and 10 specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.