

# Southport and Ormskirk Hospital NHS 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 
Are resources used productively?	Inadequate 

# Summary of findings

## Combined quality and resource rating

Requires improvement 

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

## Background to the trust

Southport and Ormskirk NHS Trust provides inpatient healthcare to approximately 224,402 people across Southport, Formby and West Lancashire. Acute inpatient care is provided at Southport and Formby District General Hospital and Ormskirk and District Hospital. The trust also provides sexual health services for the metropolitan borough of Sefton. The North West Regional Spinal Injuries Centre is at Southport hospital and provides specialist care for spinal patients across the North West and the Isle of Man. Services at the trust are commissioned by West Lancashire and Southport & Formby Clinical Commissioning Groups.

We last inspected the trust in 2017.

## Overall summary

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



## What this trust does

Southport and Ormskirk NHS Trust provides inpatient healthcare to approximately 224,402 people across Southport, Formby and West Lancashire. Acute inpatient care is provided at Southport and Formby District General Hospital and Ormskirk and District Hospital. The trust also provides sexual health services for the metropolitan borough of Sefton. The North West Regional Spinal Injuries Centre is at Southport hospital and provides specialist care for spinal patients across the North West and the Isle of Man. Services at the trust are commissioned by West Lancashire and Southport & Formby Clinical Commissioning Groups.

From March 2018 to February 2019 the trust had 53,354 inpatient admissions an increase of 13% on the previous year. They had 32,683 outpatient attendances, an increase of 2% on the previous year. There were 84,083 A&E attendances which was a reduction of 5% on the previous year.

Between January and December 2019 there were 2,150 (9% less) births and between March 2018 and February 2019 there had been 889 (3% less) deaths.

The number of beds at the trust had increased by 11% to 413, and the number of bed days had minimally reduced by 1% to 161,774 days.

The trust had approximately 2,546 staff at the time of our inspection.

## 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?

# Summary of findings

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. At the last inspection, we rated some core services as requiring improvement and some as good. We inspected seven acute services and one community service provided by this trust as part of our continual checks on the safety and quality of healthcare services. At our last inspection we rated the trust overall as requires improvement.

At this inspection we inspected Urgent and Emergency Care (Southport), Medicine (Southport), Surgery (Southport), Critical Care (Southport), Children and young people's services, End of Life, Sexual Health services and Outpatients (Ormskirk). These inspections were undertaken between 10 July and 1 August 2019. We did not inspect surgery and maternity at Ormskirk or the regional spinal injuries unit at Southport because the services had not had time to make the improvements necessary to meet legal requirements as set out in the action plan the trust sent us after the last inspection. We are monitoring the progress of improvements to services and will re-inspect them as appropriate.

Our comprehensive inspection 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 for the trust overall. What we found is summarised in the section headed Is this organisation well-led? The well-led inspection took place between 20 and 22 August 2019.

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

## What we found

### Overall trust

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

- We rated safe, effective, responsive and well-led as requires improvement, and caring as good. At this inspection we inspected eight core services. We rated five of the trust's services as good and three as requires improvement. In rating the trust, we took into account the current ratings of the four services not inspected this time. This means overall there are six services rated as requires improvement and six services with overall ratings of good.
- We rated well-led for the trust overall as requires improvement.
- We were concerned that issues raised at our previous inspection in relation to medical wards had not been effectively addressed and mitigated in a timely manner. Our concerns meant the rating for the well-led domain for medicine remained inadequate.
- Across the trust we were concerned regarding the completion levels of mandatory training for resuscitation (61%).
- At our last inspection we had concerns relating to the storage of hazardous materials. At this inspection we remained concerned.
- We identified concerns during our last inspection as we found the use of bed rails was not consistent with the trust's policy. Patients' needs were not always assessed, which represented a patient safety risk. We found similar concerns at this inspection.

# Summary of findings

- We were concerned regarding medicines, including medicines that were passed their expiry date and in relation to the way that controlled drugs were managed. We escalated this to the trust at the time of our inspection.
- At our last inspection during our reviews of records we identified that staff had not completed documentation for Mental Capacity Act, Deprivation of Liberty safeguards and do not attempt cardiopulmonary resuscitation plans appropriately. This represented a patient safety risk. We had similar concerns at this inspection.
- We were concerned regarding staff competencies including how they were evidenced. In relation to equipment, we were not assured that the trust had oversight as to whether staff were competent. We found gaps in records relating to competencies. Staff were also unclear regarding their roles and responsibilities in relation to capacity assessments.

However:

- During this inspection we improved the overall rating of children and young people's services and the rating for effective in end of life care to good. We improved the safe domain rating for urgent and emergency services to requires improvement. Our overall hospital rating for the well-led domain was improved to requires improvement.
- Since our last inspection the trust had developed a strategy and a vision, which most staff were aware of.
- Our full inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – <https://www.cqc.org.uk/provider/RVY/reports>

## Are services safe?

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

- At our last inspection we told the trust they must improve compliance with mandatory training. At this inspection we found that not all staff completed mandatory training. Whilst mandatory training compliance had improved since our last inspection, in five of 12 subjects, including resuscitation training, completion levels for nursing staff were still below the trust's target. Across the trust the mandatory training target had not been met by medical staff in all subject areas, though compliance had improved in some areas.
- Across the trust services did not use systems and processes to safely prescribe, administer, record and store medicines. The hospital's services did not ensure medicines were always safely prescribed, administered and stored. We found medicines that were past their expiry dates across most services. Staff did not consistently monitor ambient room temperature where medicines were stored and did not escalate this to estates when room temperatures were out of range. We saw patients were not always given the right medicine at the right time and staff did not consistently report medicine errors.
- We found substances hazardous to health stored in unlocked rooms on three wards. This included areas where vulnerable patients were cared for. This meant there was a risk they could be accessed by patients and was not in line with health and safety best practice.
- Across the medical wards we were concerned that the services did not always have enough suitable equipment to help staff safely care for patients. The trust told us that an equipment review was being undertaken but this had not been completed at the time of our inspection and had been ongoing for several months.
- Staff did not always complete and update risk assessments for each patient and they did not always remove or minimise known risks.
- At the time of our inspection the trust was in a transition phase in relation to nurse staffing. A review had been completed identifying additional staffing levels were required. Wards had not been filled to these levels despite the

# Summary of findings

fact the board had approved the additional staffing and funding for this. Published fill rates for nursing staff were good but these did not take account of the new staffing numbers established in the review. Following our inspection, we received updated information from the trust, which confirmed there were still staffing gaps, but this had improved since our last inspection.

- At our last inspection we saw patient records were not stored securely. At this inspection we found paper patient records were not stored securely.

However:

- Across the trust staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Nursing staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff kept equipment and the premises visibly clean.

## Are services effective?

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

- Consultants did not lead daily ward rounds on all wards and consultants were not available on wards at weekends. This was the same as at our previous inspection.
- The trust did not meet all required standards in the 2017 national lung cancer audit and 2017 national audit of inpatient falls. It performed worse than the national average in the chronic obstructive pulmonary disease audit for October 2018 to April 2019. The Trust was outside the expected range for mortality, however this position has continuously improved and at the time of reporting is now within the expected range. The trust did not make sure all staff were competent for their roles. Managers did not appraise all staff's work performance or provide support and development. Some medical staff told us that they were not supported to develop their skills and knowledge. We were also concerned regarding the lack of evidence of staff competencies for equipment usage.
- At our last inspection we were concerned regarding the trust's staff members' understanding regarding mental capacity and consent. At this inspection we found capacity assessments were not evident within all records where patients were deemed to lack capacity. Approximately 40% of staff we spoke with were not able to explain the process and legal requirements for capacity assessment and deprivation of liberty safeguards. Record keeping was poor in relation to 'Do Not Attempt Cardio-pulmonary Resuscitation' (DNACPR) forms.
- At our last inspection we raised concerns regarding the use of bedrails for patients who had capacity. We observed that this issue had not been resolved at this inspection. Staff did not consistently fully and accurately complete patients' fluid and nutrition charts.
- We were concerned that at Southport hospital staff did not always monitor and reassess pain or administer additional pain relief in a timely manner.
- Key services were not always available seven days a week to support timely patient care. This included speech and language therapy, dieticians and pharmacy. This meant there was not continuity of care for patients and national standards were not always maintained.

However:

- The trust's services provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

## Are services caring?

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

# Summary of findings

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

However:

- Our rating for caring in medicine went down to requires improvement due to concerns in relation to privacy and dignity.

## Are services responsive?

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

- People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.
- We were concerned in outpatients that the follow-up to new ratio for patient appointments was worse than the England average. The service did not routinely achieve the waiting time standard for cancer patients receiving their first treatment within 62 days of an urgent referral. There were delays in children seeing a paediatrician.
- We noted that complaint responses were not always within trust target, did not consistently address all the issues raised and on occasions lacked empathy.

However:

- The trust planned and provided care in a way to meet the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

## Are services well-led?

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

- We were concerned regarding the pace of progress in some areas.
- Across the trust not all staff felt respected, supported and valued.
- Local governance processes did not consistently identify areas of poor practice. We found risks which had not been identified/ fully mitigated through governance processes.
- Though leaders and teams used systems to manage performance, these were not always effective.

However:

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

# Summary of findings

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in urgent and emergency services and critical care.

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 91 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 requirement notices to the trust. Our action related to breaches of eight legal requirements at a trust-wide level and 23 in four core services.

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

## What happens next

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

## Outstanding practice

The physiotherapy service provided patients with a rehabilitation in critical care and personalised exercise plan booklet. It enabled staff to provide patients and their relatives with a prescribed plan for physiotherapy exercises which were supported by pictorial demonstrations and descriptions. The booklets promoted patient achievements and there was a section for patients to document these, so that they had a log of their progress.

## Areas for improvement

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

We told the trust that it must take action to bring services into line with 31 legal requirements. This action related to four services.

#### Trust wide

- The trust must address the Hospital Pharmacy Transformation Plan (HPTP) in a timely way. Regulation 12 2)(g)
- The trust must become compliant with the Falsification of Medicines Directive (FMD) Regulation 12 (2)(g)



# Summary of findings

- The trust must ensure the correct processes are followed for the management of controlled drugs. Regulation 12 (2)(g)
- The trust must produce a clearer vision for medicines optimisation across the trust and resolve immediate medicines optimisation issues identified during our inspection. Regulation 12 (2)(g)
- The trust must ensure that all policies are reviewed in a timely way. Regulation 17(2)(a)
- The trust must improve its record keeping in relation to 'Do Not Attempt Cardio-pulmonary Resuscitation' orders and capacity assessments. Regulation 17(2)(c)
- The trust must ensure that records are securely stored. Regulation 17(2)(d)
- The trust must ensure that staff are competent for their roles and that competency records are maintained for staff. Regulations 17(2)(d);18(2)(a)

## Urgent and Emergency Care

The trust must:

- The trust must ensure that the risks to the health and safety of service users are assessed and that all is done to mitigate any such risks. Regulation 12 (2)(b)
- The trust must ensure that emergency equipment is checked regularly, recorded accurately and replaced appropriately, in line with trust policy. Regulation 12 (2)(e)

## Medicine

- The trust must ensure that all staff use appropriate infection prevention and control measures, in line with trust policy, especially when providing care and treatment to patients with identified infections in side rooms. Regulation 12 (2)(h)
- The trust must ensure that substances that are hazardous to health are locked away safely. It must ensure it acts on patient safety alerts to securely store superabsorbent polymer gel granules. Regulation 12 (2)(b)
- The trust must deploy sufficient nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Regulation 18 (2)(c)
- The trust must ensure patient records are stored securely in all areas. Regulation 17 (2)(c)
- The trust must ensure the proper and safe management of medicines. The trust must ensure all medications are within their expiry dates. They must ensure controlled drugs are prescribed and supplied to patients in adherence with the legal requirements. Regulation 12 (2)(g)
- The trust must ensure care and treatment of patients is provided with their consent. They must ensure when patients lack capacity to consent staff complete a capacity assessment in line with legislation, especially when using do not attempt resuscitation orders. Regulation 17 (2)(c)
- The trust must ensure staff complete a capacity assessment before depriving patients of their liberty and ensure they do not restrict patient's liberty of movement without legal authority. Regulation 13 (6)(d)(7)(b)
- The trust must ensure that patients' privacy and dignity is maintained at all times. Regulation 10 (2)(a)
- The trust must ensure local governance process address areas of poor practice. Regulation 17 (2)(a)
- The trust must ensure it has effective systems to manage risk and performance. It must ensure actions are taken to mitigate against known risks and audits of service performance are consistent and provide relevant information to improve services. Regulation 17 (2)(a)(b)



# Summary of findings

## **Surgery**

- The trust must ensure that all staff completes mandatory training requirements. Regulation 12(2)(c)
- The trust must ensure that theatre staff, supporting the urgent and emergency department are trained to support paediatric patients. Regulation 12(2)(c)
- The trust must ensure that all staff can complete documentation for Mental Capacity Act Deprivation of Liberty safeguards and do not attempt cardiopulmonary resuscitation plans appropriately. Regulation 17(2)(c)
- The trust must ensure that all safety checks are completed in theatre in line with national guidance. Regulation 12 (2)(b)
- The trust must ensure that medicines, including controlled drugs, are stored, prescribed, administered, recorded and disposed of according to national guidance. Regulation 12 (2)(g)
- The trust must ensure that oxygen is prescribed and administered appropriately. Regulation 12 (2)(g)
- The trust must ensure staff respond appropriately to fridge and environmental temperatures outside of accepted safe ranges. Regulation 12 (2)(g)

## **Children and Young People**

- The trust must ensure that resuscitation trolleys contain the right equipment, which is in date and checked thoroughly and regularly according to trust policy Regulations 12(1)(2)(e); 17(2)(b)
- The trust must ensure that every child is seen by a consultant paediatrician within 14 hours Regulation 12(2)(a)
- The trust must ensure that all staff members attend mandatory training, and that compliance for resuscitation training is improved, particularly for medical staff. Regulation 18(2)(a)
- The trust must ensure that there are enough medical staff to meet the needs of the service, particularly at consultant level. Regulation 18(1)

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

We told the trust that it SHOULD take action to improve services. This action related to eight services.”

## **Trust wide**

- The trust should ensure that fill rates are reported on based on the latest safer staffing establishment. (Regulation 12)
- The trust should ensure that support for staff is reviewed and documented within incident reviews. (Regulation 18)
- The trust should ensure that the clinical strategy underpinning the acute hospital sustainability plan is adequately resourced to maintain momentum. (Regulation 17)
- The trust should include the summary of fit and proper person regulation compliance in the annual report.
- The trust should keep arrangements for its governance and performance management under review to ensure they are proportional and effective.
- The trust should improve engagement at the Safeguarding Assurance Group from Heads of Nursing.
- The trust should improve safeguarding engagement by staff at ward and department level.
- The trust should improve the timeliness of responses to complaints.
- The trust should improve the quality of its costing information.

# Summary of findings

- The trust should consider improving child and adolescent mental health services provision to a seven-day service.
- The trust should consider scenario based financial forecasting to set parameters and help manage expectation with key stakeholders.

## Urgent and emergency care

- The trust should ensure that both the environment and equipment used in delivering care and treatment, in all areas are checked regularly and recorded accurately in line with both local and trust policies. (Regulation 17)
- The trust should ensure all staff complete mandatory training and offer protected time to facilitate this. (Regulation 18)
- The trust should ensure that all risks identified in relation to the emergency department are risk assessed, recorded and appropriate measures and plans are put into place. (Regulation 12)
- The trust should ensure that cleaning checklists are completed regularly and recorded accurately in line with both local and trust policy. (Regulation 17)
- The trust should ensure that a description of the patient is recorded on the mental health risk assessment form. (Regulations 12;17)
- The trust should ensure that the nursing establishment is recalculated based on the increasing number of attendances to the department. (Regulation 18)
- The trust should ensure that all intravenous fluid stores are secure or have been appropriately risk assessed. (Regulation 12)
- The trust should ensure that all incidents are reviewed in a timely manner; by the appropriate staff, in line with trust policy. (Regulation 17)
- The trust should ensure that patient condition information leaflets within the minor injuries and illnesses area are in date and follow best practice guidance. (Regulation 17)
- The trust should ensure that all senior nursing staff receive an appraisal every 12 months. (Regulation 18)
- The trust should ensure that information on how to complain or raise concerns is clearly displayed within all main areas of the department. (Regulation 16)
- The trust should consider implementing equipment checklists and cleaning checklists within the minor injuries and illnesses area.
- The trust should consider implementing cubicle checklists within the major injuries and illnesses area.
- The trust should consider implementing plans to create a viewing room for relatives.
- The service should consider training all nursing staff in paediatric life support.
- The trust should consider training all senior nursing staff in immediate life support and advanced paediatric life support.
- The trust should consider how specialist nursing staff can be assisted to carry out their patient safety roles without being including within departmental staffing figures.
- The trust should consider implementing an alternative pain scoring tool for patients living with conditions which may cause cognitive impairment.

## Medicine

# Summary of findings

- The trust should ensure all staff have regular appraisals and complete mandatory training, specifically basic life support training and immediate life support training. (Regulation 18)
- The trust should ensure staff in the medical day unit have access to appropriate facilities and equipment to clean blood spills on trays and other equipment. (Regulation 12)
- The trust should ensure staff have access to suitable and properly maintained equipment, especially on the stroke and rehabilitation wards. (Regulation 15)
- The trust should ensure all oxygen cylinders are stored securely, especially in the discharge lounge. (Regulation 15)
- The trust should ensure it continues to act to address the high number of registered and unregistered nursing vacancies. (Regulation 18)
- The trust should ensure they assess the nutritional and hydration needs of patients and that staff accurately complete fluid and nutrition charts. (Regulation 12)
- The trust should ensure all medicine records are completed. (Regulation 12)
- The trust should ensure the self-administration policy is followed for all patients wanting to self-administer their medicines. (Regulation 12)
- The trust should ensure all relevant staff receive feedback following the investigation of incidents. (Regulation 17)
- The trust should ensure all staff receive simulation training appropriate to their role and grade. (Regulation 18)
- The trust should ensure the service takes account of individual needs and preferences for patients with dementia and learning disabilities and makes the required reasonable adjustments. (Regulation 9)
- The trust should ensure all staff, including nursing staff, have the opportunity to contribute to and be involved in learning from deaths reviews. (Regulation 17)
- The trust should continue to act to improve patient outcomes for mortality and to improve performance in national falls, chronic obstructive pulmonary disease and mortality audits.
- The trust should act to reduce the length time taken to investigate and respond to complaints.
- The trust should act to give all staff leaving the service an opportunity to give feedback and raise concerns.

## **Surgery**

- The trust should ensure that all sterile equipment is stored appropriately. (Regulation 12)
- The trust should ensure that all equipment and sundries are checked to be within manufacturers expiry dates. (Regulation 15)
- The trust should continue to explore ways to reduce the readmission rates.
- The trust should explore the reasons for higher lengths of stay.
- The trust should continue to monitor outcomes for patients.
- The trust should encourage patient feedback to drive improvement.
- The trust should consider alternative formats than text for patients to view.

## **Critical care**

- The trust should ensure that consultant ward rounds are consistently completed twice a day during weekends. (Regulation 18)

# Summary of findings

- The trust should ensure that medicines are stored correctly and in line with policy and best practice. (Regulation 12)
- The trust should review the storage of personal protective equipment for infection prevention and control purpose, to meet with infection prevention and control principles and best practice.
- The trust should consider an update of the relative's accommodation facilities to provide a more comfortable and welcoming environment.
- The trust should consider the development of a standard operating procedure for critical care staff who are requested to work on the wards in line with the updated policy from the critical care network.
- The trust should continue to work towards improving the recruitment and retention of staff, so that staffing levels meet with the national standards and are adequate to provide patient care.
- The trust should review the information available to staff on the unit for the administration of medication and ensure that staff always have access to up to date current policies to use.
- The trust should consider the review of team meeting agendas to include a review of audit results so that staff understand what they mean and can be involved in decisions about how to improve performance.
- The trust should improve seven-day service provision to provide more continuity of care for patients and maintain national standards.
- The trust should consider implementing a robust monitoring process for admission timescales to be assured what the timeframes are so that they continually meet the national four-hour standard.
- The trust should continue to work to reduce delayed discharges from the unit and prevent mixed sex accommodation for patients.
- The trust should consider implementing improvement work to reduce the number of patient discharges and bed moves at night from the units.
- The trust should consider a review of the strategy and provide clear goals with workable plans to turn them into action and involve staff in its development.
- The trust should consider the improvement of communication of information through meetings with standardised agendas so that information is communicated effectively through the structure.
- The trust should consider a review of how performance is monitored and reviewed at all levels so that staff are aware of the unit's performance and what it means so that they can contribute to improvements.

## End of life

- The trust should specify each clinical indication separately when prescribing anticipatory medicines.
- The trust should consider providing accessible communication aids such as pictorial to assist staff when caring for a patient with additional needs.
- The trust should improve the monitoring of competencies of staff to use syringe drivers.
- The trust should consider conducting regular audit of the syringe driver checklist and the pain care plan across the hospital.
- The trust should improve the governance and monitoring processes around rapid discharges.
- The trust should review current processes of sharing results of audits including good practice and areas requiring improvement relating to end of life care with all staff across the hospital.

# Summary of findings

## Children and young people

- The trust should ensure that all babies and children have observations completed and documented as per guidelines and trust policy. (Regulation 17)
- The trust should ensure that fridge and room temperatures are regularly checked as per policy to ensure medicines remain at the right temperature. (Regulation 12)
- The trust should ensure that no-one, other than staff members can access the ward kitchen. (Regulation 12)
- The trust should ensure that oral liquid medication used as stock, has a date of opening recorded on them. (Regulation 12)
- The trust should ensure that fridge temperatures are checked and recorded in line with trust policy. (Regulation 12)
- The trust should ensure that if room temperatures are noticed to be above the advised range, that this be recorded, along with appropriate actions taken. (Regulation 12)
- The trust should ensure that all medical staff carrying out procedures such as obtaining blood, use the appropriate personal protective equipment. (Regulation 12)
- The trust should ensure that work undertaken in relation to meeting the National Standards in the National Neonatal Audit Programme (NNAP), relating to neonatal care are followed and completed in line with guidance. (Regulation 17)
- The service should ensure that all staff are familiar with the services' vision and strategy. (Regulation 17)
- The trust should look to improve the systems used to arrange paediatric out-patients' appointments, to prevent them becoming lost.
- The trust should consider employing a dedicated epilepsy nurse.
- The trust should consider making the dedicated expressing room on the neonatal unit more comfortable and welcoming for women to use.
- The trust should consider improving their provision for teenagers.

## Outpatients

- The trust should take appropriate actions so cleaning checklists include specific prompts for the cleaning of children's toys.
- The trust should take appropriate actions so there is a consistent approach by staff when recommended temperatures for the storage of medicines are exceeded.
- The trust should continue to take appropriate actions to improve the follow-up to new ratio for patient appointments.
- The trust should continue to take appropriate actions to improve staff appraisal completion rates.
- The trust should take appropriate actions to improve performance for the waiting time standard for cancer patients receiving their first treatment within 62 days of an urgent referral.
- The trust should take appropriate actions to improve complaint response time in line with trust targets.

## Sexual health

- The trust should ensure staff supervision and appraisal is reviewed so that all staff groups reach mandatory targets. (Regulation 18)

# Summary of findings

## Is this organisation well-led?

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

Our rating of well-led at the trust improved. We rated well-led as requires improvement because:

- We were concerned regarding the pace of improvement particularly in relation to the medicine wards.
- We were concerned regarding the leadership of medicines optimisation within the trust. The trust had not addressed the Hospital Pharmacy Transformation Plan (HPTP) objectives in a timely way. The trust was not compliant with the Falsification of Medicines Directive at the time of our inspection.
- The trust did not have a clear vision for medicines optimisation across the trust. We had immediate concerns regarding medicines optimisation, which we escalated at the time of our inspection.
- At inspection we were concerned that some policies we looked at had not been reviewed in a timely way.
- We were concerned that the trust did not have an effective system to record staff competencies and provide sufficient oversight to board members that staff had the relevant skills and had received the appropriate training for their roles.
- Whilst governance arrangement had improved since our last inspection, we were not assured that governance systems facilitated sustained improvements as there were areas where governance processes were not robust. Engagement in the revised governance processes was not as expected, particularly within the pharmacy department. Senior staff told us that they were not assured that plans were not in place to ensure governance processes remained under review.
- We were concerned regarding the timeliness of responses to complaints.

However:

- Leaders had the skills and abilities to run the service. They were beginning to manage the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. In some areas leaders and staff understood and knew how to apply them and monitor progress.
- More staff felt respected, supported and valued and were focused on the needs of patients receiving care. The trust promoted equality and diversity in daily work and provided opportunities for career development. The trust had an open culture where patients, their families and staff could raise concerns without fear however we were informed of two areas where staff felt disconnected, undervalued and ill-informed of changes.
- Most staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Systems to manage performance had improved since our last inspection. The trust had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

# Summary of findings

- There was evidence that some core services collecting reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. Since our last inspection the leadership team had undertaken significant amounts of work to improve the trust's collaboration with partner organisations to help improve services for patients.
- Most staff were committed to continuously learning and improving services. There was an emerging understanding of quality improvement methods and were developing the skills to use them. Leaders encouraged innovation and participation in research.
- Most staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.



## 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 ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↑ Nov 2019	Requires improvement ↔ Nov 2019

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

## Rating for acute services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Southport and Formby District General Hospital	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↑ Nov 2019	Requires improvement ↔ Nov 2019
Ormskirk District General Hospital	Requires improvement ↔ Nov 2019	Good ↑ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019
<b>Overall</b>	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↑ Nov 2019	Requires improvement ↔ Nov 2019

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

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↑ Nov 2019	Requires improvement ↔ Nov 2019
Community	Good Nov 2019	Good Nov 2019	Good Nov 2019	Good Nov 2019	Good Nov 2019	Good Nov 2019
<b>Overall trust</b>	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↑ Nov 2019	Requires improvement ↔ Nov 2019

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

## Ratings for Southport and Formby District General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↑ Nov 2019	Requires improvement ↔ Nov 2019	Good ↑ Nov 2019	Requires improvement ↔ Nov 2019	Good ↑ Nov 2019	Requires improvement ↔ Nov 2019
Medical care (including older people's care)	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↓ Nov 2019	Requires improvement ↔ Nov 2019	Inadequate ↔ Nov 2019	Requires improvement ↔ Nov 2019
Surgery	Requires improvement ↔ Nov 2019	Good ↑ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↑ Nov 2019	Requires improvement ↔ Nov 2019
Critical care	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019
End of life care	Good ↔ Nov 2019	Good ↑ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019
Outpatients	Requires improvement Mar 2018	N/A	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Spinal injuries	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018
<b>Overall*</b>	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↑ Nov 2019	Requires improvement ↔ Nov 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 Ormskirk District General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018
Surgery	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018
Maternity	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018
Services for children and young people	Requires improvement ↓ Nov 2019	Good ↑ Nov 2019	Good ↔ Nov 2019	Good ↑ Nov 2019	Good ↔ Nov 2019	Good ↑ Nov 2019
Outpatients	Good Nov 2019	N/A	Good Nov 2019	Good Nov 2019	Good Nov 2019	Good Nov 2019
<b>Overall*</b>	Requires improvement ↔ Nov 2019	Good ↑ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health sexual health services	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019
<b>Overall*</b>	Good Nov 2019	Good Nov 2019	Good Nov 2019	Good Nov 2019	Good Nov 2019	Good Nov 2019

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

# Acute health services

## Background to acute health services

Acute care is provided at Southport and Formby District General Hospital and Ormskirk and District General Hospital. At Southport and Formby District General Hospital this includes adults' accident and emergency services, intensive care and a range of medical and surgical specialities. There is also an outpatients' service. The North West Regional Spinal Injuries Centre at Southport hospital provides specialist care for spinal patients from across the North West, North Wales and the Isle of Man. Ormskirk and District General Hospital provide women's and children's services, including accident and emergency services, surgery and maternity care.

## Summary of acute services

**Requires improvement** ● → ←

Our rating of these services stayed the same. We rated them as requires improvement for the reasons outlined above.

# Ormskirk District General hospital

Hilldale  
Wigan Road  
Ormskirk  
Lancashire  
L39 2JW  
Tel: 01704547471  
[www.southportandormskirk.nhs.uk](http://www.southportandormskirk.nhs.uk)

## Key facts and figures

Ormskirk and District General hospital offer maternity and gynaecology services, elective surgery, services for children and young people, a children's accident and emergency department, outpatients and diagnostic services. The hospital provide these services for patients living across West Lancashire, Southport and Formby.

From February 2018 – January 2019 the hospital had 193,875 outpatients' attendances, 4,780 inpatient admissions for children and 2,150 births. Accident and Emergency attendances for children were 30,005. Across the services there were 104 beds including 38 maternity beds, 21 children's beds and 10 neonatal cots.

During our inspection we visited children and young peoples services and the outpatients department.

We spoke with 59 staff across a range of disciplines. We also spoke with 18 patients and two carers. We visited all areas providing care to children and young people including the neonatal unit. We also visited the general outpatients, treatment centre, dermatology, maxillofacial unit, eyes / ear, nose and throat (ENT) area and the orthopaedic outpatient service at the hospital as part of the inspection. We attended a range of meetings and reviewed 24 records.

## Summary of services at Ormskirk District General hospital

**Requires improvement** ● → ←

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

Our overall inspection ratings take into consideration our findings from our last inspection in 2017.

At this inspection we rated effective, caring and responsive as good. We rated safe and well-led as requires improvement.

We rated three of the hospitals five core services as good. The other two services were rated as requires improvement.

During this inspection we improved the ratings of children and young people's service to good and our overall hospital rating for the effective domain to good.

At this inspection we found:

# Summary of findings

- At our last inspection we told the trust they must improve compliance with mandatory training. At this inspection we found that not all staff completed mandatory training. Whilst overall mandatory training compliance had improved since our last inspection, in 5/12 subjects, including resuscitation training, completion levels for nursing staff were still below the trust's target. The target had not been met by medical staff in 7/10 subject areas, including resuscitation training, though compliance levels had improved.
- Staff did not always take appropriate actions when recommended temperatures for the storage of medicines were exceeded.
- In children and young people's services not all of the medical staff had completed their mandatory training. Areas of poor compliance included resuscitation training.
- In children and young people's services there were issues with some equipment, in that regular and robust checks were not always completed.
- In children and young people's services we found evidence that there had been occasions when medical staff had not responded to nursing concerns, which led to avoidable harm occurring to two patients.
- In children and young people's services the service did not have enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment, particularly at consultant level, leaving pressure on junior doctors.
- In outpatients cleaning checklists did not include specific prompts for the cleaning of children's toys.
- We were concerned in outpatients that the follow-up to new ratio for patient appointments was worse than the England average. The service did not routinely achieve the waiting time standard for cancer patients receiving their first treatment within 62 days of an urgent referral. There were delays in children seeing a paediatrician.
- We noted that complaint responses were not always within trust targets.
- In outpatients the number of staff who completed appraisals did not meet trust targets.

However:

- Our overall rating of children and young people's services improved to good.
- Across both services staff understood how to protect patients from abuse. Staff controlled infection risk well. The services' staff kept good care records. Safety incidents were managed well and lessons were learned from them. Staff collected safety information and used it to improve the services.
- Staff provided good care and treatment, gave patients enough to eat and drink and offered pain relief when it was needed. Managers monitored the effectiveness of the service and made sure staff were competent. Most services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people. The service took account of patients' individual needs and made it easy for people to give feedback. People could access most of the services when they needed it.
- Leaders supported staff to develop their skills. Most staff members that felt they were listened to by senior staff. The services were focused on the needs of patients' receiving care. Staff were clear about their roles and accountabilities. The trust engaged with the patients and the community to plan and manage services. Staff were keen to learn and to develop the service.



# Services for children and young people

Good  

## Key facts and figures

Services for children and young people at Southport and Ormskirk Hospital NHS Trust mainly operated from Ormskirk Hospital. The children's unit, including the level two neonatal unit at Ormskirk District General Hospital, along with the children's community outreach nursing team (CCNOT) provides care for babies, children and young people from birth with acute and long-term conditions, such as diabetes, epilepsy and respiratory conditions. Service delivery is provided both within an acute setting and community setting across South Sefton.

The services include 10 cots on the neonatal unit and 21 beds, comprised of 12 cubicles, one high dependency cubicle and two bays of four beds. There was also a paediatric assessment bay which had six assessment/ambulatory beds.

To support children with mental health needs there is a quiet room (chillaxation room) co-located between the children's unit and the accident and emergency department to provide a calming environment.

In addition to the inpatient facility, the trust has a dedicated community paediatric team. The team have a significant focus on providing services to children with autism and ADHD. There are links with other third sector providers to support the team with strengthening neurodevelopmental pathways.

The paediatric team also provide a dedicated outpatient facility based at Ormskirk District General Hospital.

The team of consultant paediatricians, registered children's nurses, community nursing team (Sefton patients only) and all paediatric staff work in partnership with the multi-disciplinary team including maternity services, anaesthetics, CAMHS, safeguarding and with other departments providing care for children and young people.

The trust had 4,780 children and young people admissions from February 2018 to January 2019.

Emergency admissions accounted for 94% (4,500), 5% (253 admissions) were day case and the remaining 1% (27 admissions) were elective.

During inspection we visited all these areas.

We spoke with 37 members of staff including senior managers, matrons, nurses, medical staff, play specialists, health care assistants, housekeepers and domestics. We also spoke to nine patients and their parents.

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

## Summary of this service

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

- Staff had understood how to protect children and young people from abuse, however mandatory training compliance was below the trust target. The service controlled infection risk well. Nursing staff effectively assessed risks to children and young people and acted on them accordingly. However, some medical staff members did not always action concerns raised by nurses. The service's staff kept good care records. They managed medicines well. The service managed safety incidents and learned lessons from them. Staff collected safety information and used it to improve the service.

# Services for children and young people

- Staff provided good care and treatment, gave children and young people enough to eat and drink. Pain relief was given when it was needed. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Most services were available seven days a week.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- The service planned care to meet the needs of local people. The service took account of children and young people's individual needs and made it easy for people to give feedback. People could access most of the service when they needed it.
- Leaders supported staff to develop their skills. Some staff members that felt they were listened to by senior staff. The service was focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The trust engaged with the children, young people and the community to plan and manage services. Staff were keen to learn and develop the service.

However:

- We found that monitoring of equipment to maintain medicines at the correct temperature was not always completed, or actioned. We found that not all equipment in the service was suitable. This was escalated to the trust during the inspection. We found that the service did not have enough medical staff, particularly at consultant level. This was raised with the trust and we were informed that there were alternative arrangements in place to ensure medical staffing was safe.
- We found that the range of food choices for children was limited. The kitchen on the paediatric ward was not locked. There was no standardised pain tool used, to ensure consistency.
- We found that access for CAMHS patients was limited at weekends. There was disparity of CAMHS services available to children and young people, dependent on where they lived, which led to some patients staying on the ward for longer periods of time.
- There had been an issue with the arrangements for paediatric outpatient appointments, leading to some appointments becoming lost.
- Some children had a long wait to be seen by the community paediatrician.
- Staff were not clear about the service's vision and strategy and how to apply them in their work. Some of the staff we spoke to did not always feel that some of the senior leaders acknowledged them or supported them at times when the unit was particularly busy.

## Is the service safe?

**Requires improvement** ● ↓

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

- The service provided mandatory training in key skills to all staff, however, not all of the staff had completed this. We were particularly concerned regarding completion levels for resuscitation training for medical staff (31.6%).

# Services for children and young people

- There were issues with the resuscitation trolleys, in that regular and robust checks were not always completed. We found one of the resuscitation trolleys to be inadequate, as staff could not be assured that the equipment they needed in an emergency would be there. Checking processes were not robust.
- The service did not have enough medical staff at consultant level to meet national standards. This was raised with the trust and we were informed that there were alternative arrangements in place to ensure medical staffing was safe.
- On review of two root cause analysis for serious incidents relating to babies, we found evidence that medical staff had not always responded to nursing concerns. Nursing staff told us at the time of the inspection this issue was ongoing. We discussed this with senior managers and they advised that plans were in place to address this.
- We found evidence of gaps in observations on the neonatal unit and were concerned that medical staff had not consistently responded to nursing concerns in relation to children and young people at risk of deterioration.
- There were issues with the monitoring of the room temperature in the clean utility in which the fridge medicines were stored, as well as a lack of consistent monitoring and recording of fridge temperatures for the safe storage of medicines. We also found evidence of 10 days when the equipment checklist had been signed to say the fridge temperature checks had been reviewed, when they had not.

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 controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient. Nursing staff were able to quickly identify and act upon patients at risk of deterioration. In most instances staff completed and updated risk assessments for each child and young person and removed or minimised risks.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- Staff kept detailed records of patients' care and treatment. Most records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer and record medicines.
- Staff recognised and reported incidents and near misses. Managers investigated incidents, and we saw evidence to document actions taken and information on shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

Good  

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

# Services for children and young people

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain, although not a standardised tool, and gave pain relief in a timely way.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Food choices on the paediatric ward were limited to selections from the adult menu and not dedicated children's meal choices.

## Is the service caring?

Good   

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

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

## Is the service responsive?

Good  

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

# Services for children and young people

- The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access most of the services when they needed it.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:-

- There were delays for some children waiting to be seen by the community paediatrician, but we were told that there had been some plans put in place to address this. We were also aware that there had been some loss to follow up with outpatient appointments
- Access to CAMHS support was area-dependent, which led to some patients staying on the ward for longer periods of time.

## Is the service well-led?

Good ● → ←

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- Staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The service had an open culture where patients, their families and staff could raise concerns.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

However:-

- Staff were not clear about the service's vision and strategy and how to apply them in their work.

# Services for children and young people

- Some of the staff we spoke to, reported that some leaders were not always approachable, nor did they feel that they would help at particularly busy times.
- We identified issues in relation to some governance processes, which leaders did not have oversight of, so these were not being managed effectively.

## Areas for improvement

Action the trust **must** take to improve:-

- The trust must ensure that resuscitation trolleys contain the right equipment, which is in date and checked thoroughly and regularly according to trust policy Regulations 12(1)(2)(e); 17(2)(b)
- The trust must ensure that every child is seen by a consultant paediatrician within 14 hours Regulation 12(2)(a)
- The trust must ensure that all staff members attend mandatory training, and that compliance for resuscitation training is improved, particularly for medical staff. Regulation 18(2)(a)
- The trust must ensure that there are enough medical staff to meet the needs of the service, particularly at consultant level. Regulation 18(1)

Action the service **should** take to improve:-

- The trust should ensure that all babies and children have observations completed and documented as per guidelines and trust policy. (Regulation 17)
- The trust should ensure that fridge and room temperatures are regularly checked as per policy to ensure medicines remain at the right temperature. (Regulation 12)
- The trust should ensure that no-one, other than staff members can access the ward kitchen. (Regulation 12)
- The trust should ensure that oral liquid medication used as stock, has a date of opening recorded on them. (Regulation 12)
- The trust should ensure that fridge temperatures are checked and recorded in line with trust policy. (Regulation 12)
- The trust should ensure that if room temperatures are noticed to be above the advised range, that this be recorded, along with appropriate actions taken. (Regulation 12)
- The trust should ensure that all medical staff carrying out procedures such as obtaining blood, use the appropriate personal protective equipment. (Regulation 12)
- The trust should ensure that work undertaken in relation to meeting the National Standards in the National Neonatal Audit Programme (NNAP), relating to neonatal care are followed and completed in line with guidance. (Regulation 17)
- The service should ensure that all staff are familiar with the services' vision and strategy. (Regulation 17)
- The trust should look to improve the systems used to arrange paediatric out-patients' appointments, to prevent them becoming lost.
- The trust should consider employing a dedicated epilepsy nurse.
- The trust should consider making the dedicated expressing room on the neonatal unit more comfortable and welcoming for women to use.
- The trust should consider improving their provision for teenagers.

# Outpatients

Good 

## Key facts and figures

Outpatient services are provided by the trust at Southport and Formby District General Hospital and at Ormskirk District General Hospital. From February 2018 to January 2019 there were 133,225 attendances at the outpatient services at Ormskirk District General Hospital. This included 17,153 children attending the services during this period.

Outpatient services provided at Ormskirk District General Hospital are incorporated into the planned care clinical business unit. The outpatient service provides a comprehensive range of surgical services which includes dermatology, ophthalmology, Ear Nose and Throat (ENT), gynaecology, trauma and orthopaedics, general surgery, paediatrics and max facial / orthodontics.

The outpatient service also provide a full set of medical services including general medicine, rheumatology (including all rheumatology disorders along with osteoporosis, metabolic bone, inflammatory arthritis and autoimmune rheumatic disease) and gastroenterology (includes hepatology, inflammatory bowel disease, lower gastrointestinal (GI) (medical), upper GI (including dyspepsia).

This is the first time we have inspected outpatient services at the hospital as a separate core service. At the last inspection, in April 2016, we inspected outpatient and diagnostic services at the hospital. The service was rated as good for being safe, effective, caring, responsive and well-led. We do not rate effective for outpatient services.

We inspected the whole core service across all key questions; is the service safe, effective, caring, responsive and well led? We determine which core services to inspect and when based on an assumption of risk from intelligence gathered during our monitoring phase which includes information from the public, whistle blowers, stakeholders and national data sources.

We visited Ormskirk District General Hospital as part of our unannounced inspection between 30 July and 1 August 2019. We inspected the general outpatients, treatment centre, dermatology, maxillofacial unit, eyes / ear, nose and throat (ENT) area and the orthopaedic outpatient service at the hospital as part of the inspection. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

As part of the inspection, we spoke with nine patients and the relatives of two patients. We observed care and treatment and looked at 13 care records. We analysed information about the service which was provided by the trust.

We also spoke with 22 staff across a range of disciplines including nurses, a cancer specialist nurse, healthcare assistants, assistant practitioners, consultants, an assistant clinical physiologist, reception staff, the outpatient manager, the matron for ambulatory care, the matron for planned care, the directorate lead nurse for medicine and the associate director of operations for planned care.

## Summary of this service

This is the first time we have inspected outpatients at the hospital as a separate core service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.



# Outpatients

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

However;

- Cleaning checklists did not include specific prompts for the cleaning of children's toys.
- Staff did not always take appropriate actions when recommended temperatures for the storage of medicines were exceeded.
- The follow-up to new ratio for patient appointments was worse than the England average.
- The number of staff who completed appraisals did not meet trust targets.
- The services did not routinely achieve the waiting time standard for cancer patients receiving their first treatment within 62 days of an urgent referral.
- Complaint responses were not always within trust targets

## Is the service safe?

**Good** 

This is the first time we have inspected outpatients at the hospital as a separate core service. We rated safe as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

# Outpatients

- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However;

- Cleaning checklists did not include specific prompts for the cleaning of children's toys.
- Staff did not always take appropriate actions when recommended temperatures for the storage of medicines were exceeded.

## Is the service effective?

We inspect but do not rate effective for outpatient services. We found the following areas of good practice:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However;

# Outpatients

- The follow-up to new ratio for patient appointments was worse than the England average. The service had taken actions to improve this, including weekly monitoring and allocation of overdue patient appointments to the next available clinic.
- The number of clinical services staff who completed appraisals did not meet trust targets.

## Is the service caring?

**Good** ●

This is the first time we have inspected outpatients at the hospital as a separate core service. We rated caring as good because:

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

## Is the service responsive?

**Good** ●

This is the first time we have inspected outpatients at the hospital as a separate core service. We rated responsive as good because:

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

However;

- The services did not routinely achieve the waiting time standard for cancer patients receiving their first treatment within 62 days of an urgent referral. However they were in line with the England average.
- Complaint responses were not always within trust targets.

# Outpatients

## Is the service well-led?

**Good** ●

This is the first time we have inspected outpatients at the hospital as a separate core service. We rated well-led as good because:

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

## Areas for improvement

- The trust should take appropriate actions so cleaning checklists include specific prompts for the cleaning of children's toys.
- The trust should take appropriate actions so there is a consistent approach by staff when recommended temperatures for the storage of medicines are exceeded.
- The trust should continue to take appropriate actions to improve the follow-up to new ratio for patient appointments.
- The trust should continue to take appropriate actions to improve staff appraisal completion rates.
- The trust should take appropriate actions to improve performance for the waiting time standard for cancer patients receiving their first treatment within 62 days of an urgent referral.
- The trust should take appropriate actions to improve complaint response time in line with trust targets.

# Southport & Formby District General Hospital

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## Key facts and figures

Southport and Formby District General Hospital provides acute healthcare in hospital. This includes an adults' urgent and emergency care service, intensive care and a range of medical and surgical specialities. The North West Regional Spinal Injuries Centre provides specialist care for spinal patients from across the North West, North Wales and the Isle of Man. Across the hospital there were 307 beds including 15 intensive care beds. From February 2018 to January 2019 Southport hospital had 31,592 inpatient admissions, 53,284 A and E attendances and 176,755 outpatient attendances.

We spoke with 212 staff across a range of disciplines. We also spoke with 52 patients. We visited all areas providing medical care, surgery, critical care, end of life care and the accident and emergency department. We attended a range of meetings and reviewed 97 records.

## Summary of services at Southport & Formby District General Hospital

**Requires improvement**   

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

At this inspection we inspected five of the hospital's seven core services. We rated safe, effective, responsive and well-led as requires improvement. We rated caring as good.

We rated three of the hospital's core services as requires improvement. The other two services we inspected were rated as good. From our previous inspection in 2018 the hospital's remaining two core services were rated as good and requires improvement. This meant that overall four services were rated as requires improvement and three were rated as good.

During this inspection we improved the rating for safe in urgent and emergency care from inadequate to requires improvement, effective in end of life care and surgery improved to good. Caring improved in urgent and emergency care to good. Well-led in urgent and emergency care improved to good. Well-led in surgery and our overall hospital rating for the well-led domain improved from inadequate to requires improvement.

At this inspection we found:

# Summary of findings

- At our last inspection we told the trust they must improve compliance with mandatory training. At this inspection we found that not all staff completed mandatory training. Whilst mandatory training compliance had improved since our last inspection, in 5/12 subjects, including resuscitation training, completion levels for nursing staff were still below the trust's target. The target had not been met by medical staff in all subject areas, though compliance had improved.
- Across the hospital services did not use systems and processes to safely prescribe, administer, record and store medicines. The hospital's services did not ensure medicines were always safely prescribed, administered and stored. We found out of date medicines. Staff did not consistently monitor ambient room temperature where medicines were stored and did not escalate this to estates when room temperatures were out of range. We saw patients were not always given the right medicine at the right time and staff did not consistently report medicine errors.
- We were concerned regarding that the design, maintenance and use of facilities, premises and equipment did not always keep people safe. We found substances hazardous to health stored in unlocked rooms on three wards. This meant there was a risk they could be accessed by vulnerable patients and was not in line with health and safety best practice.
- Across the medical wards we were concerned that the services did not always have enough suitable equipment to help staff safely care for patients. The trust told us that an equipment review was being undertaken but this had not been completed at the time of our inspection and been ongoing for several months.
- Staff did not always complete and update risk assessments for each patient and they did not always remove or minimise risks.
- We were concerned that the hospital did not have enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. A review had been completed identifying additional staffing levels were required, but wards were not filled to these levels despite the fact the board had approved the additional staffing and funding for this. Published fill rates for nursing staff were good but these did not take account of the new staffing numbers established in the review. There were high numbers of vacancies for registered and unregistered nursing staff across the service which were not filled by bank or agency staff.
- Consultants did not lead daily ward rounds on all wards and consultants were not available on wards at weekends. This was the same as at our previous inspection.
- At our last inspection we saw patient records were not stored securely. At this inspection we found paper patient records were not stored securely.
- The hospital did not meet all required standards in the 2017 national lung cancer audit and 2017 national audit of inpatient falls. It performed worse than the national average in the chronic obstructive pulmonary disease audit for October 2018 to April 2019. The hospital was higher than the national average for mortality.
- The hospital did not make sure all staff were competent for their roles. Managers did not appraise all staff's work performance or provide support and development. Not all medical staff were supported to develop their skills and knowledge.
- We were concerned regarding the hospital staff members' understanding regarding mental capacity and consent. Capacity assessments were not evident within records where patients were deemed to lack capacity. Staff we spoke with were not able to explain the process and legal requirements for capacity assessment and deprivation of liberty safeguards. Record keeping was poor in relation to 'Do Not Attempt Cardio-pulmonary Resuscitation' (DNACPR) forms.

# Summary of findings

- At our last inspection we raised concerns regarding the use of bedrails for patients who had capacity. We observed that this issue had not been resolved at this inspection. Staff did not consistently fully and accurately complete patients' fluid and nutrition charts.
- Across most of the hospital's services staff did not always monitor and reassess pain or administer additional pain relief in a timely manner.
- Key services were not always available seven days a week to support timely patient care, this included speech and language therapy, dieticians and pharmacy. This meant there was not continuity of care for patients and national standards were not always maintained.
- People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.
- The hospitals' services did not always take account of patients' individual needs and preferences. This was because not all patients with dementia or a learning disability had a hospital passport or 'This is me' document completed.
- The hospital's services did not always make reasonable adjustments to help patients access services. Not all wards were designed to meet the needs of people with dementia.
- It was not always clear to people how to raise concerns or complain about care received.
- The hospital service's took longer than the time set out in trust policy to investigate and respond to complaints.
- Across the hospital not all staff felt respected, supported and valued.
- Local governance processes were not effective as we found areas of poor practice which had not been identified/ fully mitigated through governance processes.
- Though leaders and teams used systems to manage performance, these were not always effective.

However:

- During this inspection we improved the overall rating of urgent emergency services, the rating for effective in end of life care and our overall hospital rating for the well-led domain to requires improvement.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Nursing staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff kept equipment and the premises visibly clean.
- The hospital's service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Across most services staff treated patients with compassion and kindness and respected their privacy and dignity. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The hospital planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- Leaders had the skills and abilities to run the hospital. They understood and managed the priorities and issues the hospital's services faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.



# Urgent and emergency services

Requires improvement   

## Key facts and figures

The emergency department at Southport and Formby District General Hospital has a four-bedded resuscitation bay, an ambulance triage area with four cubicles, a major's assessment area which has eight cubicles, three side rooms, a minor's assessment area which has four treatment rooms and a separate waiting area. There is a dedicated triage room located off the main waiting area for walk in patients which has capacity for two patients and includes a trolley space. The department also includes a clinical decisions unit which has eight trolley spaces and a waiting area which can accommodate six chairs for seated patients or can be used as an escalation area with two additional trolley spaces. There is also an observation ward adjoined to the emergency department which has seven bed spaces and two side rooms.

The emergency department is a designated trauma unit and the hospital hosts the regional spinal injuries unit. The emergency department provides care and treatment to approximately 155 people a day. Services are provided for adults for both medical and surgical emergencies and trauma. Paediatric and maternity services are provided at the trust's sister hospital in Ormskirk.

During our inspection we visited all areas of the emergency department including the reception area, both waiting rooms, the resuscitation area, all triage areas, all assessment areas, the clinical decisions unit and the observation ward.

We reviewed 45 sets of records, including risk assessments, safeguarding referrals and clinical care pathways. We reviewed 43 prescription charts, five complaints and six reported incidents. We attended two escalation (patient flow) meetings, one safety meeting, one department handover and two departmental safety huddles.

We spoke with over 50 members of staff including senior managers, advanced nurse practitioners, specialist nurses, registered nurses, student nurses, assistant practitioners, healthcare assistants, practice educators, consultants, locums, middle grade doctors, junior doctors, physician associates, allied health professionals, pharmacists, ward clerks and housekeepers.

We spoke with 15 patients, relatives and care givers and we observed care and treatment being delivered. We reviewed comments from patient feedback cards and we looked at information provided by the trust both before and after the inspection.

## Summary of this service

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

- Staff did not always assess the risks to patients appropriately and did not always keep good care records. The maintenance and use of equipment did not always keep people safe.
- Pain relief was not always monitored or reassessed in a timely manner. Staff did not always follow the principles of the mental capacity act and mental capacity assessments were not always undertaken appropriately or documented correctly.
- People trying to access the service sometimes waited too long for assessment and treatment.
- Not all staff felt listened to, supported or valued.

However:

# Urgent and emergency services

- The service managed patients at risk of deterioration well. Staff understood how to protect patients from abuse. The service controlled infection risk well and improved safety by monitoring results.
- Pain relief was assessed appropriately, and measures had been put into place to enable swift administration of pain relief by nursing staff. Managers made sure staff were competent. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service was planned to meet the needs of local people and tailored services to meet individual patient needs.
- Staff were clear on their roles and responsibilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services.

## Is the service safe?

**Requires improvement** ● ▲

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

- The service had not made sure everyone had completed mandatory training.
- Safeguarding training on how to recognise and report abuse was not always applied consistently.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe.
- Staff did not always complete and update risk assessments for each patient and they did not always remove or minimise risks.
- Managers did not always regularly review and adjust staffing levels.
- Staff did not always keep detailed records of patients' care and treatment and records were not always clear or up to date.
- The service did not use systems and processes to safely prescribe, administer, record or store medicines.
- The service did not always manage patient safety incidents well.

However:

- Training in key skills were provided to all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

# Urgent and emergency services

- Records were stored securely and easily available to all staff providing care.
- Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

**Requires improvement** ● → ←

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

- Staff did not always monitor and reassess pain or administer additional pain relief in a timely manner.
- Staff did not always know how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They did not always support patients to make informed decisions about their care and treatment. Records and risk assessments detailing capacity and capacity assessments were not always completed appropriately or annotated correctly

However:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed patients to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment techniques and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff followed national guidance to gain patients' consent. They used agreed personalised measures that limit patients' liberty.

# Urgent and emergency services

## Is the service caring?

**Good** ● ↑

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

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

## Is the service responsive?

**Requires improvement** ● → ←

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

- People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.
- It was not always clear to people how to raise concerns or complain about care received.

However:

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

## Is the service well-led?

**Good** ● ↑

Our rating of well-led improved. We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

# Urgent and emergency services

- Staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Information systems were secure and data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Not all staff felt respected, supported and valued.
- Leaders did not always identify and escalate relevant risks and issues and identify actions to reduce their impact.
- Not all information systems were integrated.

## Outstanding practice

In the observation ward the work of the co-located therapy team ensured safe discharges through social care provision, a cohesive multidisciplinary team approach to patient care and rehabilitation and rapid assessment services. The work of the co-located frailty team ensured detailed assessments of frailty in elderly patients, the prevention of inappropriate admissions and thus deconditioning of patients. Both teams and the observation ward staff were trialling the observation ward 'activity station' which encouraged patients to get up, dressed and participate in activities every day at the same time; such as bingo, reminiscence therapy, music groups and quizzes. This encouraged patients to remain both physically active and maintain mental function, it also encouraged patients to socialise. The team had completed fund raising to buy equipment for the 'activity station' such as bingo equipment and speakers for music activities for those who were hard of hearing.

The service creation of the TWIST (thoracic wall injury support) service had occurred due to the service identifying poor outcomes and significant morbidity and deterioration following discharge in elderly patients who had experienced rib fractures. The team created a specific pathway and treatment techniques and could evidence that the programme had resulted in a decrease in morbidity in these patients. The 'TWIST' service had been recognised nationally across trauma networks and the pathways had been widely shared both regionally and across national networks.

## Areas for improvement

Action the trust **must** take to improve

- The trust must ensure that the risks to the health and safety of service users are assessed and that all is done to mitigate any such risks. Regulation 12 (2)(b).

# Urgent and emergency services

- The trust must ensure that emergency equipment is checked regularly, recorded accurately and replaced appropriately, in line with trust policy. Regulation 12 (2)(e).

Action the trust **should** take to improve

- The trust should ensure that both the environment and equipment used in delivering care and treatment, in all areas are checked regularly and recorded accurately in line with both local and trust policies. (Regulation 17)
- The trust should ensure all staff complete mandatory training and offer protected time to facilitate this. (Regulation 18)
- The trust should ensure that all risks identified in relation to the emergency department are risk assessed, recorded and appropriate measures and plans are put into place. (Regulation 12)
- The trust should ensure that cleaning checklists are completed regularly and recorded accurately in line with both local and trust policy. (Regulation 17)
- The trust should ensure that a description of the patient is recorded on the mental health risk assessment form. (Regulations 12 and 17)
- The trust should ensure that the nursing establishment is recalculated based on the increasing number of attendances to the department. (Regulation 18)
- The trust should ensure that all intravenous fluid stores are secure or have been appropriately risk assessed. (Regulation 12)
- The trust should ensure that all incidents are reviewed in a timely manner; by the appropriate staff, in line with trust policy. (Regulation 17)
- The trust should ensure that patient condition information leaflets within the minor injuries and illnesses area are in date and follow best practice guidance. (Regulation 17)
- The trust should ensure that all senior nursing staff receive an appraisal every 12 months. (Regulation 18)
- The trust should ensure that information on how to complain or raise concerns is clearly displayed within all main areas of the department. (Regulation 16)
- The trust should consider implementing equipment checklists and cleaning checklists within the minor injuries and illnesses area.
- The trust should consider implementing cubicle checklists within the major injuries and illnesses area.
- The trust should consider implementing plans to create a viewing room for relatives.
- The service consider training all nursing staff in paediatric life support.
- The trust should consider training all senior nursing staff in immediate life support and advanced paediatric life support.
- The trust should consider how specialist nursing staff can be assisted to carry out their patient safety roles without being included within departmental staffing figures.
- The trust should consider implementing an alternative pain scoring tool for patients living with conditions which may cause cognitive impairment.

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

The medical care service at Southport and Formby District General Hospital has 209 inpatient beds.

The urgent care clinical business unit manages medical care services. The services operate from nine inpatient wards at Southport and Formby District General Hospital. This consists of one cardiology ward (7a), one short stay unit (9a), one respiratory (14b), one stroke (15b with 2 hyper acute stroke beds), one emergency assessment unit (10a) and three care of older people (9b, 15a and 7b). The trust has access to in-reach support for inpatients five days a week for renal patients and two days a week for neurology.

The trust had 21,039 medical admissions from February 2018 to January 2019. Emergency admissions accounted for 9,868 (46.9%), 227 (1.1%) were elective, and the remaining 10,944 (52%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 12,876
- Clinical Haematology: 5,537
- Pain management: 1,400

*(Source: Hospital Episode Statistics)*

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected medical care services including care of the elderly between 9 and 11 July 2019.

During the inspection we visited all medical care wards. We also visited the endoscopy department, medical day unit, emergency assessment unit and discharge lounge.

We spoke with 56 members of staff including senior managers, members of the outreach team, ward sisters as well as registered nurses and doctors, therapy staff and health care assistants. We also spoke to 13 patients and relatives.

We observed care and treatment and looked at 17 patient care records and 16 medicine administration records as well as service performance data.

## Summary of this service

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

- We previously rated this service in November 2017. We rated it as requires improvement overall with safe, effective and responsive rated as requires improvement, caring rated as good and well-led rated as inadequate. At this inspection we rated safe, effective, caring and responsive as requires improvement, and well-led as inadequate.
- At our last inspection we told the service it must act to ensure all staff had the training they required to be able to safely care for patients. At this inspection we found not all staff had completed mandatory and basic life support training. The target for mandatory training for medical staff was not met in any module. The compliance rate for basic life support training level one was 48.9%.
- The service did not have enough staff to care for patients and keep them safe. The service had conducted a review of staff and had plans to increase the number of nursing staff but these were not in place at the time of our inspection.



# Medical care (including older people's care)

- The service did not always control infection risk well. At our last inspection we found staff did not always use personal protective equipment and wards were not clean and well maintained. At this inspection we found staff did not consistently follow infection prevention and control measures.
- Staff did not always assess risks to patients: they did not consistently act on assessed risks. Care records were not stored securely in all areas, an issue that was the same as our last inspection. The service did not manage medicines well.
- The service did not meet all required standards in several national audits. Mortality rates were higher than the England average. The service did not make sure all staff were competent for their roles. Following our last inspection, we told the service it should act to ensure staff received an annual appraisal. At this inspection we found that not all nursing staff had an annual appraisal.
- Not all key services were available seven days a week. We found this at our last inspection and told the service it should consider improvements to provide an equitable service seven days a week.
- Staff did not support patients to make decisions about their care in line with best practice and legislation. Not all staff knew how to support patients who lacked capacity and we found deprivation of liberty safeguards were not always applied in line with legislation. Staff did not always follow national guidance to gain patients consent as 'do not attempt cardiopulmonary resuscitation' orders were not completed correctly and patients' capacity to consent to this not always assessed.
- Patients privacy and dignity was not always respected. Some patients told us that not all staff treated them with kindness and compassion.
- The service did not always take account of individual needs. It took longer than timescales set out in the trust policy to investigate and respond to complaints.
- Leaders did not run services using reliable information systems. Though leaders and teams used systems to manage risk, issues and performance these were not always effective. Not all staff felt respected, supported and valued.

However,

- Staff understood how to protect patients' from abuse and worked well with other agencies to do so. Staff collected safety information and displayed it for staff, patients and visitors.
- Staff gave patients enough to eat and drink and gave them pain relief when they needed it. Managers monitored the effectiveness of the service. Staff worked well together for the benefit of patients.

## Is the service safe?

**Requires improvement** ● → ←

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

- At our last inspection we told the trust they must improve compliance with mandatory training. At this inspection we found that not all staff completed mandatory training. Whilst mandatory training compliance had improved since our last inspection, on three out of nine wards the average training completion levels for nursing staff were still below the trust's target. The target had not been met by medical staff in any subject area, though compliance had improved in seven out of ten modules.



# Medical care (including older people's care)

- At our last inspection we were concerned regarding staff's training compliance levels for life support. At this inspection we found that not all staff completed basic life support training. On nine wards compliance with basic life support training was less than 75%. On ward 7A compliance with basic and immediate life support training was 41.6% and on the stroke ward 40%. The service told us the resuscitation team reviewed compliance with training and had introduced a drop in session for staff following our inspection.
- The service did not always control infection risk well. At our last inspection we told the provider it must act to ensure staff wear suitable personal protection to minimise the spread of infection. At this inspection, we saw staff did not consistently use equipment and control measures to protect patients, themselves and others from infection. Staff did not follow best practice to minimise the spread of infection when caring for patients with identified infections in side rooms.
- Staff on the medical day unit did not follow best practice in infection prevention and control when cleaning trays used for aseptic non-touch technique.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe. We found substances hazardous to health stored in unlocked rooms on three wards. This meant there was a risk they could be accessed by vulnerable patients and was not in line with health and safety best practice.
- The service did not always have enough suitable equipment to help staff safely care for patients. On the stroke ward hoist slings were not available in all sizes and on one ward the macerator was broken. The trust was in the process of completing an equipment audit to identify equipment shortfalls on the wards.
- Staff did not consistently complete and update risk assessments for each patient. We saw examples where patients at risk of falls or who had fallen did not have falls risk assessments completed. Following our inspection, the service took immediate action to improve care to patients at risk of falling.
- The service did not have enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. A review had been completed identifying additional staffing levels were required, but wards were not filled to these levels despite the fact the board had approved the additional staffing and funding for this. Published fill rates for nursing staff were good but these did not take account of the new staffing numbers established in the review. There were high numbers of vacancies for registered and unregistered nursing staff across the service which were not filled by bank or agency staff.
- There was limited senior doctor cover on medical wards at the weekend. This was the same as at our previous inspection. We reviewed incidents across six months in 2019 and found three occasions where staff struggled to access a senior doctor to review a patient and it impacted negatively on patient care.
- At our last inspection we saw patient records were not stored securely. At this inspection we found paper patient records were not stored securely on three wards.
- The service did not ensure medicines were always safely prescribed, administered and stored. We found out of date medicines in three wards. Staff did not consistently monitor ambient room temperature where medicines were stored and did not escalate this to estates when room temperatures were out of range. We saw patients were not always given the right medicine at the right time and staff did not consistently report medicine errors.
- Some staff told us they did not get feedback after reporting incidents and learning was not always shared.
- Managers did not always ensure that actions from patient safety alerts were implemented and monitored. This was because effective action had not been taken following a patient safety alert in 2017 regarding superabsorbent polymer gel granules.

However,

# Medical care (including older people's care)

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Nursing staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff kept equipment and the premises visibly clean.
- Managers regularly reviewed and adjusted staffing levels and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

**Requires improvement**   

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

- The service did not meet all required standards in the 2017 national lung cancer audit and 2017 national audit of inpatient falls. It performed worse than the national average in the chronic obstructive pulmonary disease audit for October 2018 to April 2019. The service was higher than the national average for mortality.
- The service did not make sure all staff were competent for their roles. Managers did not appraise all staff's work performance or provide support and development. The appraisal rate for nursing staff was 56.6%. Not all medical staff were supported to develop their skills and knowledge.
- Not all key services were available seven days a week to support timely patient care. Consultants did not lead daily ward rounds on all wards and consultants were not available on wards at weekends.
- Staff did not follow national guidance to gain patients' consent. We reviewed 14 completed 'Do Not Attempt Cardio-pulmonary Resuscitation' (DNACPR) forms across three wards. Of 14 forms, six were not signed by a senior clinician at the time the DNACPR was initiated. Seven of the 14 patients lacked capacity and six did not have a capacity assessment completed.
- Staff did not know how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. Staff we spoke with were not able to explain the process and legal requirements for capacity assessment and deprivation of liberty safeguards.
- Staff did not always agree personalised measures that limited patients' liberty. We found one patient where bedrails were used to restrict their movement but were not indicated in the assessment and a capacity assessment had not been completed.
- Staff did not consistently fully and accurately complete patients' fluid and nutrition charts.

However,

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious cultural and other needs.

# Medical care (including older people's care)

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide care.

## Is the service caring?

**Requires improvement** ● ↓

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

- Five out of 13 patients we spoke with told us that not all staff treated them with compassion and kindness. They told us staff did not always introduce themselves when providing care and treatment.
- Staff were not always able to respect patients privacy and dignity. We saw three occasions on one ward where patients were not afforded privacy and dignity. The shower facilities and lack of rehabilitation space on another ward did not allow staff to always protect patients' privacy and dignity and there had been an increase in patient complaints on this ward related to this.
- The response rate for the service in the Friends and Family Test (FFT) from April 2018 to March 2019 was below the England average. Two wards scored lower than 80% in the FFT and lower than other areas.

However,

- Some patients told us staff showed a caring approach and we observed polite, caring and respectful interactions between staff, patients and visitors.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The service did not always take account of patients individual needs and preferences. This was because not all patients with dementia or a learning disability had a hospital passport or 'This is me' document completed.
- The service did not always make reasonable adjustments to help patients access services. Not all wards were designed to meet the needs of people with dementia.
- The service took longer than the time set out in trust policy to investigate and respond to complaints.

However,

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

# Medical care (including older people's care)

- Staff coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

**Inadequate** ● → ←

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

- Though leaders had the skills and abilities to run the service, the leadership team was new. Leaders understood the priorities and issues the service faced but had not yet made sufficient changes to effectively manage those.
- Though there was a clear statement of vision and values, this was newly created and not embedded.
- Not all staff felt respected, supported and valued. The service did not give opportunities to all staff to raise concerns or provide feedback.
- Local governance processes were not effective as we found areas of poor practice which had not been identified through governance processes.
- Though leaders and teams used systems to manage performance, these were not effective. We found areas of poor practice at this inspection which had not been corrected though we had told the service to make improvements previously.
- Managers identified and escalated relevant risks and issues and identified actions to reduce their impact, though these actions did not always fully mitigate the risk. We found manager and matron checklists to audit service performance were not consistently nor fully completed. Checklists were not used to make improvements to the service or improve patient care and treatment.
- The service collected data and analysed it. However, the information used in reporting, performance management and delivering quality care was not always timely or relevant. This was because daily, weekly and monthly ward checklists were not consistently and fully completed.
- Arrangements for the confidentiality of patient identifiable data and records were not always robust. The service did not store patient records securely on two wards. This was the same as our last inspection.
- Staff were committed to continually learning and improving services. However, there was limited understanding of quality improvement methods and the skills to use them.

However:

- We noted improvements to stroke services, though these were not embedded across all areas of the service.
- Leaders supported staff to develop their skills and take on more senior roles.
- The service had plans to cope with unexpected events.

# Medical care (including older people's care)

- The service had been recognised for innovation in specialist areas. It was awarded the Mary McKinnon Diabetes UK Award 2018 for innovation in technology, telemedicine social media. The diabetes service was a finalist in the Health Service Journal 2019 Diabetes Initiative of the Year for using solution focused brief therapy to improve the health and well-being of patients and families with diabetes.

## Outstanding practice

## Areas for improvement

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

Action the trust **must** take to improve

- The trust must ensure that all staff use appropriate infection prevention and control measures, in line with trust policy, especially when providing care and treatment to patients with identified infections in side rooms. Regulation 12 (2)(h)
- The trust must ensure that substances that are hazardous to health are locked away safely. It must ensure it acts on patient safety alerts to securely store superabsorbent polymer gel granules. Regulation 12 (2)(b)
- The trust must deploy sufficient nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Regulation 18 (2)(c)
- The trust must ensure patient records are stored securely in all areas. Regulation 17 (2)(c)
- The trust must ensure the proper and safe management of medicines. The trust must ensure all medications are within their expiry dates. They must ensure controlled drugs are prescribed and supplied to patients in adherence with the legal requirements. Regulation 12 (2)(g)
- The trust must ensure care and treatment of patients is provided with their consent. They must ensure when patients lack capacity to consent staff complete a capacity assessment in line with legislation, especially when using do not attempt resuscitation orders. Regulation 17(2)(c)
- The trust must ensure staff complete a capacity assessment before depriving patients of their liberty and ensure they do not restrict patient's liberty of movement without legal authority. Regulation 13 (6)(d)(7)(b)
- The trust must ensure that patients' privacy and dignity is maintained at all times. Regulation 10 (2)(a)
- The trust must ensure local governance process address areas of poor practice. Regulation 17 (2)(a)
- The trust must ensure it has effective systems to manage risk and performance. It must ensure actions are taken to mitigate against known risks and audits of service performance are consistent and provide relevant information to improve services. Regulation 17 (2)(a)(b)

Action the trust **should** take to improve

- The trust should ensure all staff have regular appraisals and complete mandatory training, specifically basic life support training and immediate life support training. (Regulation 18)
- The trust should ensure staff in the medical day unit have access to appropriate facilities and equipment to clean blood spills on trays and other equipment. (Regulation 12)
- The trust should ensure staff have access to suitable and properly maintained equipment, especially on the stroke and rehabilitation wards. (Regulation 15)

# Medical care (including older people's care)

- The trust should ensure all oxygen cylinders are stored securely, especially in the discharge lounge. (Regulation 15)
- The trust should ensure it continues to act to address the high number of registered and unregistered nursing vacancies. (Regulation 18)
- The trust should ensure they assess the nutritional and hydration needs of patients and that staff accurately complete fluid and nutrition charts. (Regulation 12)
- The trust should ensure all medicine records are completed. (Regulation 12)
- The trust should ensure the self-administration policy is followed for all patients wanting to self-administer their medicines. (Regulation 12)
- The trust should ensure all relevant staff receive feedback following the investigation of incidents. (Regulation 17)
- The trust should ensure all staff receive simulation training appropriate to their role and grade. (Regulation 18)
- The trust should ensure the service takes account of individual needs and preferences for patients with dementia and learning disabilities and makes the required reasonable adjustments. (Regulation 9)
- The trust should ensure all staff, including nursing staff, have the opportunity to contribute to and be involved in learning from deaths reviews. (Regulation 17)
- The trust should continue to act to improve patient outcomes for mortality and to improve performance in national falls, chronic obstructive pulmonary disease and mortality audits.
- The trust should act to reduce the length time taken to investigate and respond to complaints.
- The trust should act to give all staff leaving the service an opportunity to give feedback and raise concerns.

# Surgery

Requires improvement   

## Key facts and figures

Southport and Formby District Hospital provides 24-hour acute surgical care for people who live in and around the west Lancashire area.

Between July 2018 and June 2019, there were there were 3,961 surgical admissions and 1,125 trauma and orthopaedic admissions.

The hospital had three surgical wards, five operating theatres, of which one was for emergencies, and a pre-operative assessment clinic.

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 9 and 11 July 2019. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring performance.

We reviewed surgical care records for 14 patients. We spoke with 16 patients and their relatives as well as observing care of patients on the wards.

We spoke with 49 members of staff including senior managers, nurses, student nurses, health care assistants, consultants, middle grade doctors, pharmacists, allied health professionals, pharmacists, domestics and ward clerks.

## Summary of this service

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

- Compliance rates for mandatory training was below the trust target, patient records were not clear or securely stored and processes in place to prescribe, administer, record and store medicines were not safe, however; the service had enough staff to care for patients and keep them safe. understood how to protect patients from abuse. The service controlled infection risk well. Staff assessed risks to patients and acted on them. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- The service did not always provide care and treatment based on national guidance and evidence-based practice. Compliance rates for appraisals were below the trust target and staff did not always understand how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. However, staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The acute surgical services were based mainly at this location with elective surgery at another location. At times patients were delayed leaving recovery following surgical procedures, due to a lack of available beds, leading to overruns or cancellations. Complaints investigations were not always completed in a timely manner and longer than the trusts target. However, the service took account of patients' individual needs, people could access the service when they needed it and did not have to wait too long for treatment.



# Surgery

- Theatre staff were not feeling supported, the service recognised areas of performance and risk that needed attention and improvement. Staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. response rates for friends and family test were low. However, Leaders ran services well and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service was committed to improving services continually.

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because there was a breach in regulation meaning the rating could not be any higher:

- The service provided mandatory training in key skills to all staff, however; compliance was below trust target for medical and theatre staff.
- Staff kept detailed records of patients' care and treatment. Records were not always clear or stored securely.
- The service did not use systems and processes to safely prescribe, administer, record and store medicines.

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 nursing and support staff, on the wards, with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.



# Surgery

## Is the service effective?

Good  

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

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.

However;

- We observed examples of when the service did not always provide care and treatment based on national guidance and evidence-based practice.
- The service did not always ensure staff were competent for their roles. Compliance rates for appraisals were below the trust target for ward nurses and support clinical staff.
- Staff did not always understand how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

Good   

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

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

# Surgery

## Is the service responsive?

**Requires improvement** ● → ←

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

- People could not always access the service when they needed it and received the right care promptly. At times patients were delayed leaving recovery following surgical procedures, due to a lack of available beds, leading to overruns or cancellations.
- complaints investigations were not always completed in a timely manner and longer than the trusts target. It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However;

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

## Is the service well-led?

**Requires improvement** ● ↑

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

- Staff on wards feel respected and valued, however; theatre staff were not feeling supported. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact, however; the service recognised areas that needed attention and improvement. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services; however; response rates for friends and family test were low. They collaborated with partner organisations to help improve services for patients.

However;

# Surgery

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

The “stop the pressure” initiative where plaster technicians were working to reduce pressure ulcers with plaster casts.

## Areas for improvement

Areas for improvement

Action the trust **must** take to improve:

- The trust must ensure that all staff completes mandatory training requirements. Regulation 12(2)(c)
- The trust must ensure that theatre staff, supporting the urgent and emergency department are trained to support paediatric patients. Regulation 12(2)(c)
- The trust must ensure that all staff can complete documentation for Mental Capacity Act Deprivation of Liberty safeguards and do not attempt cardiopulmonary resuscitation plans appropriately. Regulation 17(2)(c)
- The trust must ensure that all safety checks are completed in theatre in line with national guidance. Regulation 12 (2)(b)
- The trust must ensure that medicines, including controlled drugs, are stored, prescribed, administered, recorded and disposed of according to national guidance. Regulation 12 (2) (g)
- The trust must ensure that oxygen is prescribed and administered appropriately. Regulation 12 (2)(g)
- The trust must ensure staff respond appropriately to fridge and environmental temperatures outside of accepted safe ranges. Regulation 12 (2)(g)

Action the trust **should** take to improve:

- The trust should ensure that all sterile equipment is stored appropriately. (Regulation 12)
- The trust should ensure that all equipment and sundries are checked to be within manufacturers expiry dates. (Regulation 15)
- The trust should continue to explore ways to reduce the readmission rates.
- The trust should explore the reasons for higher lengths of stay.
- The trust should continue to monitor outcomes for patients.

# Surgery

- The trust should encourage patient feedback to drive improvement.
- The trust should consider alternative formats than text for patients to view.

# Critical care

Good   

## Key facts and figures

Southport and Ormskirk Hospital NHS Trust has a combined Critical Care Unit based in the Southport and Formby District General Hospital. This consists of four coronary care beds, six level 2 beds and five level 3 Beds. The unit had capacity to flexibly accept an additional three level 2 beds or level 3 beds in times of escalation and appropriate uplift in staffing. The trust had no paediatric critical care beds.

The unit provided care for planned and unplanned admissions, medical and surgical emergencies, planned surgical procedures, elective cardioversions, stabilisation of spinal patients repatriated to the trust along with 24 hour care of stroke patients post thrombolysis.

Services offered by the unit included; ventilation, hemofiltration, continuous positive airway pressure (CPAP), non-invasive ventilation (NIV), high flow and remote telemetry for an additional 10 ward patients. The unit had a rehab coordinator and a therapy led weaning service. The critical care outreach service was provided for all patients discharged from critical care and there was a follow up clinic following discharge from hospital. The unit operated 24 hours seven days per week to assist with deteriorating patients on the general wards.

*(Source: Trust Routine Provider Information Request)*

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. The inspection took place 30 July to 1 August 2019 and we visited the intensive care, coronary care and the high dependency unit.

During our inspection we spoke with one domestic, two health care assistant support staff, two assistant practitioners, 13 members of nursing staff of varying grades, five medical staff of varying grades, eight allied health professionals, one pharmacist, one practice-based educator and the clinical director for the service. We reviewed ten patient's medical records and two paper based prescription charts.

We observed care and treatment and interactions between staff and patients and those close to them. On the critical care unit, we spoke with four patients.

## Summary of this service

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

- The service ensured that there were enough nursing staff in the right areas to keep people safe. All staff had received mandatory and safeguarding training, they knew what to do to protect patients from abuse and how to report an incident if things went wrong.
- The service had suitable premises and equipment and looked after them well. Wards were visibly clean and tidy, and staff had access to equipment they needed. Medicines were stored securely, and controlled drugs were well managed.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service assessed and monitored patients' nutritional and pain needs effectively. Staff of different kinds worked together as a team to benefit patients and were competent for their roles.

# Critical care

- There was a person-centred culture and staff cared for patients with compassion. Patients emotional and social needs were seen as being as important as their physical needs and staff provided emotional support to patients to minimise their distress.
- The service planned and provided services in a way that met the needs of the people who used it and it took account of patients' individual needs.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. There was a vision for what it wanted to achieve.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Staff were encouraged to develop, influence change and be involved in research.

However

- The most recent network peer review completed in 2018 identified that the environment of the intensive care unit and the high dependency unit did not meet with the Guidelines for the Provision of Intensive Care Services 2015 and the NHS Estates Health Building Note (HBN) 04-02 for Critical Care Units 1.
- We were told that consultant led ward rounds were not consistently undertaken twice daily during the weekend.
- The results of the quarter three Intensive Care National Audit Research Centre April to December 2018 demonstrated that the service performed worse than comparative units for risk adjusted hospital mortality indicators but was within the expected range.
- Key services were not always available seven days a week to support timely patient care, this included speech and language therapy, dieticians and pharmacy.
- People could access the service when they needed it, however the service did not have a robust process in place to monitor admission times against the national standard.
- Whilst there had been some improvement since the last inspection. The service reported high numbers of mixed sex breaches, delayed discharges and bed moves at night this remained an area of concern.
- The divisional strategy document lacked focus for critical care and had limited links to specific actions and timescales to turn it into action and staff told us they had not been engaged in its development.

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure they completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. All staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. Although, we found that personal protective equipment was stored inside side rooms and was not in line with best practice.
- The maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

# Critical care

- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had consultant vacancies, there were interim plans in place to provide cover and a business case had been approved to increase the medical staffing workforce to support the consultant team. Medical staff had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe and record medicines. However, we found that not all medicines were stored correctly and there were some administration policies on the unit which were outside of their review date.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However

- The most recent network peer review completed in 2018 identified that the environment of the intensive care unit and the high dependency unit did not meet with the Guidelines for the Provision of Intensive Care Services 2015 and the NHS Estates Health Building Note (HBN) 04-02 for Critical Care Units 1. The leadership team for the service were in the process of developing plans for the redevelopment of the unit environment.
- We were told that consultant ward rounds were not consistently undertaken twice daily during the weekend the service sometimes relied on consultants attending ward rounds during non-working days.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

# Critical care

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements. However, they were not always discussed with staff.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However,

- The results of the quarter three Intensive Care National Audit Research Centre April to December 2018 demonstrated that the service performed worse than comparative units for risk adjusted hospital mortality indicators but was within the expected range.
- Key services were not always available seven days a week to support timely patient care, this included speech and language therapy, dieticians and pharmacy. This meant there was not continuity of care for patients and national standards were not always maintained.

## Is the service caring?

**Good** ● → ←

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

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

However;

- The service did not have a psychologist for the unit and they did not have access to a psychologist within the trust to refer patients who they felt required psychological support.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The service reported high numbers of mixed sex breaches and delayed discharges. Whilst there had been an improvement in the number of mixed sex breaches and delayed discharges, the numbers were still high.
- People could access the service when they needed it, however the service did not have a robust process in place to monitor admission times against the national standard.



# Critical care

- The service reported a high number of patient discharges and bed moves at night.
- The overnight accommodation facilities for patients' relatives were cramped and did not provide a welcoming and comfortable environment.

However;

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

## Is the service well-led?

Good   

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

- Leaders within the service had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. However, unit team meetings were not held regularly in line with the agreed frequency and standardised agendas were not always used.
- Leaders used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However;

- Although the service had a vision and strategy for what it wanted to achieve. The divisional strategy document lacked focus for critical care and had limited links to specific actions and timescales to turn it into action. Staff were unaware of the strategy for the trust and the unit and had told us they had not been engaged in its development.

# Critical care

- We did not see evidence that performance was reviewed through all levels of the meeting structure. There was a risk that teams were unaware of what the unit's performance was and so could not contribute to improvements.
- Staff did not always feel that the leadership team engaged with them when devising developments to the service. Staff expressed they were keen to be involved but did not always have the opportunity.

## Outstanding practice

The physiotherapy service provided patients with a rehabilitation in critical care and personalised exercise plan booklet. It enabled staff to provide patients and their relatives with a prescribed plan for physiotherapy exercises which were supported by pictorial demonstrations and descriptions. The booklets promoted patient achievements and there was a section for patients to document these, so that they had a log of their progress.

## Areas for improvement

Actions the trust **should** take to improve:

- The trust should ensure that consultant ward rounds are consistently completed twice a day during weekends. (Regulation 18)
- The trust should ensure that medicines are stored correctly and in line with policy and best practice. (Regulation 12)
- The trust should review the storage of personal protective equipment for infection prevention and control purpose, to meet with infection prevention and control principles and best practice.
- The trust should consider an update of the relative's accommodation facilities to provide a more comfortable and welcoming environment.
- The trust should consider the development of a standard operating procedure for critical care staff who are requested to work on the wards in line with the updated policy from the critical care network.
- The trust should continue to work towards improving the recruitment and retention of staff, so that staffing levels meet with the national standards and are adequate to provide patient care.
- The trust should review the information available to staff on the unit for the administration of medication and ensure that staff always have access to up to date current policies to use.
- The trust should consider the review of team meeting agendas to include a review of audit results so that staff understand what they mean and can be involved in decisions about how to improve performance.
- The trust should improve seven-day service provision to provide more continuity of care for patients and maintain national standards.
- The trust should consider implementing a robust monitoring process for admission timescales to be assured what the timeframes are so that they continually meet the national four-hour standard.
- The trust should continue to work to reduce delayed discharges from the unit and prevent mixed sex accommodation for patients.
- The trust should consider implementing improvement work to reduce the number of patient discharges and bed moves at night from the units.
- The trust should consider a review of the strategy and provide clear goals with workable plans to turn them into action and involve staff in its development.

# Critical care

- The trust should consider the improvement of communication of information through meetings with standardised agendas so that information is communicated effectively through the structure.
- The trust should consider a review of how performance is monitored and reviewed at all levels so that staff are aware of the unit's performance and what it means so that they can contribute to improvements.

# End of life care

Good   

## Key facts and figures

The trust provides end of life care at Southport and Ormskirk District General hospital. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, bereavement support and mortuary services.

End of life care on the wards is everyone's responsibility and patients are managed by medical and nursing staff at the hospital supported by the supportive and specialist palliative care team.

The supportive and specialist palliative care team, bereavement and mortuary services are provided by other organisations.

The integrated end of life service was led by a specialist palliative care consultant from a local hospice who worked with the designated end of life leads within the trust.

The deputy director of nursing had recently taken over responsibility as the trust lead for end of life care and there was an executive and a non-executive director who had end of life responsibilities at trust board.

The supportive and specialist palliative care team included specialist palliative care consultants, nurses and the transform team who since 2017 have worked at the hospital via honorary contracts. The team is based at a local hospice located at an adjoining site and offers support and advice to staff, patients and their loved ones, seven days a week from 9am to 5pm and medical advice is available 24 hours a day via a telephone line.

Between February 2018 and January 2019 920 people died whilst in hospital.

The Care Quality Commission (CQC) carried out a comprehensive inspection in April 2016, which rated end of life care overall as good. We returned to inspect the service on 30 July 2019 to 2 August 2019 to carry out a comprehensive inspection of the end of life care service.

During this inspection we visited ward 7b (rehabilitation), ward 9a (short stay unit), ward 11a (general surgery), ward 11b (general medical), ward 15a (general medicine), ward 14b (respiratory), 15 b (stroke), accident and emergency, high dependency unit, the equipment store, the oasis rooms, the ablution and multifaith room.

We spoke with two patients and two relatives. We also spoke with 23 members of staff, including senior managers, doctors, nurses, porters, chaplain and medical device staff.

We observed care and treatment and looked at eleven care records of patients that were either palliative or receiving end of life care. We reviewed eight Do Not Attempt Cardio Pulmonary Resuscitation forms (DNACPR) and six prescriptions.

## Summary of this service

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

- Staff completed risk assessments were and considered patients who were deteriorating and in the last days or hours of their life.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

# End of life care

- The service used systems and processes to safely prescribe, administer and record medicine.
- Care and treatment provided was based on national guidance and evidence-based practice.
- The effectiveness of care and treatment was monitored. They used the findings to make improvements and achieved good outcomes for patients.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients and supported patients to make informed decisions about their care and treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service planned and provided care in a way that met the needs of local people. It also worked with others in the wider system and local organisations to plan and deliver care.
- Patients could access the supportive and specialist palliative care service when they needed it. Patients preferences were discussed and the numbers of patients who achieved their preferred place of care had improved.
- Leaders had the skills and abilities to run the service and were visible, approachable and supportive for patients and staff.

However:

- The senior managers had no effective oversight of the effectiveness of the current process of monitoring staff competency with the syringe driver.
- Staff did not have access to accessible communication aids to assist when caring for a patient with additional needs.
- We did not see evidence that the pain care plan was consistently used.
- Good practice and areas requiring improvement identified in relation to end of life care were not shared with all staff across the hospital.

## Is the service safe?



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

- The design, maintenance and use of facilities, premises and equipment kept people safe.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer and record medicine.
- Patient safety incidents were managed within the clinical business units. However, the service had oversight and took action to address any issues specifically relating to end of life care. Staff recognised and reported incidents and near misses. However, they did not always receive feedback or lessons learned. When things went wrong, staff apologised and gave patients honest information and suitable support.

# End of life care

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Training and information was available to staff of all grades, to increase their skills and knowledge in delivering effective end of life care, support and treatment.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However;

- We did not see evidence that the pain care plan was being consistently used.
- We found that not all staff had received current training to use syringe drivers.

## Is the service caring?

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

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

## Is the service responsive?

Good   

# End of life care

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients could access the supportive and specialist palliative care service when they needed it. Patients preferences were discussed and the numbers of patients who had achieved their preferred place of care of dying in hospital had improved.
- It was easy for people to give feedback and raise concerns about care received. Complaints were investigated by the clinical business units, but the service had oversight to identify any trends or themes relating to end of life care.

However,

- Staff did not have access to accessible communication aids to assist when caring for a patient with additional needs.

## Is the service well-led?

Good   

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear. Leaders operated effective governance processes, throughout the service and with partner organisations. Staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Leaders and staff engaged with patients, the public and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

However:

- The senior managers had no effective oversight of the effectiveness of the current process of monitoring staff competency with the syringe driver.

# End of life care

- We did not see evidence that good practice and areas requiring improvement identified in relation to end of life care were shared with all staff across the hospital.

## Areas for improvement

Action the trust should take to improve:

- The trust should specify each clinical indication separately when prescribing anticipatory medicines.
- The trust should consider providing accessible communication aids such as pictorial to assist staff when caring for a patient with additional needs.
- The trust should improve the monitoring of competencies of staff to use syringe drivers.
- The trust should consider conducting regular audit of the syringe driver checklist and the pain care plan across the hospital.
- The trust should improve the governance and monitoring processes around rapid discharges.
- The trust should review current processes of sharing results of audits including good practice and areas requiring improvement relating to end of life care with all staff across the hospital.



# Community health services

## Background to community health services

The trust provides community sexual health services for the borough of Sefton. Sexual Health services are provided in the community setting and at Southport and Formby District General Hospital offering services for both adults and young people under the age of 18 years; either by drop in or appointment and offers counselling services and health promotion advice.

## Summary of community health services

**Good** 

Our rating of this service was good. This rating stayed the same as at our previous inspection. Full details can be found in the report for community sexual health services.

# Community health sexual health services

Good   

## Key facts and figures

The trust offers sexual health services at Sefton sexual health service, 44-46 Houghton Street, Southport, PR9 0PQ. The service provides STI testing and treatment, contraception, HIV services, sexual health promotion and training, psychosexual counselling and clinical outreach in Sefton, Merseyside.

Sexual Health services are provided in the community setting and at Southport and Formby District General Hospital offering services for both adults and young people under the age of 18 years; either by drop in or appointment and offers counselling services and health promotion advice.

The service has a dedicated Sexual Health Promotion team which delivers sessions within Colleges on a range of sexual health issues as well as targeted one-to-one work around emotional resilience. It has developed teaching packages for people with learning disabilities and an in-house training package based on the National Speakeasy programme which has received Open Awards accreditation. The service works closely with school nurses in delivering training to enable them to be confident and competent in delivering relationships and sex education will become statutory in all secondary schools in September 2020. Working closely with the school nurses has also enabled them to share good practice from neighbouring local authorities in relation to Chlamydia screening and C Card in schools. The service also has a dedicated Outreach Team which works across the borough with the most vulnerable in the Metropolitan Borough of Sefton. This service is currently being reviewed to enable it to be more responsive and agile to ensure that the nurses dedicate more time to clinical work and less to paperwork. The introduction of portable electronic patient record system will facilitate this. The Sexual Health team includes a practice education facilitator to benchmark against good practice and reduce variation and facilitate training in female genital mutilation and domestic violence.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The mandatory training was comprehensive and met the needs of patients and staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service provided care and treatment based on national guidance and evidence-based practice which was specific to sexual health and contraception services. Managers checked to make sure staff followed guidance. Staff had links with community mental health services so that adults and children could get their mental health needs addressed when and if issues arose.
- Staff gave patients practical support and advice to lead healthier lives. We found the community outreach team to be responsive and creative in its practice with young people and vulnerable communities.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

# Community health sexual health services

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. The service provided bespoke training to parents to enhance family conversations about sexual health
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients had a wide range of access points into the service when they needed care and treatment. However, the service sometimes had long waiting times of up to two hours at specific times during some of its walk-in clinics.
- Leaders had the integrity, skills and abilities to run the service and this was being done whilst teams and the whole service were going through transitional changes, including job roles. They understood and managed the priorities and issues the service faced and sought support to enhance leadership by gaining additional support due to structural change.
- The service had an evolving vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- The vast majority of staff felt respected, supported and valued, however the service was going through structural change which impacted on some staff members. Despite these changes staff were focused on the needs of patients receiving care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- We found the majority of staff were competent for their roles and were supplied nationally accredited enhanced training. However, supervision rates and appraisal rates needed to improve in some staffing groups.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The mandatory training was comprehensive and met the needs of patients and staff. Staff received and kept up-to-date with their mandatory training and compliance levels were high.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. The service had an infection control policy which was in date and staff knew about it.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

# Community health sexual health services

- Staff completed and updated risk assessments for each patient and removed or minimised risks. A number of risk assessments were specifically designed for use by sexual health and contraception services. We found that staff had the ability to assess and respond to patient risk and were aware of who to contact if deterioration occurred.
- The service had enough staff with the right qualifications, skills, training and experience to keep young people and adults safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. Recording systems were specifically designed for use by sexual health and contraception services.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice which was specific to sexual health and contraception services. Managers checked to make sure staff followed guidance. The service had links with community mental health services so that adults and children could get their mental health needs addressed when and if issues arose.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives. We found the community outreach team to be responsive and creative in its practice with young people and vulnerable communities.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. We found staff were aware of the need to review the capacity and maturity of children to make decisions about relationships.

### However:

- The majority of staff were competent for their roles and also received nationally accredited enhanced training. However, supervision rates and appraisal rates needed to improve in some staff groups.

## Is the service caring?

Good   

# Community health sexual health services

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We found a clear understanding of the specific needs of patients who attend sexual health and contraceptive services and patient feedback across the service was consistently high.
- Staff recognised the specific needs of patients who attend sexual health and contraceptive services and were sensitive and discreet in their practice.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. The service provided bespoke training to parents to enhance family conversations about sexual health.

## Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. We found good examples of multi-agency pathways for patients with complex needs across health, social care and the criminal justice system.
- Patients had a wide range of access points into the service when they needed care and treatment. However, the service had long waits of up to two hours at times during some of its walk-in clinics.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

Good   

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

- Leaders had the skills and abilities to run the service and this was being done whilst teams and managers were going through transitional changes, including new job roles and re view of pay scales. Managers understood and managed the priorities and issues the service faced and sought support to enhance leadership.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were evolving but focused on sustainability of services and aligned to local plans within the wider health economy.
- Most staff felt respected, supported and valued, however the service was going through structural change which impacted on some staff members. Despite these changes staff were focused on the needs of patients receiving care.

# Community health sexual health services

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Areas for improvement

We found one area 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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

#### Regulated activity

Surgical procedures

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

Surgical procedures

Treatment of disease, disorder or injury

#### Regulation

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

# Our inspection team

Nicholas Smith, Head of Hospital Inspection North led this inspection. An executive reviewer, Mary Aubrey, an experienced Executive Director of Governance with a credible background in nursing, midwifery and health visiting working within both Acute, Community and PMS settings supported our inspection of well-led for the trust overall.

The team included two inspection managers, one medicines inspection manager, 10 inspectors, two medicines inspectors, one executive reviewer and 11 specialist advisers.

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