

# Bridgewater Community Healthcare NHS Foundation Trust

## Inspection report

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






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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Requires improvement 

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

# Summary of findings

## Background to the trust

Bridgewater Community Healthcare NHS Foundation Trust is a provider of community health services in the north west of England. The trust provides community and specialist services to a population of 1,304,500 people living in Halton, Oldham, Bolton, St. Helens, Warrington, Wigan Borough. The trust employs over 2,972 staff and has an income of £143 million which comes from commissioners, NHS England and local authorities.

## Overall summary

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

# Summary of findings

## What this trust does

The trust provides a range of community services. These include child health, urgent care walk in centres, community services for long term conditions, specialist services such as maternity, palliative care, physiotherapy, occupational therapy and dietetics. Services are also offered in prisons and young offender institutions. The trust provides services across several boroughs.

Most of the services are delivered in patients' homes or at locations close to where they live, such as clinics, health centres, GP practices, community centres and schools.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

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

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

## What we inspected and why

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

Between 4 and 27 September 2018, we inspected services provided by this trust. We inspected community health services for children, young people and families, end of life care, community dental services and community based maternity services because these were rated as requires improvement at the last inspection. We inspected community services for adults which were rated as good at the last inspection as part of our continual checks on the safety and quality of healthcare services.

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

## What we found

### Overall trust

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

- We rated effective, caring and responsive as good, we rated safe as requires improvement. We rated four of the trust's eight services as good and one as requires improvement. In rating the trust, we took into account the current ratings of the three services not inspected this time.
- Although we rated leadership at service level as good, the overall trust rating is determined by our trust-wide assessment of well led, which we rated as requires improvement considering high executive turnover in 2018 and the relatively short tenure of new executives. Our findings are in the section headed Is this organisation well led?
- Our decisions on overall ratings took into account, for example, the relative size of the services and we used our professional judgement to reach a fair and balanced rating.

# Summary of findings

- The trust had made changes in response to the actions identified at our last inspection in 2016. Each of the services inspected showed improvement but there remained areas of improvement in community health services for children, young people and families.
- The calibre of the executive team was good however the trust had experienced high levels of turnover at executive level since 2017.
- The strengthening of senior management arrangements was yet to be fully implemented.
- There was an improving culture across the organisation and a recognition there was more work to do
- The trust recognised its weakness in integrated reporting and were currently implementing systems to improve the trust`s analytical capability and timeliness of information. It would be some months before this implementation was complete and embedded.
- The quality of serious incident investigations was variable. The trust`s learning from deaths was behind the national average. Following the inspection the trust sent evidence to show the quality of the serious incident investigation reports and systems for death reviews were improving.
- There was a mixed picture in the strength of joint working with commissioners and other external stakeholders. The trust reported they were leading contributors to all place-based reform programmes and in respect of specialist services development in the community dental networks. The trust was refocusing executive and non-executive support to places and services.

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 – [www.cqc.org.uk/provider/RV2/reports](http://www.cqc.org.uk/provider/RV2/reports).

## Are services safe?

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

- Training and knowledge of the recognition and treatment of sepsis was not yet embedded, in children`s services, work was underway to address this.
- Staff compliance with basic life support training was low across the children services in the Halton and Oldham boroughs.
- There were some gaps in recording of maintenance checks on equipment in maternity, and community services for adults.
- There were some variances in the way patient records were kept across the boroughs in community adult and children`s services.
- The physical environment from, and in, which some children`s services were delivered varied by location. Storage limitations in some buildings meant that equipment for patients` care and treatment, and hazardous cleaning products were not always stored securely, and we found examples of potential ligature points.

However

- Care was provided safely by staff across the services who had the right skills and knowledge to provide appropriate care and treatment and to safeguard vulnerable people from abuse.
- Staff kept accurate records of patient care and treatment and managed medicines well.
- When things went wrong staff reported incidents, apologies and provided support where needed.
- The trust controlled infection risk well. Staff kept themselves, equipment and the premises clean.

# Summary of findings

## Are services effective

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

- Care and treatment to patients was based on national guidance and evidence of its effectiveness.
- Staff from different departments and disciplines worked together as a team for the benefit of patients.
- Staff were competent for their roles and had the right skills, knowledge and experience to deliver effective care, support and treatment.
- The services monitored the effectiveness of care and treatment and used the findings to improve them.

However

- Staff in community services for adults had not all received formal supervision.
- There were some variances amongst staff in community adult services in their understanding of assessing patient capacity to consent.

## Are services caring?

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

- Staff throughout the services treated people with kindness, dignity, respect and compassion. We observed staff interacting with patients and their families in a way which was sensitive to their needs.
- Staff ensured that people's emotional health and wellbeing were considered as part of their care and treatment.
- Staff supported people to express their views and be involved in decision making about their care.
- All patients and carers said staff did everything they could to support them.

## Are services responsive?

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

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff

However

- People could not always access care and treatment in a timely way in children's services.
- Effective complaint handling was not embedded in the children service. There was limited information on how to make a formal complaint.

## Are services well-led?

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

- Although we rated leadership at service level as good, the overall trust rating is determined by our trust-wide assessment of well led, which we rated as requires improvement considering senior management. Our findings are in the section headed Is this organisation well led?
- In children's services managerial staff were not always able to explain how their work aligned to the service strategy.

# Summary of findings

- Systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected were less developed in children services.

However

- Managers across the services promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff in all services had good working relationships with each other.
- Services engaged well with patients, staff and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, 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.

Although leadership at service level was rated as good the overall rating for the trust is determined by our trust assessment of well led which we rated as requires improvement.

## Outstanding practice

We found examples of outstanding practice in Bridgewater Community Healthcare NHS Foundation Trust. For more information, see the outstanding practice section of this report.

## Areas for improvement

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

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

## Action we have taken

We issued three requirement notices to the trust. Our action related to breaches of one legal requirement at a trust-wide level and two at one of the 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

### Community health services for adults.

- The service had a range of integrated specialist teams to support patients with long term health conditions and social issues that impacted on their health. They demonstrated personalised patient involvement and developed comprehensive pathways to prevent unnecessary hospital admissions.

# Summary of findings

- The community response team demonstrated fully integrated working between health and social care. They developed very efficient pathways with the local ambulance service, acute hospitals and social care services that prevented admissions to hospital and social care homes.
- The advanced nurse practitioners supported the local ambulance service to prevent unnecessary admissions to the emergency department. Non-emergency patients seen by paramedics such as falls without injury, were assessed by an advanced nurse practitioner within two hours of referral. There was evidence of positive patient outcomes with 143 patients avoiding admission to hospital over a two-week period.
- The trust intravenous therapy team were exemplary in their delivery of care and support to patients. They used innovative methods to deliver patient care such as remote access to the service, assessing patients using electronic applications and video conferencing. They consistently developed ways of improving the service working with consultants in the acute trust to trial pioneering ways of working. Their achievements were acknowledged locally and nationally.

## Community dental services

- Community dental staff in Halton and St Helens had developed links with local services and charities to help vulnerable groups of patients to ensure they could access dental treatment quickly.

## Areas for improvement

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

### Action the trust MUST take to improve

#### Trust Wide

- The trust must ensure it operates its information management systems effectively to assess, monitor and improve the quality and safety of the services it provides, and to assess, monitor and mitigate the risks to the health, safety and welfare of its service users and others in the provision of services.

#### Community health services for children, young people and families

- The trust must ensure that care and treatment provided to children with complex needs at the Woodview Child Development Centre is provided in a safe way that assesses the risks to the health and safety of the child receiving care and treatment, doing all that is reasonably practicably to mitigate any such risks.
- The trust must ensure where responsibility for care and treatment of the child is shared or transferred to other professionals, the service works with such other professionals to ensure timely care planning takes place to ensure the health, safety and welfare of the child.
- The trust must ensure the proper and safe management of medicines by monitoring the recording system for the issuing of FP10 prescription pads.
- The trust must ensure that where multiple sets of paper records are held for individual service users, that it maintains an accurate, complete and contemporaneous record of the care and treatment provided to the service user and decisions taken in relation to the care and treatment provided.
- The trust must ensure it reviews its existing processes for children, young people and families to raise concerns and complaints regarding care and treatment.

# Summary of findings

## Action the trust SHOULD take to improve

### Trust wide

- The trust should ensure it continues to embed its talent management and succession planning framework to ensure middle manager levels have the necessary experience, knowledge, capacity, capability or integrity to lead effectively.
- The trust should ensure it develops a workforce and organisational development strategy so that future patient needs are met through the transformation and development of its workforce.
- The trust should ensure it continues to implement its arrangements for Freedom to Speak Up Guardians.
- The trust should ensure it implements detailed delivery plans and mechanisms for the Board to monitor and track progress against its strategy.
- The trust should ensure it delivers and implements its Patient Experience Strategy.
- The trust should ensure it continues to strengthen collaborative working with commissioners and external stakeholders.
- The trust should consider a review of its arrangements to enhance the equality and diversity agenda.

## Community health services

### Community health services for adults

- The trust should ensure all staff have access to mandatory training and submit their compliance in a timely way.
- The trust should ensure systems to monitor and record staff performance are functional and fit for purpose.
- The trust should ensure staff have the knowledge and understanding of assessing patient's mental capacity.
- The trust should ensure processes to maintain equipment are effective.
- The trust should ensure it continues to support staff during the transformation of community services and integration of teams to share good practice across the services.
- The trust should ensure it reviews its systems for clinical supervision which is documented and structured to meet individual staff requirements.
- The trust should consider a review of its clinical areas so there are appropriate facilities to treat patients.

### Community health services for children, young people and families

- The trust should ensure it continues to focus on increasing compliance with basic life support training.
- The trust should ensure it encourages a culture in which staff feel confident to raise incidents using the reporting process and provide feedback to staff when incidents are reported.
- The trust should ensure it strengthens staff knowledge and training in the recognition and treatment of sepsis in children.
- The trust should ensure it improves service learning and improvement through recording and auditing themes of informal complaints.
- The trust should ensure that all cleaning stores and cupboards containing cleaning materials are kept locked when not in use.
- The trust should ensure it improves appraisal rates among non-clinical staff.



# Summary of findings

- The trust should consider the benefits of introducing daily environmental cleaning logs to compliment cleaning schedules and to provide a more effective audit trail of all areas cleaned.
- The trust should consider a review of its storage facility within the Woodview children's development centre to ensure that community nursing team equipment is stored securely.
- The trust should consider how it can encourage similar services across different boroughs to work together, to share learning and examples of good practice.
- The trust should consider undertaking an audit to review and improve the consistency of documentation of the 'Voice of the Child' within clinical records.
- The trust should consider how it can improve the availability of patient and carer information leaflets in a variety of languages and formats to meet the needs of the local populations.

## End of life care

- The trust should ensure that clinical supervision is consistent across each borough.
- The trust should consider how it can improve formal feedback procedures so that patients and family experience can be better analysed and recorded.
- The trust should consider its systems to monitor training for staff specific to end of life care.

## Community dental services

- The trust should ensure there are arrangements to store clinical waste securely in all its locations.

## Acute health services

### Bevan House

#### Maternity

- The trust should ensure that fridge temperature checks are carried out in line with best practice
- The trust should ensure there are processes to check equipment has been maintained appropriately.
- The trust should ensure emergency bags are standardised and checked appropriately.
- The trust should ensure that all guideline flow charts are clear to follow.
- The trust should consider ways to increase the homebirth rate.

## Is this organisation well-led?

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

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

# Summary of findings

- The calibre of the executive team was good however the tenure was lacking in the executive portfolios. The director of nursing and chief operating officer, medical director and finance director had all taken up post in this calendar year. There was currently a vacancy for a director of workforce although recruitment was in progress and an interim appointment was in place.
- Executive portfolios had recently been refined in the context of the new executives and refresh of the trust's strategic direction. These were clear although they were at an early stage of implementation and would take time to become fully embedded.
- The non-executive directors had a range of finance, commercial and clinical experience. Following a board commissioned governance review the arrangements for appraisal of the non-executives was being strengthened and the trust had adopted a value-based approach to both recruitment and appraisal.
- The trust was in the process of strengthening the senior management arrangements and it was implementing a triumvirate structure at borough and specialist service level, however the new structures were yet to be fully implemented.
- Senior managers had access to a range of leadership development opportunities. It was recognised there was more to do at middle management levels and to support this the trust had introduced leadership development sessions targeted at this group.
- The trust relaunched its strategic vision at the beginning of 2018. The strategy had a clear focus on quality and integrated care models. Whilst the overarching vision was clear there was less clarity about the process for implementing the strategy.
- The organisational structures in the trust were currently being aligned to match the revised strategic focus. At this early stage of implementation detailed delivery plans were lacking, as were the mechanisms by which progress on the strategy were being tracked by the board.
- There was no workforce and organisational development strategy which aimed to ensure that future patient needs could be met through the transformation and development of the workforce. This was part of the work plan when the Director of Workforce was in post.
- The arrangements for the Freedom to Speak up Guardian were not effective. Staff were using alternative routes to raise concerns. At the time of inspection, the trust reported that an advert was going out for the appointment of guardians in all boroughs.
- There was an improving culture across the organisation and a recognition there was more work to do. Arising from a relatively poor response on the staff survey the trust had invested time and effort in staff engagement. A staff engagement strategy had been developed with staff involvement and was currently being rolled out.
- There was an integrated performance report covering operational performance, finance, workforce and quality metrics but this did not sufficiently enable triangulation of quality and performance at a service level. There was a lack of standardised performance dashboards and a considerable time lag in reporting on the key quality indicators which may be two to three months in arrears.
- The trust recognised its weakness in integrated reporting and were currently implementing a data warehouse to improve the trust's analytical capability and timeliness of information. It would be some months before this implementation was complete and embedded. In the interim the trust had developed service 'heat maps' to aid the triangulation of quality and performance.

# Summary of findings

- The quality of serious incident investigations was variable and this was acknowledged by the trust. The trust's learning from deaths was behind the national average. Work was in progress to ensure that staff were reporting and updating incidents. A non-executive director had been assigned to be involved in the learning from deaths panel to ensure that independent challenge was provided.
- There was a mixed picture in the strength of joint working with commissioners and other external stakeholders. The trust reported they were leading contributors to all place-based reform programmes and in respect of specialist services development in the community dental networks. The trust was refocusing executive and non-executive support to places and services.

## 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 ↔ Dec 2018	Good ↑ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018	Requires improvement ↔ Dec 2018

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

### Rating for acute services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Bridgewater CHCFT Bevan House	Good ↑ Dec 2018	Good ↑ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018
<b>Overall</b>	Good ↑ Dec 2018	Good ↑ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018

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

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Good ↑ Dec 2018	Good ↑ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018
Community	Requires improvement ↔ Dec 2018	Good ↑ Dec 2018	Good ↔ Dec 2017	Good ↔ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018
<b>Overall trust</b>	Requires improvement ↔ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018	Requires improvement ↔ Dec 2018	Requires improvement ↔ Dec 2018

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

## Ratings for Bridgewater CHCFT Bevan House

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good ↑ Dec 2018	Good ↑ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018
<b>Overall*</b>	Good ↑ Dec 2018	Good ↑ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018
Community health services for children and young people	Requires improvement ↓ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018	Requires improvement ↔ Dec 2018	Requires improvement ↔ Dec 2018
Community health inpatient services	Good Feb 2017	Good Feb 2017	Outstanding Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Community end of life care	Good ↑ Dec 2018	Good ↑ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018
Community dental services	Good ↑ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018
Urgent care	Requires improvement Feb 2017	Requires improvement Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Requires improvement Feb 2017
Sexual health services	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
<b>Overall*</b>	Requires improvement ↔ Dec 2018	Good ↑ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018

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

# Acute health services

## Background to acute health services

Bridgewater community midwifery services provides 24-hour maternity services for people that reside in the Halton area of Cheshire that includes Widnes and Runcorn.

The antenatal clinics, for Widnes were in the same building as the urgent care centre. For Runcorn clinics were located within GP surgeries. There were also clinics held at Halton hospital for women needing to see a consultant obstetrician for the hospital that they were booked for their delivery.

The service has been placed under the trust's headquarters location as it is provided from different bases across the community.

## Summary of acute services

**Good** ● ↑

Our rating of these services improved. We rated them as good for being safe, effective, caring, responsive and well led.

# Bridgewater CHCFT Bevan House

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## Key facts and figures

Bridgewater community midwifery services provides 24-hour maternity services for people that reside in the Halton area of Cheshire that includes Widnes and Runcorn.

For the twelve months prior to inspection, the service booked 1,488 women and there were nine home deliveries.

The service was divided into two teams; one for women in Widnes and the other for Runcorn. Each included base rooms for the midwives.

The antenatal clinics, for Widnes were in the same building as the urgent care centre. For Runcorn clinics were located within GP surgeries. There were also clinics held at Halton hospital for women needing to see a consultant obstetrician for the hospital that they were booked for their delivery.

We visited the Widnes and Runcorn sites, Halton hospital and St Pauls GP surgery.

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 17 and 19 July 2018. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We reviewed six electronic patient records. We spoke with three women as well as observing three patients during antenatal appointments and a visit.

We spoke with 25 members of staff including midwives band six and seven (including specialist roles), consultant, midwifery support workers and the head of midwifery.

## Summary of services at Bridgewater CHCFT Bevan House

**Good**  

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

- Following the last inspection, emergency equipment was available in both locations where midwifery was provided.
- Staff had completed mandatory training and specific skills and drills for this service. Since the last inspection, midwives spent 22.5 hours annually in the maternity unit of the neighbouring NHS trust.



# Summary of findings

- Since the last inspection, a safeguarding midwife has been employed. Staff had received safeguarding training updates and understood how to keep patients safe.
- Areas we visited were visibly clean.
- There were sufficient numbers of midwifery staff to meet the needs of the service.
- Patient records were completed appropriately by all staff. Since the last inspection, Digi pens were no longer used.
- Staff understood how to report incidents and received feedback. Since the last inspection, trends were identified and lessons learned and shared.
- Staff followed national guidance and monitored the service.
- Staff were appraised and supported by senior staff. Following the last inspection, Professional Midwifery Advocates had been trained and were awaiting direction from the regional network re implementation.
- Patients were supported by staff with individualised care. Since the last inspection, there were processes to refer women, to neighbouring trusts for support with a mental health need.
- Since the last inspection, the clinic at Halton hospital had been reorganised so that consultations were mainly in a room rather than in bays with privacy curtains.
- There was an open and transparent culture with clear supportive leadership.
- The service followed the wider regional network strategy.
- Following the last inspection, the service worked with a neighbouring hospital trust being part of the maternity voices programme where meetings were held with staff and women who used the service.

However:

- In both areas emergency bags included some equipment that was overdue for servicing, as recorded on the sticker attached and there was extra birthing, rather than emergency items not on the checklist. This was addressed during the inspection.
- Medicines which required to be kept at a certain temperature were stored in emergency bags but there was no date when the medicine was removed from the fridge. This was addressed during the inspection.
- Fridge temperature checks, at Widnes had been recording as exceeding the maximum range for at least four months.

# Maternity

Good ● ↑

## Key facts and figures

Bridgewater community midwifery services provides 24-hour maternity services for people that reside in the Halton area of Cheshire that includes Widnes and Runcorn.

For the twelve months prior to inspection, the service booked 1,488 women and there were nine home deliveries.

The service was divided into two teams; one for women in Widnes and the other for Runcorn. Each included base rooms for the midwives.

The antenatal clinics, for Widnes were in the same building as the urgent care centre. For Runcorn clinics were located within GP surgeries. There were also clinics held at Halton hospital for women needing to see a consultant obstetrician for the hospital that they were booked for their delivery.

We visited the Widnes and Runcorn sites, Halton hospital and St Pauls GP surgery.

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 17 and 19 July 2018. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We reviewed six electronic patient records. We spoke with three women as well as observing three patients during antenatal appointments and a visit.

We spoke with 25 members of staff including midwives band six and seven (including specialist roles), consultant, midwifery support workers and the head of midwifery.

## Summary of this service

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

- Following the last inspection, emergency equipment was available in both locations where midwifery was provided.
- Staff had completed mandatory training and specific skills and drills for this service. Since the last inspection, midwives spent 22.5 hours annually in the maternity unit of the neighbouring NHS trust.
- Since the last inspection, a safeguarding midwife has been employed. Staff had received safeguarding training updates and understood how to keep patients safe.
- Areas we visited were visibly clean.
- There were sufficient numbers of midwifery staff to meet the needs of the service.
- Patient records were completed appropriately by all staff. Since the last inspection, Digi pens were no longer used.
- Staff understood how to report incidents and received feedback. Since the last inspection, trends were identified and lessons learned and shared.
- Staff followed national guidance and monitored the service.

# Maternity

- Staff were appraised and supported by senior staff. Following the last inspection, Professional Midwifery Advocates had been trained and were awaiting direction from the regional network re implementation.
- Patients were supported by staff with individualised care. Since the last inspection, there were processes to refer women, to neighbouring trusts for support with a mental health need.
- Since the last inspection, the clinic at Halton hospital had been reorganised so that consultations were mainly in a room rather than in bays with privacy curtains.
- There was an open and transparent culture with clear supportive leadership.
- The service followed the wider regional network strategy.
- Following the last inspection, the service worked with a neighbouring hospital trust being part of the maternity voices programme where meetings were held with staff and women who used the service.

However:

- In both areas emergency bags included some equipment that was overdue for servicing, as recorded on the sticker attached and there was extra birthing, rather than emergency items not on the checklist. This was addressed during the inspection.
- Medicines which required to be kept at a certain temperature were stored in emergency bags but there was no date when the medicine was removed from the fridge. This was addressed during the inspection.

Fridge temperature checks, at Widnes had been recording as exceeding the maximum range for at least four months.

## Is the service safe?

**Good** ● ↑

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and generally looked after them well.
- Risk assessments were carried out for women.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Midwives were allocated caseloads that were in line with Birthrate plus guidance.
- Staff kept appropriate records of women's care and treatment. Records were clear, up-to date and available to all staff providing care. Women's care was recorded in their hand-held notes and electronically using table devices when away from a hub office.
- The service monitored safety performance and displayed the results in clinics for staff and women to view. The service used information to improve the service.

# Maternity

- The service managed patient safety incidents well. Staff reported incidents on the trusts electronic system. There had been no serious incidents in the 12 months prior to inspection reported. Managers investigated incidents and shared lessons learned with the team.

However

- Processes for routine maintenance of equipment was not consistent with staff unaware when it was due. This included equipment in the emergency bags with equipment and sundries past their expiry dates and the contents were not standardised. This was addressed during the inspection.
- Medicines administered by the service were stored in fridges. Daily checks of temperature were carried out, however; the maximum temperature for the range was higher than expected, for the main fridge, and had not been resolved in a timely way. Medicines in the emergency bags were not labelled to indicate how long they had been out of the fridge. This was addressed during the inspection.

## 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 of its effectiveness. This included guidance from the National Institute for Health and Care Excellence and Royal College of Obstetricians and Gynaecologists.
- The service participated in the baby friendly initiative set up by the United Nations International Children's Emergency Fund and the World Health Organisation and was fully accredited.
- Following the last inspection, it was suggested that pethidine (a powerful controlled drug) should be considered for homebirths. Staff told us that paracetamol, ibuprofen and entonox were recommended. If stronger analgesia was required then the woman would need to deliver in a hospital environment.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Midwives attended annual updates for skills and drills that included obstetric emergencies and spent 22.5 hours a year at the local trust hospital. There was 100% compliance with appraisals.
- Staff worked together as a team to benefit women. Consultants, midwives and other professionals supported each other to provide good care. Clinics included scanning, pharmacy and phlebotomy services.
- Midwives understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support women experiencing mental ill health and those who lacked the capacity to make decisions about their care as well as principles of Gillick and Fraser consent for younger women.

However

- We observed there were flowcharts in two guidelines that could be interpreted in different ways and affect the decision about how to proceed with care and treatment.

# Maternity

## Is the service caring?

Good ● → ←

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

- Staff cared for women with compassion. Feedback from women confirmed that staff treated them well and with kindness. Following the last inspection, the layout of the clinic, at Halton hospital had been reviewed to maintain privacy for women: consultations took place in a room rather than bays.
- Staff provided emotional support to women to minimise their distress. The service had been given a cuddle cot for women at home. There were processes in place to refer women to perinatal mental health services at neighbouring hospital trusts if needed.
- Staff involved women and those close to them in decisions about their care and treatment. Women were encouraged to attend appointments with others and supported the family units.

## Is the service responsive?

Good ● → ←

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

- The service planned and provided services in a way that met the needs of local women. Clinics were held locally to women with named midwives. Women could choose a hospital or home delivery.
- The service took account of women's individual needs. Clinics were in GP clinics and were accessible for women, or those close to them, with reduced mobility needs and had portable hearing loops. A trust-wide interpreter service was available for women whose first language was not English.
- Women could access the service when they needed it. Midwives could be contacted if needed with options for home visits and clinic visits including early bird and weekend clinics.
- The service treated any concerns or complaints seriously, investigated them and learned lessons from the results were shared with all staff.

## Is the service well-led?

Good ● ↑

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

- The service had managers at all levels with the right skills and abilities to run the service. The head of midwifery was supported by team leaders and specialist midwives.
- They service followed trust values and followed the vision and strategy for the regional network.
- The head of midwifery promoted a positive culture that supported and valued staff with an open-door ethos. Staff felt supported and could approach peers and managers.

# Maternity

- A clinical governance process was in place within the trust that allowed risks to be escalated to divisional and trust board level.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The risk midwife monitored and reviewed the risk register for the service.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems. Midwives recorded patient care on electronic tablets. Any paper records were transferred to the electronic system.
- The service engaged well with women, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Women were encouraged to provide feedback and could attend meetings in the hospital trusts. Staff attended meetings and received information electronically.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training. The service promoted choice for women.

However:

- The service did not highlight any initiatives to increase the homebirth rate.

# Community health services

## Background to community health services

Bridgewater Community Healthcare NHS Foundation Trust is a provider of community health services in the north west of England. The trust provides community and specialist services to a population of 1,304,500 people living in Halton, Oldham, Bolton, St. Helens, Warrington, Wigan Borough. The trust employs over 2,972 staff and has an income of £143 million which comes from commissioners, NHS England and local authorities.

The trust provides a range of community services. These include child health, urgent care walk in centres, community services for long term conditions, specialist services such as maternity, palliative care, physiotherapy, occupational therapy and dietetics. Services are also offered in prisons and young offender institutions. The community dental network provides services across several boroughs.

Most of the services are delivered in patients' homes or at locations close to where they live, such as clinics, health centres, GP practices, community centres and schools.

## Summary of community health services

**Requires improvement** ● → ←

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

- We rated effective, caring and responsive as good, we rated safe as requires improvement. We rated four of the trust's eight services as good and one as requires improvement. In rating the trust, we took into account the current ratings of the three services not inspected this time.
- Although we rated leadership at service level as good, the overall trust rating is determined by our trust-wide assessment of well led, which we rated as requires improvement considering high executive turnover in 2018 and the relatively short tenure of new executives. Our findings are in the section headed 'Is this organisation well led?'
- Our decisions on overall ratings took into account, for example, the relative size of the services and we used our professional judgement to reach a fair and balanced rating.
- The trust had made changes in response to the actions identified at our last inspection in 2016. Each of the services inspected showed improvement but there remained areas of improvement in community health services for children, young people and families.

# Community health services for children and young people

Requires improvement   

## Key facts and figures

Services for children, young people and families were provided across Bolton, Oldham, Wigan, Halton, St Helens and Warrington. Staff provided these services in a variety of settings including patient's homes, children's centres, schools and clinics.

The services provided in each area differed depending on what the trust was commissioned to deliver in that area. The trust was commissioned to provide the Healthy Child Programme 0-19 services in Halton, Warrington, Wigan, Oldham and Bolton.

The trust had family nurse practitioner teams in Halton, Oldham, Warrington and Wigan.

Services in Oldham were provided as an integrated early years' service within local children's centres.

All boroughs had an immunisation service.

Bolton operated as an integrated young person's service which included a bespoke adolescent sexual health and substance misuse service. We did not inspect sexual health services as part of this inspection.

Community paediatric services were delivered in St Helens, Warrington and Halton. In St Helens the service included a provision for looked after children.

In the Halton, Warrington and Wigan boroughs the trust delivered a range of community children's therapies such as physiotherapy and occupational therapy and in St Helens, speech and language therapy only.

The trust delivered community children's nursing and continence services in St Helens, Warrington Halton and Wigan.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We inspected this service against each of the key questions to determine whether the service was safe, effective, caring, responsive and well-led.

During our inspection we visited 12 locations where staff were based and interviewed 80 members of staff including; community paediatricians, nursing staff, managers and care assistants from a variety of teams within the service. We reviewed 29 sets of records, and we spoke with nine patients and carers.

## Summary of this service

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

- Training and knowledge of the recognition and treatment of sepsis was not yet embedded, and compliance with basic life support training was low in the Halton and Oldham boroughs.
- We found examples where children had faced lengthy delays, particularly at the Woodview Child Development Centre where processes to improve effectiveness of the multidisciplinary complex case panels was still embedding.
- Storage limitations in some buildings meant that equipment was not always stored securely.
- The recording of medicines prescription pads was not robust enough to ensure accountability for prescription pad issuing and usage.



# Community health services for children and young people

- The service did not consistently collect or manage information well across service and borough boundaries. Where services held multiple sets of paper records for individual children, we found no standard procedure for sharing information with other professionals involved in their care. There was limited staff awareness of sharing learning from incidents and complaints. Continuous improvement and innovation was not consistently shared.
- Managerial staff were not always able to explain how their work aligned to the service's strategy. Non-managerial staff across the services were aware of the strategy.
- The service's risk management system was not consistently effective as, at the time of the inspection, not all open risks had identified control measures and gaps in controls, assurances and gaps in assurances.
- We had specific concerns around service provision within the borough of Halton. Children had experienced lengthy delays for treatment due to an ineffective pathway at Woodview Child Development Centre. Compliance with basic life support training was low compared with other boroughs. There were no formal channels for communication between specialties such as physiotherapy, speech and language therapy, paediatrics and children's nursing teams, although following the inspection the trust developed terms of reference and proformas to improve information sharing between the multidisciplinary team. We found that the use of FP10 prescription pads was not monitored effectively and services within the borough did not seek to share learning with other boroughs, including those where similar services were provided.

However,

- Care was provided safely by staff across the services who had the right skills and knowledge to provide appropriate care and treatment and to safeguard vulnerable people from abuse. Staff kept contemporaneous records and managed medicines well, and when things went wrong staff reported incidents, apologised and provided support where needed.
- Staff were competent in their roles and delivered evidence based care in line with the service's policies and with the consent of patients and their carers. Holistic care plans took into account children's preferences and needs for food and drink, and systems were being embedded to monitor patient outcomes.
- Staff were compassionate and caring in their delivery of care. They supported people's emotional needs, and involved children and carers in their treatment.

## Is the service safe?

**Requires improvement** ● ↓

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

- In Halton, care was not always provided in a safe or person-centred way. Several issues relating to safety gave cause for concern. Compliance with basic life support training was low compared with other boroughs. Each child could have up to eight separate sets of records and there was no central record where clinicians could easily view the input and advice which had been given by other care professionals.
- The physical environment from, and in, which services were delivered varied by location. However, storage limitations in some buildings meant that equipment for patients' care and treatment, and hazardous cleaning products were not always stored securely.
- Training and knowledge of the recognition and treatment of sepsis was not yet embedded, although work was underway to address this.

# Community health services for children and young people

- The recording of medicines prescription pads was not robust enough to ensure accountability for prescription pad issuing and usage.
- We were not assured that all staff reported incidents using the trust incident reporting system. There was only limited staff awareness of the sharing of incidents and learning across borough boundaries. This impacted upon the service's ability to effectively monitor incidents and learn from them.

However,

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- There were systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff were aware of how to access support from the safeguarding team and had received training at the appropriate level.
- The service controlled infection risk. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- Risks to patients were assessed, monitored and managed so that they were supported to stay safe.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. A shortage of community paediatricians was being mitigated by using long-term locum staff and senior staff filling additional clinics as needed.
- Staff kept detailed records of patients' care and treatment. Records were clear and up-to-date.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- Staff recognised and could describe incidents appropriately, including near misses. When things went wrong, staff apologised and gave patients honest information and suitable support

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. The care, treatment and support provided by the service were based on best practice guidance. The services' policies were in line with current national guidelines and there were processes in place to regularly review and update these policies.
- Children's care plans included an assessment of their nutritional and hydration needs where relevant. We saw examples where children's preferences as well as their clinical needs at meal times had been considered and documented in care plans.
- The service had begun to consider how people's care and treatment outcomes could be effectively monitored. Some teams had implemented tools to capture more qualitative information to evidence outcomes.
- The service made sure staff were competent for their roles and had the right skills, knowledge and experience to deliver effective care, support and treatment. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The service supported people to live healthier lives. Staff took a holistic approach to planning care using health assessments where appropriate.

# Community health services for children and young people

- Consent to care and treatment was sought in line with legislation and guidance. Staff could assess when children were unable to give consent and this should be obtained from a person with parental responsibility.

However:

- Staff throughout the service worked closely with other teams within their boroughs and external organisations to deliver effective care and treatment. However, processes to improve effectiveness of the multidisciplinary complex case panels in Halton was still embedding.

## Is the service caring?

**Good** ● → ←

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

- Staff throughout the service treated people with kindness, dignity, respect and compassion. We observed staff interacting with children and families in a way which was empathetic and sensitive to their needs.
- Staff ensured that people's emotional health and wellbeing were considered as part of their care and treatment.
- Staff supported people to express their views and be involved in decision making about their care. Most staff could demonstrate how they gathered the views of children with complex needs to plan their care.

## 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 care and treatment in a timely way. Although referral to treatment times were within the service targets we found examples where children had faced lengthy delays and the validity of the data provided was uncertain as there were rudimentary systems in place to collate this information.
- Printed information was not always available in other languages.
- Effective complaint handling was not embedded in the children, young people, and families' services. There was limited information on how to make a formal complaint. Historically, the service had not recorded verbal complaints or those which were not raised as formal complaints.

However;

- People received personalised care which was responsive to their needs. The service offered flexibility around when and where patients could access services.
- The service planned and provided services in a way that met the needs of local people. It ensured that arrangements were in place to accommodate children, young people and families with additional needs. The service regularly sought feedback from children and families and staff could articulate how they would determine the views of children with complex conditions.

# Community health services for children and young people

## Is the service well-led?

**Requires improvement** ● → ←

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

- The trust had a vision and strategy for what it wanted to achieve, that was complimented by individual operational strategies for each of the boroughs. However, managerial staff were not always able to explain how their work aligned to the service strategy. Non-managerial staff across the services were aware of the strategy, but staff we asked were not involved in its development.
- The service had systems to manage performance and for identifying risks, escalating, planning to eliminate or reduce them. At the time of our inspection, as not all open risks had control measures, gaps in controls, internal and independent assurances, and gaps in assurances identified, the risk management system was not always effective. Although the trust provided an updated divisional risk register following our inspection, effectiveness of the updates was yet to be embedded.
- Systems to monitor the use of FP10 prescription pads were not robust.
- The service did not consistently collect, analyse, manage, share or use information well to support all its activities.
- Learning, continuous improvement and innovation was not always shared or embedded consistently across services and borough boundaries.

However;

- Managers at all levels in the service had the skills and abilities to run the service. Although facing several challenges within and across services and borough boundaries, the leaders were motivated to improve the service.
- The service had governance arrangements which ensured staff were clear about their roles within the structure, what they were accountable for, and to whom. Each service had a clear reporting structure, through clinical service managers to their interim director of operations. Leaders and managers across the service could describe the governance structure
- The children, young people and families service leaders could describe, understood and had oversight of the risks and issues affecting their respective services.
- There was a culture throughout the service which focussed on the delivery of patient-centred care. Staff spoke with passion about their roles and felt supported by their colleagues and managers.
- The service engaged with people who use the service and the public to gather views on the provision of services and promote integrated care services.

# Community health services for adults

Good   

## Key facts and figures

Bridgewater Community Healthcare NHS Foundation Trust delivers adult services in Wigan, Warrington, Halton and St Helens. These include such services as: Community Nursing, Continence, Speech and Language Therapy, Wheelchair service, Rapid Access Rehabilitation Service, Catheter service, Intermediate Care Service, Integrated Community Equipment Store and Long-Term Conditions teams.

Wigan Integrated Community Services (ICS) is the integration and transformation of adult services in community provided by Bridgewater NHS, Warrington, Wigan & Leigh NHS and Wigan Council. Nurses, therapists, social care workers and reablement wrap around GP practices in seven service delivery footprints to support the following objectives:

ICS is one of the key transformation programmes of the Healthier Wigan Partnership Alliance, which represents all the NHS service providers including mental health, Wigan Council, Wigan Clinical Commissioning Group, and primary care, collaborating to deliver against improved population health outcomes and supporting more out of hospital care.

Our inspection was short notice-announced which meant staff knew we were coming a short time before visiting to ensure that everyone we needed to speak with was available. We inspected community health services for adults provided by the trust over a three-day period from 11 September 2018 to 13 September 2018 and interviewed senior managers on 14 September 2018.

During our inspection we visited a range of services across the boroughs. We attended clinics and joined staff at home visits to observe care. We visited St Pauls health centre, Beaconsfield surgery, Boston House health centre, Bath Street health and wellbeing centre, Orford Jubilee Park, Spencer House, Wigan life centre, Health Services at Wolves and Woolston clinic.

We interviewed 73 clinical staff and six non-clinical staff from the district nursing teams, the podiatry service, long term condition management teams, community integrated therapy teams, the community response team, the dietetic team, dermatology, the single point of access team, the intravenous therapy team, speech and language therapists, physiotherapists, occupational therapists, community matrons, stoma nurses, respiratory nurses, heart failure nurses and admin staff.

We spoke with 21 patients, some accompanied by families and carers. We observed interactions between staff and patients in clinics, treatment rooms and the patients home environment. We observed 13 clinics and treatment rooms and reviewed 28 patient records across all services we visited.

## Summary of this service

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff showed good knowledge and understanding of patients at risk and the interventions needed to maintain safety.
- Equipment was easily accessible and staff could order equipment to support patient's when required.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

# Community health services for adults

- There was effective management of caseloads and processes to assess new patients. Patients were prioritised according to the complexity of their condition and those at high risk were seen on the same day.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Staff were encouraged to report incidents to alert staff to potential risks and maintain patient safety.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff used nationally recognised assessment tools to screen patients for risks.
- Data from local and national audits was used to monitor the quality of the services and improve the quality of care for patients.
- There was effective integrated teams and joint working across the trust to provide a range of services for patients.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff engaged with patients and encouraged them to manage their condition or treatment.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- The service had managers at all levels with the right skills and abilities to run a service and there was a clear commitment by the service to developing an integrated care model across all services we visited.
- Staff in all services had strong working relationships with each other which supported new and innovative ways of working in collaboration with other services across the boroughs.

## Is the service safe?

Good   

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

- The trust supported staff to ensure they were competent for their roles.
- 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 kept themselves, equipment and the premises clean. We observed staff maintaining hand hygiene before, during and after patient contact. They used control measures to prevent the spread of infection.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- All teams we visited held a daily safety huddle where patient concerns were discussed. We observed effective handovers where risk, patient progress and responses to treatment were addressed.
- We saw good management of the caseloads and clear processes to assess new patients. Patients were prioritised according to the complexity of their condition and patients at high risk were seen the same day.

# Community health services for adults

- Staff showed good knowledge and understanding of patients at risk and the interventions needed to maintain safety. We saw teams working together to support patients at risk and avoid deterioration.
- Staffing across several services was improving with the recruitment of new staff and joint working between teams. The trust was trialling electronic systems to maintain the safety of staff and make allocation of work equal across teams.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Not all staff had completed mandatory training. The trust had identified this and were monitoring compliance and accessibility to courses.
- A fault in the electronic staff record meant that not all mandatory training was recorded effectively. Staff were keeping a record of their training but not all staff were keeping this up to date.
- Not all services had access to modern facilities to clean leg ulcers.
- Specialist phlebotomy chairs were limited in one of the clinics to provide blood tests.
- Equipment in some of the clinics were overdue maintenance checks.
- There were variances in the way patient records were kept and different systems across the boroughs. The trust was in the process of transferring all patient records to a fully electronic system but not all staff were using this efficiently.
- Not all staff we spoke with were familiar with the duty of candour process.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff used nationally recognised assessment tools to screen patients for certain risks such as pressure damage and malnutrition.
- Staff participated in specialist networks developed by NHS England that were evidence based. Staff attended local and national groups and information from the groups was fed back to staff during team meetings or dedicated teaching sessions.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service participated in local and national audits and used results to monitor the quality of the services and improve the quality of care for patients.
- Staff in all services we visited demonstrated effective working across the community to support patients at their preferred place of care.



# Community health services for adults

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held formal and informal supervision meetings to provide support and monitor the effectiveness of the service.
- The trust had an effective preceptorship programme lead by the trust learning and development team. The programme supported newly qualified staff in the district nursing teams and practice educators worked alongside staff to support their learning needs.
- There were link nurses in each of the district nursing teams for tissue viability and wound management. Staff with special interests supported the teams when advanced knowledge of a certain area was required.
- There was evidence of effective multidisciplinary team working across the services and the trust ensured patient needs were assessed and delivered by the right staff.
- We saw a range of health promotion activity and staff were aware of services available in the community.
- The service worked together with social care, the local ambulance service and acute services to support patients through their health and social care pathway.

However:

- Not all staff reported having formal clinical supervision tailored to meet individual requirements.
- The trust was in the process of transferring all patients records to an electronic system and services were reliant on appropriate information being received by other methods. This was not always effective.
- Not all the staff had a good understanding of the Mental Capacity Act 2005 and we saw some variance in staff understanding when assessing patient capacity to consent.

## Is the service caring?

Good   

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

- Staff consistently demonstrated compassion for patients and those close to them. Staff treated patients as individuals and showed empathy to patients and those close to them.
- We saw outstanding examples of staff engagement with patients and interaction that encouraged patients to manage their condition or treatment.
- The trust 'Glimpses of Brilliance' was used to monitor staff performance that enhanced patient outcomes. We heard many examples of positive patient feedback and statements identifying positive staff interventions.
- Staff were skilled in communication techniques to allow patients time to absorb the information they were given and time to respond. We observed sensitive conversations and genuine reassurance given to patients, carers and families.
- We saw examples of extended clinic times and home visits to support patients. Staff delayed discharging patients where they saw potential risks or felt patients would benefit from further support.
- Staff consistently gained assurance from patients during interventions to ensure they were comfortable and understood what was happening at each stage of their treatment or procedure.
- We observed staff intervention to expediate diagnostic tests to prevent the patient having to return to hospital. We heard from patients that teams altered their visit schedule to attend the patients home at a time they were too ill to attend clinic.



# Community health services for adults

- We saw exemplary care and support given to patients using an electronic communication device. Staff worked out of hours to provide support to a patient on holiday abroad by using teleconferencing.
- We observed effective interactions between nurses and GPs when discussing patients. Patients were discussed in a personalised way and it was clear both parties had a good understanding of their patients.
- Relatives and carers felt overwhelming support from staff and we were told of the positive impact on relieving some of the worry and pressure of caring for their loved one.

## Is the service responsive?

Good   

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

- Person-centred care pathways were very effective in the community with integrated teams of both health and social care services.
- The trust delivered a range of specialist services for patients with long term conditions. Specialist teams were based at various localities across the trust to meet the needs of the population.
- People could access the service closest to their home when they needed it. There were effective patient referrals between teams. Teams worked together to ensure arrangements to admit, treat and discharge patients were in line with good practice.
- The service was accessible to people who needed it and took account of patients' individual needs. Staff provided patient centred care which ensured patient needs were assessed and delivered by the right staff.
- The trust had experienced staff competent in assessing complex patients in their home environment.
- The service was developing fully integrated services across the community.
- Staff consistently demonstrated a vast knowledge and awareness of service provision across the boroughs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

Good   

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

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. All staff we spoke with told us they were well supported by their managers.
- Team leaders were approachable and staff spoke highly of their support and presence in each team. Team leaders managed staff effectively and worked alongside staff to support them and their patients.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients and key groups representing the local community.
- There was a clear commitment by the trust to develop an integrated care model across all services. Staff were clear of the plans to bring health and social care services together and ensure integrated working.

# Community health services for adults

- Managers across the services promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff in all services had excellent working relationships with each other.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service had regular quality and safety meetings where all risks, serious incidents and performance were addressed. A quarterly safety briefing that identified lessons learned and good practice was shared with staff.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- New and innovative ways of working were being developed in partnership with other services across the boroughs including the acute trust and the local ambulance service.

However:

- Not all services had integrated fully and we observed staff did not always share good practice across the services.

## Outstanding practice

We found examples of outstanding practice in this service.

# Community end of life care

Good  

## Key facts and figures

End of life care is provided in Wigan, Warrington and Halton boroughs, each area is commissioned through their respective clinical commissioning groups. There are different models of service provision in each of the boroughs, depending upon the priorities of each of the local clinical commissioning group.

Community nursing services provide the majority of end of life care to patients and are supported by community matrons and specialist palliative care services within each borough.

Halton and Warrington commission a seven-day specialist palliative care team from Bridgewater, and are based within the two hospices.

Wigan commission the local hospice to provide a seven-day hospice specialist nursing team.

Each service is led by a consultant in palliative medicine and Wigan commission a specialist allied health professional team who are based within the hospice.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We inspected this service against each of the key questions to determine whether the service was safe, effective, caring, responsive and well-led.

During our inspection we visited seven locations where staff were based and interviewed 38 members of staff including; specialist palliative care nursing and medical staff, district nurses and managers from a variety of teams within the service. We also spoke with 11 patients and relatives to gather feedback about their experiences of the service and looked at ten records.

## Summary of this service

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

- The service had completed their action plan to implement changes since our last inspection in 2016. The plan addressed previous concerns we had in its safety, effectiveness and leadership.
- There was a consistent approach to medicines management for end of life care services which had not been apparent in our last inspection. Staff regularly reviewed the effects of medications on each patient's physical health.
- There was improvement in the quality of record keeping. Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff provided a range of treatment and care for patients based on national guidance and best practice.
- End of life care services were planned, organised and delivered well. Care was delivered by competent, practitioners who considered the needs of all patients and families in their care.
- Staff were caring and showed compassion and kindness to patients and their families.
- At our last inspection end of life care services had no strategy. The service now had a clear vision and strategy which was developed with the involvement of staff and external partners.
- The trust had changed the executive lead responsible for the service and we saw improvement in the management and leadership of the service at both strategic and local level.

# Community end of life care

However

- Although the service provided a snapshot of the education and training that was taking place to support end of life care, systems were not developed enough to report on the percentage compliance in this area as the service did not hold an eligible staff group list to measure activity against.
- Whilst we saw numerous cards and thankyou letters, there was no formal feedback from patients or relatives recorded by the service. The service was planning to carry out a patient survey of care at the end of life and feedback from the patient's next of kin or carers was being sought on cases from August 2018.

## Is the service safe?

**Good** ● ↑

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

- Staff understood the process of safeguarding and were aware of who to contact if they needed support from the trust or local authority.
- The end of life care service controlled infection risk well. Staff followed policies on infection control and kept themselves, equipment and patient areas clean.
- The quality of record keeping had improved. Staff kept detailed records of patients' care and treatment. Records were clear, up to-date and easily available to all staff providing care.
- Records showed that a range of risk assessments were undertaken for each patient at the end of their life. Assessments were regularly reviewed where appropriate.
- There were improvements in the management of medicines since our last inspection. The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Lessons were shared with the teams.

However

- Although staff told us they were up to date with training relating to end of life care, recording systems were not developed well enough to report on the percentage of training compliance. The service did not hold an eligible staff group list to measure activity against end of life care.

## Is the service effective?

**Good** ● ↑

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

- Staff of different kinds worked together as a team to benefit patients. The care provided by staff was based on the Gold Standard Framework which provided a model of good practice. This enabled a 'gold standard' of care for all people who were nearing the end of their lives.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. The trust worked towards meeting pathways which focused on the care of dying adults in the last days of life.

# Community end of life care

- Staff understood their roles and responsibilities under the Mental Capacity Act 2005.
- Staff gave patients enough food and drink to meet their needs and improve their health. Independent plans of care provided a regular assessment of food and drink.
- Patients said their pain was well managed and staff were accessible to manage pain needs quickly. Staff carried out pain assessments during their visits to patients.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. The Care of the Dying Quality Indicator audits were positive as were waiting times.

## Is the service caring?

Good   

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

- We visited patient's homes, observed care and spoke with patients and their families who had been admitted to the hospice by the specialist palliative care team. Patients spoke highly of the district nurses and specialist palliative care staff. We observed compassionate care throughout all our visits.
- Staff understood the emotional impact of illness and bereavement and acted accordingly. Feedback we received from patients and families was very positive and indicated that staff treated people with dignity, respect and kindness during all interactions.
- We observed staff sat with patients in their home and gave appropriate and timely support so they could cope emotionally with their care and treatment. Staff ensured that patients maintained their independence if possible and encouraged them to manage their own health, care and wellbeing.
- Patients told us they were offered options to support them at home, enabling them to make choices about their preferred place of care.
- Patients were involved and understood their care and spoke openly about their condition. Patients informed us they had received good information from the nursing and special palliative care teams about their condition and its management.

## Is the service responsive?

Good   

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

- The trust planned and provided services in a way that met individual needs. Records showed staff discussed the preferred place of care with patients. We observed staff made provisions to ensure patients could be cared for at home if they wished.
- Staff told us of examples where they had planned and delivered services to take account of patient's complex needs.
- We observed handovers which discussed and triaged patients according to need. District nurses prioritised end of life care patients within their caseloads. Patients had a link worker which ensured continuity of care.

# Community end of life care

- People could access the service when they needed it. End of life care services had reviewed the time taken to see routine and urgent referrals with positive outcomes. Patients and families were given 24 hours a day contact numbers so they could request help and advice quickly.
- Complaints were managed appropriately. The number of complaints in end of life care services were low.

## Is the service well-led?

**Good** ● ↑

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

- In our last inspection in 2016, we found unclear lines of reporting and accountability for end of life care. In this inspection managers across the service provided direction and a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- In our last inspection, we found the trust had no vision or strategy in place for end of life services and had no end of life care steering group. At this inspection the trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. We observed good relationships within teams. Staff said they felt supported and commented on positive change in leadership.
- The service had developed an end of life care implementation plan which showed progress against each action identified through its scoping exercise. We found that out of twenty actions the majority were complete with a few areas still progressing.
- The service used an electronic system which was linked to GP practices. This provided a co-ordinator approach to care for end of life patients. Information could be scanned so that GPs were aware of the treatment pathway.

However

- Whilst we saw numerous cards and thank you letters there was no formal feedback recorded by the service. The rationale for this was that loved ones would find it difficult and challenging to receive patient surveys at the time of a patient's death.

# Community dental services

Good  

## Key facts and figures

The Community Dental Service is commissioned by NHS England to provide specific and specialised dental services across both Cheshire and Merseyside and Greater Manchester in the following areas:

- Special Care Dentistry
- Paediatric Exodontia
- Minor Oral Surgery

It operates across 18 clinic sites within eight boroughs. Equally to deliver the service it works in partnership with seven hospitals to deliver treatment under general anaesthetic.

It also works in partnership with Bridgewater's Health and Justice service and a Manchester mental health trust to provide dentistry in five prisons and one secure unit. It provides epidemiology services in a number of boroughs in Merseyside and Greater Manchester as well as Oral Health Promotion for Stockport and Trafford.

We received feedback from 12 patients and spoke with 14 members of staff. We looked at dental care records for 10 people.

Our inspection between 4 and 6 September 2018 was short-announced, which means that staff knew we were coming a few days beforehand.

## Summary of this service

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

- Staff had the qualifications, skills and experience to keep patients safe. They had access to training to support their roles.
- Premises and equipment were well maintained and there were systems in place to deal with patients becoming acutely unwell.
- Incidents were reported, acted on and learning was shared across the directorate. Infection control procedures were in line with nationally recognised guidance.
- Staff were aware about issues relating to safeguarding and there were systems in place to refer children and vulnerable adults.
- Staff provided care and treatment based on nationally recognised guidance. There was an effective skill mix at the service to assist with the ever-increasing complexity of patient.
- Staff worked together as a team and with other healthcare professionals in the best interest of patients. Staff understood their responsibilities under the Mental Capacity Act 2005 and with regards to Gillick competence.
- Staff cared for patients with compassion. We observed staff treating patients with dignity and respect. Feedback from patients was positive. They told us staff were friendly, compassionate and professional.
- The service took into account patients' individual needs. Clinics had been adapted to ensure they were accessible for all patients. The appointment system met patients' needs.

# Community dental services

- The service dealt with complaints positively and efficiently. The service was reaching out to vulnerable groups.
- There was a clearly defined management structure. Managers had the right skills and abilities to provide high quality sustainable care. There were systems and processes in place for identifying risks and planning to reduce them. Staff engaged with patients and other healthcare professionals in order to continually improve the service.

However:

- At some locations we visited clinical waste was not stored securely.
- There was a lack of clinical leadership in the Greater Manchester area. The service was in the process of appointing a new clinical director to ensure equal clinical leadership across the whole footprint of the directorate.

## Is the service safe?

Good  

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

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Effective systems were in place to assess and respond to patient risk. Patients' medical histories were taken before any treatment was carried out. Staff provided patients and carers with adequate pre- and post-operative information.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- The service prescribed, gave, recorded and stored medicines well. Prescription pads were stored securely, and gasses and medicines used in the provision of sedation were stored appropriately.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory training included immediate life support for those providing intravenous sedation, paediatric immediate life support for those providing inhalation sedation, information governance, infection prevention and control and fire safety.

However:

- Clinical waste was not always stored securely. We noted at Ashton Primary Care Centre and Seymour Grove that clinical waste bins were not locked and were in areas which were accessible to the public.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. The dentists followed national guidelines to ensure patients received the most appropriate care.



# Community dental services

- The service monitored the effectiveness of care and treatment and used the findings to improve them. Audits of x-rays, dental care records and conscious sedation. Results of audits were shared with teams during meetings and through the trusts intranet.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Multidisciplinary team meetings were held for patients with complex needs and as part of best interest decision making.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients was positive. They told us staff were friendly, compassionate and professional. We observed staff treating patients with dignity and respect.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and their families were appropriately involved in and central to making decisions about care options and the support needed.
- Staff provided emotional support to patients to minimise their distress. We were provided with examples of when staff provided emotional support to patients to help them relax and overcome anxieties. This included making adjustments and speaking to patients in an age appropriate manner.

## Is the service responsive?

Good ● → ←

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

- The trust planned and provided services in a way that met the needs of local people. Reasonable adjustments had been made to enable patients with various disabilities to access treatment.
- People could access the service when they needed it. Waiting times from treatment were generally good. Arrangements to admit, treat and discharge patients were in line with good practice.
- The service took account of patients' individual needs. The service was configured to reflect the needs of vulnerable people. Domiciliary visits were available for patients who could not access the clinics. The service was developing links with services who helped vulnerable groups.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

# Community dental services

## Is the service well-led?

**Good** ● ↑

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

- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were passionate about their work and were proud to work for the service.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. A comprehensive risk register was maintained, reviewed and shared with staff on a regular basis.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

However:

- There was a lack of clinical leadership in the Greater Manchester area. A new clinical director was due to be appointed to ensure clinical leadership was visible equally over the whole footprint of the directorate.

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 9 HSCA (RA) Regulations 2014 Person-centred care

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

The inspection was led by Nicholas Smith, Head of Hospital Inspection. An executive reviewer, Anne-Maria Newham, Director of Nursing, Allied Health Professionals and Quality supported our inspection of well-led for the trust overall.

The team included ten [further] inspectors and 12 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.