

# The Pennine Acute Hospitals NHS Trust

## Inspection report

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

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

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


## Ratings

**Overall trust quality rating** Good 

Are services safe?	<b>Requires improvement</b> 
Are services effective?	<b>Good</b> 
Are services caring?	<b>Good</b> 
Are services responsive?	<b>Requires improvement</b> 
Are services well-led?	<b>Good</b> 
Are resources used productively?	<b>Requires improvement</b> 

# Summary of findings

## Combined quality and resource rating

Good 

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

## Background to the trust

The Pennine Acute Hospitals NHS Trust serves the communities of North Manchester, Bury, Rochdale and Oldham, along with the surrounding towns and villages. The area is in the Northeast sector of Greater Manchester and has a population of over 800,000.

The trust provides a range of elective, emergency, district general services, some specialist services and operates from four sites: North Manchester General Hospital, The Royal Oldham Hospital, Fairfield General Hospital and Rochdale Infirmary.

The trust provides services in the following specialties: urgent and emergency care, medicine, surgery, women and children, diagnostics, specialist services and community services. The major services are on two sites at North Manchester General Hospital and The Royal Oldham Hospital, each serving a population of approximately 400,000. The trust's main commissioners are NHS Bury, NHS Heywood, Middleton and Rochdale, NHS Oldham and NHS Manchester.

During 2016 /2017 Pennine worked under the leadership of Salford Royal NHS Foundation Trust. This arrangement was made formal from the 1 April 2017, when the Northern Care Alliance NHS Group (NCA) was launched bringing together over 17,000 staff and over 2000 beds. Whilst Pennine and Salford remain statutory bodies the respective trust boards have delegated the exercise of their functions to a Group Committees in Common managing both trusts.

Four Care Organisations have been established in the Alliance: Oldham, Bury & Rochdale and North Manchester alongside Salford. The care organisations are responsible for the day to day running of each hospital.

At the last inspection in November 2017 the trust was rated overall as 'requires improvement'. This showed improvement from the 2016 inspection which rated the trust as 'inadequate'.

## Overall summary

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

## What this trust does

The trust runs services at North Manchester General Hospital, The Royal Oldham Hospital, Fairfield General Hospital and Rochdale Infirmary.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

# Summary of findings

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

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

## What we inspected and why

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

Between 3 and 26 September 2019, we inspected services at North Manchester General Hospital, The Royal Oldham Hospital, Rochdale Infirmary and Fairfield General Hospital as part of our inspection

At North Manchester General Hospital, we inspected medical services and surgery, because these services were rated as requires improvement at the last inspection. We also inspected urgent and emergency care services which was rated as requires improvement in the responsive domain. Services for children and young people were rated requires improvement at the last inspection, however we did not inspect these services during this inspection therefore the ratings for this service remained the same. Maternity services were rated good at the last inspection. The safe domain was rated requires improvement. These services were not inspected during this inspection therefore the ratings across the five domains for maternity services remained the same. End of life care was inspected because this service was last inspected in 2016.

At the Royal Oldham Hospital, we inspected critical care services, medical services and surgery which were rated as requires improvement at the last inspection. End of life care services were inspected because the service was rated as requires improvement in 2016. We also inspected urgent and emergency services, which were rated as requires improvement in the responsive domain. Services for children and young people were rated requires improvement at the last inspection, however we did not inspect these services during this inspection therefore the ratings for this service remained the same. Maternity services were rated good at the last inspection. The safe domain was rated requires improvement. These services were not inspected this time, therefore the ratings across the 5 domains for maternity services remained the same.

At Fairfield General Hospital we inspected critical care and end of life care; these services were rated as requires improvement at the 2016 inspection.

At Rochdale Infirmary we inspected urgent and emergency services because these were rated as requires improvement in 2016. We also inspected medicine and surgery because these services had not been inspected since 2016.

In community services we inspected community inpatient services which had not been inspected since 2016.

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

Overall the services we inspected have improved.

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

# Summary of findings

We rated effective, caring and well-led as good, and safe and responsive as requires improvement. We rated 15 trust services, three as outstanding, 11 as good and one as requires improvement. In rating the trust, we took into account the current ratings of the 15 services not inspected this time.

There was clear evidence, that improvements had been made against the key lines of enquiry in each of the five key questions. There were quality improvement systems in place, such as the nursing assessment and accreditation system that were maturing throughout the trust and had a positive impact on the delivery of care to patients. Our judgement has reflected these findings in the overall ratings.

We found a number of examples of outstanding practice during the inspection. For more information, see the outstanding practice section in this report.

## Are services safe?

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

- Not all staff had completed safeguarding training.
- In medicine at North Manchester General Hospital some equipment had not been serviced in line with trust targets.
- Staffing in critical care at Fairfield Hospital did not meet national standards. There were gaps in medical cover for theatre lists at Rochdale Infirmary.
- Medicines were not always stored in line with guidelines.
- There was variability in record keeping regarding the assessment of capacity, best interests and do not attempt cardio-pulmonary resuscitation.

However

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The trust controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Most records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The trust managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The trust used systems and processes to safely prescribe, administer and record medicines.

## Are services effective?

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

# Summary of findings

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers provided support and development to staff.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

However

- Staff did not always know how to support patients who lacked capacity to make their own decisions.
- Appraisal rates did not always meet trust targets particularly for nursing and allied health professional staff.

## Are services caring?

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. There were examples of excellent caring interactions in end of life care services.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Are services responsive?

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

- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.

However

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

# Summary of findings

## Are services well-led?

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

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

However

- Some staff were not aware of the Freedom to Speak up arrangements in the trust.
- Staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements because the IT systems did not always provide reliable data.

## Use of resources

We rated the use of resources as requires improvement:

We award the Use of Resources rating based on an assessment carried out by NHS Improvement.

## Combined quality and resources

We have not previously undertaken a use of resources inspection. We rated the combined quality and resources as good because:

Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services and the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

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# Summary of findings

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice during the inspection. For more information, see the outstanding practice section in this report.

## Areas for improvement

We found areas for improvement including breaches of legal requirements that the trust must put right. We also 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 the quality of services.

## Action we have taken

We issued requirement notice/s to the trust. Our action related to breaches of three legal requirements in three core services.

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

## What happens next

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

## Outstanding practice

We found examples of outstanding practice in:

### Trust Wide

- The trust promoted the 'kindness collaborative'. This was a campaign to encourage staff to support and be kind to each other and was promoted through social media as well as on wards and on posters. The campaign had its own hash tag, #bekindtoeachother.
- The service employed specialist staff including a care home trusted assessor whose role was to carry out the assessments to facilitate the smooth and timely discharge for patients being discharged to a nursing home, in addition a quality improvement representative supported the staff by identifying patients with potential discharge problems.

### End of Life care

- The trust end of life care team had implemented the Swan model which included the provision of extensive training open to all staff around all aspects of end of life care provision. The Swan symbol was used to indicate a patient who was at the end of their life or recently bereaved relative and this was firmly embedded across all trust hospitals we visited. The model had been implemented in several hospitals nationally.

# Summary of findings

- The trust was involved in a pilot which involved a bereavement nurse being placed within the local coroner's office. This meant that bereavement support was accessible even when the patient had died outside of hospital.
- Staff working throughout the service considered people's emotional wellbeing to be as important as their physical health. Staff consistently considered the impact of the care they provided on people's emotional wellbeing. The Swan resource room provided staff with everything they needed to offer relatives a keepsake of their loved one such as hand or footprints, teddy bears, memory boxes or lip kisses.
- Managers and staff continually engaged with religious communities to tailor services to meet their needs. Staff had worked together to carry out people's religious and spiritual wishes after they had died.
- The assistant director of nursing had led work to develop a training programme in relation to duty of candour which is the statutory legal requirement for staff to be open and honest when things go wrong.

## **North Manchester General Hospital**

### **Urgent and Emergency Care**

- A 'teen bay' had been developed by students from a local school in the paediatrics area. The students had completed artwork in the bay. The bay had information leaflets and posters available for young people, attending with potential safeguarding issues, to look at. Staff had also developed a pledge with students as to what children attending could expect from the department.

## **Royal Oldham Hospital**

### **Urgent and Emergency Care**

- The department had dedicated play specialists and asthma and respiratory nurses working in the paediatric department
- The department had a sensory cubicle in the paediatric area which was used for children suffering from stress or anxiety, children with additional needs and also for children experiencing an acute mental health episode.
- The service had an established paediatric unscheduled care group which included representation of clinical staff from the urgent and emergency department and the paediatrics department. The group aimed to develop and improve standards of care and pathways between services. It had overseen the establishment of additional trainee advanced practice roles in the department, recruitment of clinical nurse specialists and development of clinical pathways. The service reported that these developments had helped to support improvements in paediatric performance, and the responsiveness of the paediatric team to reviews in the department.
- The hospital had worked with locality partners to develop demand reduction strategies, including the development of a primary care facing Urgent Treatment Service in the hospital and multidisciplinary team review of frequently attending patients to the emergency department. Initial work on targeting services in a more coordinated way had reduced frequent attendances by 33% from an average 54 per week to an average 33 per week.

## **Medicine**

- The pop up pharmacy in the discharge lounge had significantly improved discharge times for patients.
- The use of voluntary sector agencies to support patient discharge including taking patients home where appropriate, delivery of equipment and the follow up of patients once they had returned home by phone.
- Ward clerk cover on the acute medical unit 24 hours a day, seven days a week.



# Summary of findings

- A band 7 practice educator role was established on the haematology unit to support the delivery of chemotherapy competency training in association with the chemotherapy team, for newly recruited staff. The role had supported several staff to complete chemotherapy training.
- A clothes bank was available on ward G1 for the use of patients in all wards across this hospital. This meant that patients, who had been admitted in their night clothes were able to get dressed. The clothes were donated from a charity and supported patients' privacy and dignity. The therapists liked the patients to be dressed when they were taking them for their assessments.

## **Surgery**

- Staff in theatres had completed Practical Obstetric Multi-Professional Training (PROMPT) for emergency maternity situations.

## **Critical Care**

- Practice educators on the unit were developing a "Ten at Two" training programme to deliver a ten minute teaching break at 2pm each day.
- The service had a rolling programme of "fit testing" staff for face masks and had a medical trainer to carry out this testing. This minimised the risk of staff being exposed to difficult to treat airborne infections.

## **Rochdale Infirmary**

### **Medicine**

- The Oasis Unit provided patients with a safe 'dementia friendly' environment in a suitable purpose built unit. The unit had its own lounge, kitchen and dining area to meet the needs of patients, relatives and carers. Dementia-friendly contrast colour schemes were used throughout and the signage was clear for patients and visitors.
- The staff on CAU wore badges to highlight their role in the event of a cardiac arrest. This enabled all staff to be clearly aware of the role they were required to carry out in the event of an emergency.
- The Home in a Day (HIAD) and discharge to assess team assisted from a therapy and discharge perspective working collaboratively with the multidisciplinary team. The team were based on CAU and consisted of occupational therapists, physiotherapists and a social care officer. The therapists were trusted assessors for social care and were able to organise for care packages on discharge from hospital without a further assessment from another team. The team's vehicle allowed patients to be transported home with their anticipated equipment. The therapist accompanying the patient completed an environmental/functional assessment with the patient following discharge.

### **Community inpatient services for Adults**

- Services supported 17-19 year old students from a local school throughout the year with pre-internships and internships. The students were trained and supported to do jobs ready for employment. This included providing social activities for patients, kitchen duties and administration. Students had become volunteers in the service.

## 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

# Summary of findings

## Trust Wide

- The trust must ensure it improves staff understanding of the processes for assessing and recording of mental capacity, appropriately completing Deprivation of Liberty Safeguards and recording of Do Not Attempt Cardio Pulmonary Resuscitation. (Regulation 11 (2) Need for Consent) (Regulation 17 (2) (c) Good Governance).
- The trust must review its systems and processes to monitor and improve the waiting times for surgery. (Regulation 17(1)(2)(a)(c))

## Action the trust should take to improve

### Trust wide

- The trust should continue to ensure that improvements are made to its IT infrastructure and reduce the risk in cyber vulnerability, system failure and downtime and the associated disruption to clinical services and risk to patient safety.

## North Manchester General Hospital

### Urgent and Emergency Care

- The trust should ensure it improves staff compliance in mandatory training and safeguarding training.
- The trust should ensure it continues to improve waiting and treatment times and arrangements to triage patients in line with national expectations.
- The trust should ensure it continues work to meet its clinical quality standards such as the Royal College of Emergency Medicine audits and continue to analyse and reduce the number of unplanned patient reattendances within seven days and the number of patients that left the department without being seen.
- The trust should consider taking actions to improve complaint response times.

### Medicine

- The trust should ensure that all equipment available for use in the clinical areas are within the serviceable dates for use.
- The trust should ensure that all documentation is completed fully, especially mental capacity act assessment and DNACPR forms.
- The trust should continue to monitor the venous thromboembolism forms to ensure patient safety until the online forms are used consistently and fully.
- The trust should ensure that all medications for use in the clinical areas are within the agreed expiry date for safe use.
- The trust should ensure that the safety information boards in each of the clinical areas are all fully completed.
- The trust should ensure that medical staff receive their mandatory training and safeguarding training to at least the trust target.
- The trust should ensure that patient outcomes for chronic obstructive airways disease are improved and the service should have an action plan to support this.

### Surgery

- The trust should ensure it improves staff compliance of mandatory training targets including adult's level three safeguarding training.
- The trust should ensure medicine fridge and room temperatures in the surgical assessment unit are in line with guidelines.

# Summary of findings

- The trust should continue to improve appraisal rates.
- The trust should consider the development of a policy to manage post-operative nausea.
- The trust should ensure it continues to improve the risk of readmission for elective surgery.
- The trust should ensure it continues to improve their referral to treatment times for admitted pathways.
- The trust should continue to improve the time taken to respond to complaints.

## **Royal Oldham Hospital**

### **Urgent and Emergency Care**

- The trust should ensure that all members of the team have undertaken the required level of safeguarding training.
- The trust should ensure that medical consultant's hours are in line with the 16 hours national expectation.
- The trust should ensure that it continues to work towards increasing medical staffing numbers in line with recommendations for consultant to patient ratios.
- The trust should ensure effective expiry date medicine management and that fridge temperatures are in line with legislative standards.
- The trust should ensure it continues work to meet its clinical quality standards such as the Royal College of Emergency Medicine audits and continue to analyse and reduce the number of unplanned reattendances within seven days.

### **Medicine**

- The trust should ensure that all records for DNACPR decisions and Mental Capacity Act decisions are completed.
- The trust should ensure that venous thromboembolism risk assessments and re- assessments should be completed in the electronic record and audited for compliance.
- The trust should ensure that ambient room temperatures for storage of medicines should be consistently measured and recorded.
- The trust should ensure that all staff complete mandatory training.

### **Surgery**

- The trust should ensure it continues to improve compliance with paediatric life support training.
- The trust should ensure there is a formal on call system if a second emergency theatre team is required and plans to recruit a second team are followed through.
- The service should ensure it continues to address shortages of staff in theatre to minimise the number of cancelled operations.
- The service should ensure it improves theatre utilisation rates and reduces the number of cancelled operations for non-clinical reasons.
- The trust should ensure it acts to address poor performance in national audits, specifically the National Hip Fracture and National Oesophago-gastric Cancer audits.
- The trust should ensure all medical staff receive an annual appraisal.
- The trust should ensure all staff follow Deprivation of Liberty Safeguards legislation so that no patients are deprived of their liberty without lawful authority.

# Summary of findings

- The trust should ensure it continues to improve referral to treatment waiting times in general surgery.
- The trust should ensure the system to track and monitor compliance with Deprivation of Liberty Safeguards and the Mental Health Act is understood by staff.

## Critical care

- The trust should ensure that all medicines are stored safely and are within the expiry date.
- The trust should ensure it continues to work towards offering follow-up support and patient diaries to patients.
- The trust should ensure it continues to build on the improved allied health professional staffing figures to become fully compliant with Guidelines for the Provision of Intensive Care Services (GPICS) Core Standards.

## Fairfield General Hospital

### Critical Care

- The trust should ensure that discharge processes are person-centred.
- The trust should ensure it continues with the business plan to recruit more pharmacy and allied health professional staff to meet best practice guidance.
- The trust should ensure review of consultant weekend cover arrangements, implementation of twice daily ward rounds and block shifts to meet best practice guidance.
- The service should continue to ensure that all nurses are trained in immediate life support.
- The trust should consider developing a vision and strategy for critical care services.
- The trust should consider a follow-up service for patients.
- The trust should consider the introduction of a critical care outreach service to patients at Fairfield General Hospital.

## Rochdale Infirmary

### Surgery

- The trust should ensure all fridge temperatures are checked and recorded to ensure medicines are stored correctly.
- The trust should ensure all staff working with children are trained to level three safeguarding.
- The trust should ensure staff have access to flowcharts and sepsis trollies for the management of sepsis patients.
- The trust should ensure records containing patient sensitive information are not left on open shelves in view of people passing through the corridor, including other patients.
- The trust should ensure they review the trauma pathway so that all information relating to the patient is conveyed to staff on the day surgery ward, so that they can assess the patient's suitability for admission.
- The trust should ensure all staff recognise and report incidents.
- The trust should ensure all staff who provide cross cover at another site complete a local induction, so that they are familiar with the equipment and area.
- The trust should ensure staff caring for children are familiar with Gillick competence and understand the importance of it.
- The trust should ensure staff complete patient passports to support patients with additional needs if they were to return to hospital.

# Summary of findings

- The trust should ensure they have provisions in place to support those unable to communicate using suitable assessment tools.
- The trust should ensure staff have information about equality and diversity networks and groups.
- The trust should consider provisions for children for example access to a child friendly area and play specialist to provide distraction and coping skills for children waiting for surgery.

## Medicine

- The trust should ensure there is a plan for the dates scheduled for staff to be trained in their new competencies in the endoscopy unit.

## Community inpatient services for Adults

- The trust should ensure staff appraisal rates meet trust targets and ensure that rates are monitored through performance reports.
- The trust should consider a re-audit of resuscitation trolleys so that audits reach full compliance.

## Is this organisation well-led?

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

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

- Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.
- There was a culture of collective responsibility between teams and services. There were positive relationships between staff and teams. Staff were focused on the needs of patients receiving care. The trust promoted equality and diversity in daily work. The trust had designed a new integrated approach to embed the equality and diversity model into the Group, Care Organisation and Operational Services.
- Governance frameworks had improved. These operated effectively throughout the trust and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The organisation had the processes to manage current and future performance. There was an effective and comprehensive process to identify, understand, monitor and address current and future risks. Performance issues are escalated to the appropriate committees and the board through clear structures and processes.

# Summary of findings

- Leaders actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The trust was committed to continually learning and improving services. Quality improvement methods and the skills to use them were developing across the organisation. Leaders encouraged innovation and participation in research.

However

- The trust collected data and analysed it, however the data was not always reliable because of the IT infrastructure. The trust was aware of the challenges in its IT infrastructure and had completed a review of its systems. This helped establish the scale of the risk, in cyber vulnerability, system failure and downtime and the associated disruption to clinical services and risk to patient safety.

## 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 ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020

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

## Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
North Manchester General Hospital	Requires improvement ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020
The Royal Oldham Hospital	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020
Fairfield General Hospital	Good ↑ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2020	Outstanding ↑ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2020
Rochdale Infirmary	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
<b>Overall trust</b>	Requires improvement ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020

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

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2018	Good ↔ Jan 2020	Good ↑ Jan 2020
Community	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
<b>Overall trust</b>	Requires improvement ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020

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



## Ratings for North Manchester General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Medical care (including older people's care)	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020
Surgery	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Requires improvement ↓ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Critical care	Good Aug 2016	Good Aug 2016	Good Aug 2016	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016
Maternity	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Services for children and young people	Requires improvement Feb 2018	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Requires improvement Feb 2018
End of life care	Good ↔ Jan 2020	Good ↑ Jan 2020	Outstanding ↑ Jan 2020	Outstanding ↑ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2020
Outpatients	Good Aug 2016	Not rated	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
<b>Overall*</b>	Requires improvement ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020

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

## Ratings for The Royal Oldham Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Medical care (including older people's care)	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020
Surgery	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Requires improvement ↓ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020
Critical care	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020
Maternity	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Services for children and young people	Requires improvement Feb 2018	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
End of life care	Good ↔ Jan 2020	Good ↑ Jan 2020	Outstanding ↑ Jan 2020	Outstanding ↑ Jan 2020	Good ↑ Jan 2020	Outstanding ↑↑ Jan 2020
Outpatients	Requires improvement Aug 2016	Not rated	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
<b>Overall*</b>	Requires improvement ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020

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

## Ratings for Fairfield General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Medical care (including older people's care)	Good Feb 2018	Good Feb 2018	Outstanding Feb 2018	Outstanding Feb 2018	Good Feb 2018	Outstanding Feb 2018
Surgery	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Critical care	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↔ Jan 2020
End of life care	Good ↑ Jan 2020	Good ↑ Jan 2020	Outstanding ↑ Jan 2020	Outstanding ↑ Jan 2020	Good ↑ Jan 2020	Outstanding ↑↑ Jan 2020
Outpatients	Good Aug 2016	Not rated	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
<b>Overall*</b>	Good ↑ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2020	Outstanding ↑ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2020

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

## Ratings for Rochdale Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020
Medical care (including older people's care)	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Surgery	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↓ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Outpatients	Good Aug 2016	Not rated	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
<b>Overall*</b>	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Community health services for children and young people	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Community health inpatient services	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020
Community end of life care	Good Aug 2016	Good Aug 2016	Outstanding Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
<b>Overall*</b>	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020

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

# Acute health services

## Background to acute health services

The Pennine Acute Hospitals NHS Trust provides a range of elective, emergency, district general services, some specialist services and operates from four sites: North Manchester General Hospital, The Royal Oldham Hospital, Fairfield General Hospital and Rochdale Infirmary.

The trust provides services in the following specialties: urgent and emergency care, medicine, surgery, women and children, diagnostics, specialist services and community services. The major services are on two sites at North Manchester General Hospital and The Royal Oldham Hospital, each serving a population of approximately 400,000.

## Summary of acute services

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

- Taking into account the ratings from this inspection and previous inspections, services were requires improvement for two of our five key questions (safe and responsive) and good for the other three (caring, effective and well-led).

# Fairfield General Hospital

Rochdale Old Road  
Bury  
Lancashire  
BL9 7TD  
Tel: 01616240420  
www.pat.nhs.uk

## Key facts and figures

Fairfield General Hospital is situated in Bury and is one of the four acute hospitals that form part of Pennine Acute Hospital Trust, which looks after a population of approximately 820,000 people. There are approximately 236 inpatient beds on the site.

The hospital hosts an Accident and Emergency department.

Medical care services at the hospital provide care and treatment for a wide range of medical conditions, including general medicine, cardiology, respiratory and gastroenterology. The surgical services carry out a range of surgical procedures such as elective day case surgery including Gynaecology and ENT. Alongside Orthopaedic and ENT elective and non-elective surgery, the hospital is one of three primary stroke units in Greater Manchester.

The critical care unit is a closed, consultant-led unit with the ability to change between level three intensive care beds and level two high dependency beds as required. The critical care unit is located on Ward 10. The hospital also has four commissioned level two beds that are on Ward 2. The unit had 415 admissions between April 2018 to March 2019.

End of life care encompasses all care given to patients who are approaching the end of their life and following death. The end of life care service supports patients with life-limiting illnesses and is based on a multi-disciplinary model of care. Fairfield General Hospital provides a bereavement office and the service works alongside the mortuary services, helping to facilitate efficient death certification and HM Coroners cases. The trust had 2,558 deaths from February 2018 to January 2019.

We inspected critical care and end of life care services only during this visit.

## Summary of services at Fairfield General Hospital

**Outstanding**  

Our rating of services improved. We rated it them as outstanding.

A summary of our findings about this location appears in the overall summary of the provider report.

# Critical care

Requires improvement   

## Key facts and figures

Fairfield General Hospital has a flexible six to seven bedded critical care unit including a stabilisation bed. It is a closed unit with the ability to change between level three intensive care beds and level two high dependency beds as required. The unit has a dependency level of five. This meant the unit was able to flex its dependency levels dependant on case mix of level two and level three patients, for example the unit could occupy five beds all with level three patients or seven beds all with level two patients with the stabilisation bed available in either configuration. This was a consultant led service. The critical care unit was located on Ward 10. The hospital also had four commissioned level two beds that were on Ward 2. The unit had 415 admissions between April 2018 to March 2019.

## Summary of this service

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

- The service did not make sure medical staff completed mandatory training. The design of the unit did not meet national guidance. The service did not have enough allied health professionals with the right qualifications, skills, training and experience to provide the right care and treatment. The service did not manage patient safety incidents well. Staff frequently recognised and reported incidents and near misses.
- Doctors, nurses and other healthcare professionals worked together to benefit patients but there was limited participation in multidisciplinary working.
- Leaders did not always use systems to manage performance and risk.
- The service did not have a vision for what it wanted to achieve, and the governance arrangements were not robust. Processes were not in place to manage performance and risk. The service was not focused on the needs of the patient.

However:

- People could access the service when they needed it and received the right care promptly. Staff were caring and compassionate and relatives were involved in decision making processes.
- There were enough nursing staff to safely care for patients on the unit and mandatory training levels had been achieved. Safeguarding processes were in place and staff knew how to recognise and report abuse.

## Is the service safe?

Requires improvement   

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

- The service did not make sure medical staff completed mandatory training. Managers did not monitor mandatory training for medical staff and could not evidence that they alerted staff when they needed to update their training.
- There was not always a consultant led twice daily ward round.

# Critical care

- Consultant weekend cover was not in line with guidance, consultant cover was from 8am to 12noon. Then the unit was covered by on call. Service leads were not aware that consultant cover arrangements were different at the weekend.
- Consultant shifts were not in blocks due to staffing.
- The service did not have enough nursing staff with immediate life support training as required in the trust policy.
- The service did not have a critical care outreach team.
- The service did not have enough allied health professionals with the right qualifications, skills, training and experience to provide the right care and treatment.
- There were insufficient specialised critical care pharmacist hours to meet with best practice guidance. The pharmacy service was only provided during the week, with no plans for service expansion to cover weekends.

However:

- The service provided mandatory training in key skills to all staff and made sure nursing staff completed it.
- Staff understood how to protect patients. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified patients at risk of deterioration and quickly took action to escalate their care.
- The service had enough nursing to keep patients safe. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff to keep patients safe, this was through high use of locum doctors.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. However, not all staff were trained in using the incident reporting system
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

Good   

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



# Critical care

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure nursing staff were competent for their roles. Managers appraised nursing staff's work performance and held supervision meetings with them to provide support and development.
- The unit was open 24 hours a day, seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty appropriately.

However,

- Doctors, nurses and other healthcare professionals worked together to benefit patients but there was limited participation in multidisciplinary working.
- There was a multidisciplinary safety huddle in the morning when certain consultants were on shift, this was not established across all shifts with all consultants.

## Is the service caring?

Good ● → ←

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

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

## Is the service responsive?

Good ● ↑

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

# Critical care

- People could access the service when they needed it and received the right care promptly. The service admitted and treated patients in line with national standards.
- People were able to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However,

- The service did not have a follow-up clinic in place.

## Is the service well-led?

**Requires improvement** ● ↓

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

- The leadership for critical care was mostly new in post and still in the process of being embedded. They understood and managed some priorities and issues the service faced.
- Necessary improvements lacked pace. The service did not have a vision for what it wanted to achieve or a strategy to turn it into action.
- The service was not always focused on the needs of patients receiving care. Clinicians did not always work cohesively. Ward rounds were done independently and not as a multidisciplinary approach. There did not appear to be a visible consultant presence on the unit.
- The arrangements for governance and performance management were not fully clear and did not always operate effectively. Staff were not always clear about their roles, what they were accountable for, and to whom. There were no effective structures, processes or systems in place to monitor medical staff training or appraisals.
- Leaders and teams did not always use systems to manage performance and risk. They were able to identify and escalate some risks and issues.
- Managers could not evidence medical staff appraisal data or provide assurance that they had held supervision meetings with them to provide support.
- The service did not have an action plan in place based on the Intensive Care National Audit and Research Centre (ICNARC) data to improve services.
- The service held monthly mortality and morbidity meetings, but these were sometimes cancelled due to staffing capacity.

However:

- Staff felt respected, supported and valued. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

# Critical care

- All staff were committed to continually learning. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section in our provider report.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section in our provider report.

# End of life care

Outstanding   

## Key facts and figures

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

The end of life care team covers all the acute care services within the trust. The service aims to improve end of life care practices across the trust and implement standards that have measurable outcomes, to give the best quality of care and compassion to each patient at end of life.

The specialist palliative care service sits across all three care organisations. The service supports patients with life-limiting illnesses and is based on a multi-disciplinary model of care.

Advice, guidance, education and treatment is provided by these teams to support patients with complex pain and symptom needs, including complex social and psychological needs. The trust also works in partnership with the Macmillan service based at Fairfield General Hospital.

Fairfield General Hospital provides a bereavement office which is an office based service providing practical help, advice and support for death registration. The service works alongside the mortuary services, helping to facilitate efficient death certification and HM Coroners cases.

There is a chaplaincy service which aims to help facilitate the spiritual care of patients and their visitors, and to meet any religious needs. The chaplaincy service consists of chaplains from various faiths and helps with the spiritual care of patients and visitors. A chaplain is available 24 hours-a-day, seven-days a week.

The trust had 2,558 deaths from February 2018 to January 2019.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. The inspection took place over three days and during this time we spoke to 24 staff members, inclusive of senior leaders, managers, medics, nurses and chaplaincy staff. We also reviewed patient feedback in the form of thank you cards and messages, as there were no relatives or carers available to speak to us at the time of inspection. We reviewed a total of 13 patient records and observed daily activity and clinical practice within the service. We also reviewed data relevant to the department that we received before and after the inspection which was provided by the trust.

## Summary of this service

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

- Patients and families were truly respected and valued as individuals and empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service. Staff consistently went the extra mile to ensure that patients received individualised care that took account of their needs and preferences in the last days and hours of their lives and that their relatives were supported practically and emotionally.
- Services were tailored to meet the needs of individual people and delivered in a way to ensure flexibility and choice. Staff actively engaged with local patient groups and communities to tailor services to meet their needs. Decisions which affected the service were made with patients and their families at the centre.

# End of life care

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills and understood how to protect patients from abuse. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Services were delivered flexibly and were accessible to people when they needed it. There was a bereavement nurse working within the local coroner's office to provide bereavement advice and support to people who would otherwise have to actively seek this out themselves.
- Managers and staff continually engaged with religious communities to tailor services to meet their needs. Staff had worked together to carry out people's religious and spiritual wishes after they had died such as preserving the integrity of the body and facilitating vigils or religious ceremonies.
- Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However

- The service did not have its own palliative care consultant, although staff had access to specialist palliative care advice and support 24 hours a day, seven days a week.
- We did find one policy that was out of date, although this had been reviewed and was awaiting final sign off.
- Not all IT services allowed easy access to data.

## 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, most staff had 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.
- Staff used infection control measures when visiting patients on wards and transporting patients after death.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

# End of life care

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

However:-

- The service did not have its own palliative care consultant, although staff had access to specialist palliative care advice and support 24 hours a day, seven days a week.

## Is the service effective?

**Good** ● ↑

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

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

# End of life care

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

However:

- We did find one policy that was out of date, although this had been reviewed and was awaiting final sign off.

## Is the service caring?

**Outstanding**  

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

- Patients and their families were at the centre of everything the staff and service did.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Staff always treated patients and relatives with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Relationships between people who used the service, those close to them and staff was strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- Feedback from people who used the service and those who were close to them was continually positive about the way staff treated them.
- Staff were able to provide numerous examples of where they had gone the extra mile to ensure patient's needs were met in the last days and hours of their lives. This was part of the day to day provision of end of life care such that outstanding care had become the expected standard.
- Patients and their loved ones always received a high level of emotional support to minimise their distress.
- Staff recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account, and found innovative ways to meet them.
- People's emotional and social needs were seen as being as important as their physical needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- We saw evidence that the compassionate and person-centred culture was embedded across all of the wards and departments we visited within the hospital.

## Is the service responsive?

**Outstanding**  

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

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

# End of life care

- Facilities and premises were innovative and designed to meet the needs of a range of people who used the service. The Swan suite had been developed as a space away from the main hospital where relatives could attend to receive bereavement support.
- The Swan symbol was used to identify patients who were at the end of their life and this was extended to indicate bereaved relatives through the use of the symbol on patient belongings bags.
- The visitor areas of the mortuary had been designed with input from different faith groups to ensure that these were suitable for people of different faiths. There was a private courtyard at the mortuary for visitors to use.
- Services were tailored to meet the needs of individual people and were delivered in a way that ensured flexibility, choice and continuity of care.
- Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice. There were processes in place to ensure a rapid discharge when needed and this was demonstrated when, during our inspection, a patient had been discharged within six hours of admission to their preferred place to die.
- The service was taking part in a pilot which placed a bereavement nurse in the local coroner's office so that bereaved relatives could access support even when their loved one had died outside of hospital.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

Good  

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected data and analysed it. Staff could find the data they needed to understand performance, make decisions and improvements.



# End of life care

- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Not all the IT systems allowed easy access to data.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section in our provider report.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section in our provider report.

# The Royal Oldham Hospital

Rochdale Road  
Oldham  
Greater Manchester  
OL1 2JH  
Tel: 01616240420  
[www.pat.nhs.uk](http://www.pat.nhs.uk)

## Key facts and figures

The Royal Oldham Hospital serves a population of approximately 230,000 people. There are approximately 445 inpatient beds on the site.

The emergency department at The Royal Oldham Hospital provides emergency care and treatment to both adults and children 24 hours a day seven days a week. The department is also the major trauma unit for the population of Oldham.

There are 34 cubicles within the department which include an ambulatory major treatment area, a major's area, a paediatric department and resuscitation space, with one cubicle dedicated to children and another one for trauma. There was also an urgent treatment service operating 24 hours a day as well as an eight bedded short stay emergency department ward. The departments saw 110,000 patients between April 2018 and March 2019. Of these, 28,000 were children.

Medical care services at the hospital provide care and treatment for a wide range of medical conditions, including general medicine, cardiology, respiratory and gastroenterology. The surgical services at The Royal Oldham Hospital carry out a range of surgical procedures such as trauma and orthopaedics, urology, colorectal surgery, vascular surgery and general surgery (such as gastro-intestinal surgery).

Royal Oldham Hospital provides level two and level three critical care to patients via 18 mixed level beds, located in two areas; Pod A (eight beds) and Pod B (10 beds). This is a closed unit with the ability to change between level two high dependency and level three intensive care beds as required.

Maternity and gynaecology services provided at The Royal Oldham Hospital included offering pregnant women and their families antenatal, delivery and postnatal care. The Royal Oldham Hospital is now one of three specialist regional neonatal centres providing the highest level of intensive care to the smallest and most vulnerable babies. The Neonatal Intensive Care Unit consists of 37 cots with 9 intensive care, 9 high dependency and 19 special care cots.

The specialist end of life care team covers all Pennine Acute care organisations. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, spiritual care, and bereavement support and mortuary services. The trust had 2,558 deaths from February 2018 to January 2019.

We inspected urgent and emergency care, medical care, surgery, critical care and end of life care services only during this visit.

# Summary of findings

## Summary of services at The Royal Oldham Hospital

**Requires improvement** ● → ←

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

A summary of our findings about this location appears in the overall summary of the provider report.

# Urgent and emergency services

Good   

## Key facts and figures

The emergency department at The Royal Oldham Hospital provides emergency care and treatment to both adults and children 24 hours a day seven days a week. The department is also the major trauma unit for the population of Oldham.

There are 34 cubicles within the department which include an ambulatory major treatment area, a major's area, a paediatric department and resuscitation space, with one cubicle dedicated to children and another one for trauma. There was also an urgent treatment service operating 24 hours a day as well as an eight bedded short stay emergency department ward.

The departments saw 110,000 patients between April 2018 and March 2019. Of these, 28000 were children.

We carried out an inspection of the department between the 3 and 5 of September 2019. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

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

During the inspection visit, the inspection team:

- Spoke with six patients who were using the service and two carers
- Spoke with the managers for the department
- Spoke with 13 other members of staff; including matrons, doctors and nurses
- Observed three board rounds, two bed meetings and one safety huddle
- Reviewed four patient records.

## Summary of this service

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

- The department had enough registered nursing staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The department controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. Safety incidents were well managed and lessons learned from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the department and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

# Urgent and emergency services

- The department planned care to meet the needs of local people, took account of patients' individual needs and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The department engaged well with patients and the community to plan and manage services and all staff were committed to continually improving services.

## Is the service safe?

Good   

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

- The department provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the department worked well with other agencies to do so.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The department controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The department had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The department had medical staff with skills, training and experience to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix by various methods and used different types of medical staff to support patient care. They also gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The department used systems and processes to safely prescribe, administer, record and store medicines.
- The department managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The department used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However,

- Not all medical staff met the required training level for safeguarding children level three however, there was 24-hour access to members of staff with level three training.

# Urgent and emergency services

- Three consumable items were found to be out of date and fridge temperatures were outside of the required range.

## Is the service effective?

Good ● → ←

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

- The department provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs. The department made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements.
- The department made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key departments were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However

- The department failed to meet the Royal College of Emergency Medicine national clinical standards however there was significant work underway including the management of the deteriorating patient and sepsis that was having a positive effect. The service's recent re-audit indicated improvement. The unplanned reattendance rate to the unit was higher than expected this had resulted in the trust acting to improve. This included mandatory senior review for set categories of patients, dedicated consultant rota time to review unplanned reattending patients and the introduction of an emergency department reattenders forum led by a consultant.

## Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

# Urgent and emergency services

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ● → ←

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

- People could not always access the service when they needed it and therefore did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.

However,

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

## Is the service well-led?

**Good** ● → ←

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

- Leaders had the skills and abilities to run the department. They understood and managed the priorities and issues the department faced including an active approach to address medical shortfalls. They were visible and approachable in the department for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The department had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The department provided opportunities for career development and had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the department and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the department.

# Urgent and emergency services

- Leaders and teams used systems to manage performance. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The department collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section in our provider report.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section in our provider report.



# Medical care (including older people's care)

Good  

## Key facts and figures

Royal Oldham Hospital provides medical care and covers a range of specialities which include cardiology, coronary care, respiratory, diabetes/endocrinology, general medicine and care of the older person. Additionally, there is a discharge ward and discharge lounge. There is an ambulatory care unit and an acute medical unit.

The service has about 95,000 admissions every year and 55% of these are emergency admissions.

We inspected the hospital on the 10 to 12 September 2019. We reviewed evidence before the inspection and we spoke with staff, patients and carers during the inspection. We met with senior managers and visited wards across the medical directorate of the hospital. We looked at hospital policies, standard operating procedures and patient records as part of the inspection.

During the inspection we spoke with six consultants, six ward managers, two healthcare assistants, eight nurses, two ward clerks, an advanced nurse practitioner, a pharmacist, a pharmacy technician, a student nurse and an occupational therapy manager. We met with the divisional clinical director, the divisional nursing director and the divisional managing director, we attended a patient flow meeting, a multidisciplinary team meeting in the acute medical unit and we met with the nurse managers from across the division.

We spoke with nine patients and three carers and we reviewed seven nursing care records and ten prescription records.

## Summary of this service

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Staff risk assessed patients, identified and quickly acted upon patients at risk of deterioration.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way and patients received enough food and drink to meet their needs and improve their health.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development and there was good multidisciplinary working. Staff gave patients practical support and advice to lead healthier lives.
- Staff respected patients' privacy and dignity and provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. People could access the service when they needed it and received the right care promptly and staff made reasonable adjustments to help patients access services.

# Medical care (including older people's care)

- Leaders had the skills and abilities to run the service. The service had a vision for what it wanted to achieve and a strategy to turn it into action. Staff felt respected, supported and valued. Leaders and teams used systems to manage performance effectively and leaders operated effective governance processes.

## Is the service safe?

Good ● ↑

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

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

However

- The service did not always use systems and processes to safely prescribe, administer, record and store medicines.
- Not all staff had completed mandatory training.

## Is the service effective?

Good ● ↑

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

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

# Medical care (including older people's care)

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

However

- Not all documentation for DNACPR decisions were fully completed.

## Is the service caring?

Good ● → ←

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

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

## Is the service responsive?

Good ● ↑

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

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

## Is the service well-led?

Good ● ↑

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

# Medical care (including older people's care)

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section in our provider report.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section in our provider report.

# Surgery

Good  

## Key facts and figures

Royal Oldham Hospital provides general surgery, orthopaedic trauma, vascular, and gastroenterology services. Oldham Care Organisation is the hosted service for colorectal & general surgery across the Pennine acute trust providing a full range of elective and emergency services. The Surgical Triage Unit (STU) has 26 beds and two assessment trollies and is in close proximity to the emergency department, critical care services and theatres.

Royal Oldham Hospital has nine wards, T2 (10 beds), T5 colorectal inpatient ward (25 beds), T6 elective surgical ward / hospital theatre admissions lounge (19 beds), T3 vascular inpatient surgery unit (28 beds), T4 surgical triage, emergency short stay and GP (26 beds), T7 trauma & orthopaedic unit (32 beds), G2 gastroenterology (25 beds).

The service had 20,525 surgical admissions between September 2018 and August 2019. Emergency admissions accounted for 10,715 (52.2%), 7,096 (34.6%) were day case, and the remaining 2,714 (13.2%) were elective and other.

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

We inspected surgery as part of an unannounced inspection between 10 September and 12 September 2019. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. At the last inspection we rated caring, responsive and well-led for the service as good and we rated safe and effective as requires improvement. We re-inspected all five key questions. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During our inspection we visited all surgical wards, theatres and the pre-operative assessment clinic.

We carried out focus groups with staff including nurses and managers. We spoke with 38 members of staff including senior managers, ward sisters and managers as well as registered nurses, student nurses, allied health professionals, doctors and health care assistants. We also spoke to six patients and five relatives.

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

## Summary of this service

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

- At our previous inspection in 2017 we rated the service as requires improvement, we rated safe and effective as requires improvement and responsive, caring and well-led as good. At this inspection we rated safe, effective, caring and well-led as good and responsive as requires improvement
- At the last inspection we told the service it must improve compliance with completion of the World Health Organisation surgical safety checklist and ensure theatre staff were trained in appropriate levels of resuscitation training. During this inspection we saw the service had made improvements in both these areas and though not all required staff had received paediatric life support training the service had acted to mitigate the risk and ensure all staff received training by December 2019.

# Surgery

- We also saw the service had improved staff reporting of incidents, the monitoring of surgical site infections and provision of patient information. The service had improved the maintenance of the environment and equipment in theatres. Managers had acted to ensure staff received training in sepsis and staffing levels were maintained in line with national guidelines.
- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. Cancer waiting times were improving across the service.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However,

- We found low levels of compliance with paediatric intermediate life support training for theatre staff. However, the service had a plan to address this and acted to ensure there was also one appropriately trained member of staff available in theatre when children were operated on.
- The service did not have a system to track and monitor staff compliance with deprivation of liberty safeguards legislation. We found at our last inspection that assessments of mental capacity were not always completed appropriately and at this inspection we found staff had not consistently assessed patients' capacity before applying for deprivation of liberty safeguards.
- Staffing issues in theatres led to cancelled operations and low theatre utilisation rates. Between April 2018 and March 2019, the service cancelled 91 operations where the patient was not treated within 28 days. Referral to treatment performance was consistently below the England average in some specialities.

## Is the service safe?

Good  

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

# Surgery

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The trust set a stretch target of 90% mandatory training completion and 88.7% of staff in surgical services had completed this at the time of our inspection.
- 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 received training on how to recognise abuse and 87.9% of staff had completed the required safeguarding training at the time of our inspection.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. At our last inspection we told the service they should monitor rates of surgical site infections. The service now had systems to review surgical site infections and antimicrobial stewardship.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. This was an improvement from our last inspection when we found the equipment and premises in theatres were not consistently maintained or fit for purpose.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Managers monitored when patient observations were due using an electronic display board near the nursing station. This meant they ensured staff carried out any due or overdue observations.
- The service generally had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors. The service monitored outcomes and standards on wards using a nationally recognised accreditation scheme.

However,

- In theatres only 45% of eligible staff had completed paediatric life support training. However, the service had acted to address low compliance and training was booked for all staff to have completed by the end of December 2019. The service ensured there was a member of staff who had completed the training available when children were operated on.
- At the time of our inspection the service did not have a formal on call system if a second emergency theatre team was required. Managers had acted to address this and the funding had been agreed for a second team.
- In theatres, staffing shortages led to staff moving sites or operations being cancelled.
- Though the service had access to a weekend pharmacy service, 24-hour medicines reconciliation rates were low.

# Surgery

## Is the service effective?

Good  

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

- The service provided care and treatment based on some national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and generally achieved good outcomes for patients.
- Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Since our last inspection the service had employed practice based educators who supported the learning and development needs of staff. Overall appraisal rates for the service were 77.9%.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives. Patients were given practical support to maximise their health before their operation through nursing and therapy staff led 'surgery school'.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to paper and electronic records systems that they could all update.

However,

- General surgery patients had a higher expected risk of emergency readmission for elective and non-elective admissions than the England average.
- The service performed worse than the national average for number of patients having surgery the day or day after admission in the national hip fracture database. This was the same as the previous inspection.
- The number of patients treated with curative intent in the Cancer Alliance as reported in the National Oesophago-Gastric Cancer Audit 2018 was significantly lower than the national average.
- Appraisals rates for medical staff were low, data supplied before the inspection showed 0.8% of medical staff had received an appraisal. On inspection, staff told us medical staff did receive appraisals but information provided by the trust following the inspection did not include rates for medical staff. This meant we were not assured all medical staff had received an appraisal.



# Surgery

- Staff did not consistently complete mental capacity assessments, we found one record where the patient was under a deprivation of liberty safeguard and there was no capacity assessment.

## Is the service caring?

**Good** ● → ←

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

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

## Is the service responsive?

**Requires improvement** ● ↓

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

- People could not always access the service when they needed it and did not consistently receive the right care promptly. Waiting times from referral to treatment for some specialities were not in line with national standards.
- From June 2018 to May 2019 the trust's referral to treatment time for admitted pathways for surgery was continuously below the England average. Five specialities were below the England average for referral to treatment times within 18 weeks.
- From April 2017 to March 2019, the percentage of cancelled operations was slightly higher than the England average. From January 2018 to March 2019, the percentage of patients whose operation was cancelled and were not treated within 28 days was worse than the England average. Between April 2018 and March 2019, the service cancelled 91 operations where the patient was not treated within 28 days.
- Theatre utilisation rates were low with an average use of 74.4% between September 2017 and March 2019.

However,

- The service worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Managers and staff worked to make sure patients did not stay longer than they needed to. The average length of stay for elective and non-elective surgery was similar to the England average. Cancer waiting times were improving across the service.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

# Surgery

## Is the service well-led?

Good   

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

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

However,

- Staff could not consistently access all required electronic information systems due to performance problems with the information technology infrastructure.
- The service did not have a system to track and monitor compliance with deprivation of liberty safeguards.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section in our provider report.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section in our provider report.

# Critical care

Good ● ↑

## Key facts and figures

Adult Critical Care (CCU) is provided at The Royal Oldham Hospital.

Royal Oldham Hospital provides level two and level three care to patients via 18 mixed level beds, located in two areas; Pod A (eight beds) and Pod B (10 beds). This is a closed unit with the ability to change between level two high dependency and level three intensive care beds as required.

We visited the units at Royal Oldham Hospital as part of our unannounced inspection on 3 to 5 September 2019.

As part of our inspection, we visited Pod A and Pod B critical care units. We reviewed the environment and staffing levels and we looked at seven sets of patient records. We spoke with one patient and one family member. We spoke with 33 staff of different grades, including nurses, health care assistants, doctors and consultants, physiotherapists, pharmacists, practice based educators, administrative staff and the senior managers who were responsible for the critical care services at The Royal Oldham Hospital. We also attended a quality improvement meeting, attended by five staff; a follow-up clinic planning meeting, attended by nine staff from across the care alliance and a mortality and morbidity meeting attended by 30 staff from the unit.

## Summary of this service

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

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

# Critical care

## 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 monitored completion of the training.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- Although numbers of allied health professionals working on the unit had increased since our last inspection, the unit remained non-compliant with Guidelines for the Provision of Intensive Care Services (GPICS) Core Standards in numbers of allied health professionals (AHPs) in some disciplines.
- Although the service used systems and processes to safely prescribe, administer and record medicines, not all medicines were stored safely.

## Is the service effective?

Good  

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

# Critical care

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

## Is the service caring?

Good ● → ←

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

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

## Is the service responsive?

Good ● ↑

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

# Critical care

- People could access the service when they needed it and received the right care promptly. The service admitted, treated and discharged patients in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

**Good** ● ↑

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

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

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section in our provider report.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section in our provider report.

# End of life care

Outstanding   

## Key facts and figures

The specialist palliative care service sits across all three care organisations. The service supports patients with life-limiting illnesses and is based on a multi-disciplinary model of care.

The end of life care team covers all Pennine Acute care organisations. The service aims to improve end of life care practices across the trust and implement standards that have measurable outcomes, to give the best quality of care and compassion to each patient at end of life.

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

The trust had 2,558 deaths from February 2018 to January 2019.

Our inspection was unannounced. During our inspection we reviewed the records of nine patients who were receiving end of life care and reviewed 36 completed do not attempt resuscitation forms. We spoke with 22 members of staff across nine areas including; the mortuary, discharge lounge, emergency department, acute medical unit, respiratory ward, haematology ward, the spiritual care department and general medical wards.

## Summary of this service

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

- Patients and families were truly respected and valued as individuals and empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service. Staff consistently went the extra mile to ensure that patients received individualised care that took account of their needs and preferences in the last days and hours of their lives and that their relatives were supported practically and emotionally.
- Services were tailored to meet the needs of individual people and delivered in a way to ensure flexibility and choice. Staff actively engaged with local patient groups and communities to tailor services to meet their needs. Decisions which affected the service were made with patients and their families at the centre.
- The service had enough staff to care for patients and keep them safe. Staff had training in key skills and understood how to protect patients from abuse. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Services were delivered flexibly and were accessible to people when they needed it. There was a bereavement nurse working within the local coroner's office to provide bereavement advice and support to people who would otherwise have to actively seek this out themselves.

# End of life care

- Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

Good ● → ←

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

- The service provided mandatory training in key skills to all staff and made sure 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.
- Staff used infection control measures when transporting patients after death.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- Staff completed and updated risk assessments for each patient taking into account patients who were deteriorating and in the last days or hours of their life.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to provide high quality end of life care.
- There was a specialist palliative care consultant working within the service.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer and record the use of medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

Good ● ↑

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

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



# End of life care

- Staff monitored the effectiveness of care of patients at end of life and their families. Managers used the findings to make improvements to the service.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support to help them live well until they died.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Outstanding** ☆ ↑

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

- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Staff always treated patients and relatives with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Relationships between people who used the service, those close to them and staff was strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders. Feedback from people who used the service and those who were close to them was continually positive about the way staff treated them.
- Staff were able to provide numerous examples of where they had gone the extra mile to ensure patient's needs were met in the last days and hour of their lives. This was part of the day to day provision of end of life care such that outstanding care had become the expected standard.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account, and found innovative ways to meet them.
- People's emotional and social needs were seen as being as important as their physical needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Outstanding** ☆ ↑

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

# End of life care

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- Facilities and premises were innovative and designed to meet the needs of a range of people who used the service. The Swan suite had been developed as a space away from the main hospital where relatives could attend to receive bereavement support.
- The Swan symbol was used to identify patients who were at the end of their life and this was extended to indicate bereaved relatives through the use of the symbol on patient belongings bags.
- The visitor areas of the mortuary had been designed with input from different faith groups to ensure that these were suitable for people of different faiths. There was a private courtyard at the mortuary for visitors to use.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice. There were processes in place to ensure a rapid discharge when needed and this was demonstrated when, during our inspection, a patient had been discharged within six hours of admission to their preferred place to die.
- The service was taking part in a pilot which placed a bereavement nurse in the local coroner's office so that bereaved relatives could access support even when their loved one had died outside of hospital.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- We found multiple examples of the service responding to feedback to improve and personalise the care provided to end of life care patients and those close to them.

## Is the service well-led?

Good  

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

# End of life care

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section in our provider report.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section in our provider report.

# North Manchester General Hospital

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Crumpsall  
Manchester  
Greater Manchester  
M8 5RB  
Tel: 01616240420  
[www.pat.nhs.uk](http://www.pat.nhs.uk)

## Key facts and figures

North Manchester General Hospital is situated in Crumpsall Manchester. There are approximately 481 inpatient beds on the site.

The hospital hosts an Accident and Emergency department. Medical care services at the hospital provide care and treatment for a wide range of medical conditions, including general medicine, cardiology, respiratory and gastroenterology. Between March 2018 to April 2019 there were 104,259 attendances in the urgent and emergency care services at North Manchester General Hospital. This included 76,321 and 27,938 children attending the department during this period.

The surgical services carry out a range of surgical procedures such as trauma and orthopaedics, urology, ear, nose and throat and general surgery (such as gastro-intestinal surgery). The trust had 57,023 surgical admissions from February 2018 to January 2019. Emergency admissions accounted for 17,905 (31.4%) surgical cases; 32,974 (57.9%) were surgical day cases, and the remaining 6,144 (10.8 %) were elective surgery.

Maternity and gynaecology services provided at North Manchester General Hospital include offering pregnant women and their families antenatal, delivery and postnatal care.

Paediatric services provided at North Manchester General Hospital include a 19-cot neonatal unit based on the ground floor of the Women's unit. Most other services for children and young people under 16 are provided from the paediatric ward and in the Koala unit. The ward consists of 27 inpatient beds, one of which is a designated high dependency bed.

The specialist end of life care team provides services across all three of the trust's care organisations, and the North Manchester community service. The service supports patients with life-limiting illnesses and is based on a multi-disciplinary model of care. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

The trust had 2,558 deaths from February 2018 to January 2019.

We inspected urgent and emergency care, medical care, surgery, and end of life care services only during this visit.

## Summary of services at North Manchester General Hospital

**Requires improvement**   

# Summary of findings

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

A summary of our findings about this location appears in the overall summary of the provider report.

# Urgent and emergency services

Good   

## Key facts and figures

From March 2018 to April 2019 there were 104,259 attendances in the urgent and emergency care services at North Manchester General Hospital. This included 76,321 and 27,938 children attending the department during this period.

North Manchester General Hospital consists of an adult and paediatric emergency department that is open 24 hours per day, seven days a week. The urgent and emergency services provide care and treatment for all patient types and medical conditions, including trauma patients and patients who require a mental health assessment.

The urgent care directorate has developed a same day care service model which accepts all self-presenting adults and then either treats in-situ or streams patients to the most appropriate service, including the main emergency department.

At the last inspection in March 2018, the urgent and emergency care service at North Manchester General Hospital was rated as good. The service was rated as good for being safe, effective, caring and well-led and requires improvement for being responsive to people's needs.

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

We visited the service as part of our unannounced inspection during 3 to 5 September 2019. We inspected the urgent and emergency care services at the hospital as part of the inspection. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

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

We also spoke with 29 staff across a range of disciplines including staff nurses, senior nurses, junior doctors, middle grade doctors, consultants, care support workers, receptionists, an emergency nurse practitioner, the practice based educators, the divisional governance manager, the governance lead, the safeguarding leads for children and adults, alcohol liaison staff, mental health liaison staff, the divisional director of nursing, the assistant director of nursing, the lead nurse, the clinical director for urgent care and the directorate manager for urgent care.

## Summary of this service

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

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

# Urgent and emergency services

- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However;

- The number of staff who completed mandatory training did not meet trust targets.
- The number of staff who completed safeguarding training did not meet trust targets.
- The service performed worse than the national average for unplanned patient re-attendance within seven days.
- The number of medical staff who completed appraisals did not meet trust targets.
- Whilst people could access the service when they needed it, waiting times from arrival to treatment were consistently worse than national expectations and there was a worsening trend in performance.
- The proportion of patients that received treatment within one hour and the proportion of patients that left the department without being seen were also worse than the national average.
- Whilst the service treated concerns and complaints seriously and investigated them, complaint responses were not always within trust targets.

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills including the highest level of life support training to all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

# Urgent and emergency services

- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Whilst the service did not have enough substantive senior medical staff in post, improvements had been made through the recruitment of additional senior medical staff. There were sufficient numbers of medical staff to provide safe care and treatment through the use of locums. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However;

- The number of staff who completed mandatory training did not meet trust targets.
- The number of staff who completed safeguarding training did not meet trust targets.

## Is the service effective?

Good   

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

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



# Urgent and emergency services

- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However;

- The service performed worse than the national average for unplanned patient re-attendance within seven days.
- The number of medical staff who completed appraisals did not meet trust targets.

## Is the service caring?

**Good** ● → ←

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

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

## Is the service responsive?

**Requires improvement** ● → ←

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

- Whilst people could access the service when they needed it, waiting times from arrival to treatment were consistently worse than national expectations and there was a worsening trend in performance.
- The proportion of patients that received treatment within one hour and the proportion of patients that left the department without being seen were worse than the national average.
- Whilst the service treated concerns and complaints seriously and investigated them, complaint responses were not always within trust targets.

However;

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

# Urgent and emergency services

## Is the service well-led?

Good ● → ←

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

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

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section in our provider report.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section in our provider report.

# Medical care (including older people's care)

Good  

## Key facts and figures

Medical care (including older people's care) is provided at North Manchester General Hospital and provides care and treatment for a wide range of medical conditions, including general medicine, cardiology, respiratory and infectious diseases. The hospital serves a population size of approximately 178,690.

We visited the hospital as part of our unannounced inspection on 3 to 5 September 2019.

As part of the inspection, we visited the ambulatory care unit, acute medical unit, cancer support unit, discharge ward, cardiac care unit and other medical wards including C5, C6, E3, F4, J3, J4 and J6.

We reviewed the environment and staffing levels and looked at 27 care records and 17 prescription charts. We spoke with seven patients, four family members, and 92 staff of different grades, including nurses, advanced nurse practitioners, health care assistants, domestic staff, physiotherapists, doctors, ward managers, pharmacists, pharmacy technicians, student nurses, social workers and the senior managers who were responsible for leadership of the medical services.

We observed daily practice and reviewed management arrangements. Prior to and following our inspection, we reviewed performance information about the trust and reviewed information provided to us from the trust.

## Summary of this service

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

- The environment in areas such as the ambulatory care unit was found to be satisfactory.
- Nurses achieved 90.1% compliance for the mandatory training compliance and 93.7% compliance for their mandatory safeguarding training, both of which are above the trusts 90% target.
- The service used bank staff as and when needed to ensure that patient care was not adversely affected.
- Staff reported incidents and learning from incidents was shared with all staff in the medicine department.
- There was a good staff culture within the unit.
- Bed capacity was managed via the local and senior teams.
- Staff told us that the department was well led and that leaders at all levels were visible and approachable.

However:

- Patient records were not consistently completed in order to monitor the care provided. The records did not consistently contain completed forms used; for example, in discussing do not attempt cardiopulmonary resuscitation.
- The service did not store medicines well. We found several repeated instances where fridge and room temperatures were noted that had breached excessive temperatures. Staff in the clinical areas were reporting these breaches as they had been instructed to do and we were told that the estates department attended each time.
- We found medicines that had passed their expiry date.
- Medical staff only achieved 70.5% in their mandatory safeguarding training compliance and 62.9% mandatory training compliance, neither of which did not meet the trusts targets of 90%

# Medical care (including older people's care)

## Is the service safe?

Good  

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

- Nurses working within the department achieved 90.1% compliance with their mandatory training which is above the trusts target of 90%.
- Staff understood how to raise a safeguarding concern if they suspected one.
- The service managed patient safety incidents well. Staff could articulate what constituted an incident and how to report one.
- Staff received feedback and learning from incidents and complaints.
- The service controlled infection risks well. Staff kept themselves and all equipment and premises clean.
- Staff completed appropriate, documented risk assessments for all patients being cared for in their department.

However:

- The service did not consistently manage medicines safely. Medicines were stored in rooms where the ambient temperature had exceeded the maximum range and in fridges where the temperature had exceeded the maximum safe range. However, the individual departments were reporting these temperature breaches as per instructions.
- Medical staff only achieved 70.5% in their mandatory safeguarding training compliance and 62.9% mandatory training compliance, neither of which did not meet the trusts targets of 90%
- We found some medicines that had passed their expiry date in clinical areas.
- Staff did not consistently complete all appropriate parts of patient records and documentation, such as the do not attempt cardiopulmonary resuscitation forms.
- The service was not at full staffing. However, we observed that bank staff were used to ensure a safe service provision.

## 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. The service carried out audits and evaluations to ensure the effectiveness of care provided and to benchmark their performance and highlight areas for improvement.
- Staff gave patient enough nutrition and hydration to meet their needs. The service made adjustments for religious and cultural preferences.
- Staff managed pain well. Patients had access to a variety of medication in a timely way.
- The service ensured that staff were mostly competent to carry out their roles.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

# Medical care (including older people's care)

- Staff of differing professions worked together for the benefits of optimised patient care.
- Medicines services were available at North Manchester seven days per week, 24 hours per day.
- 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 and their families with compassion. Feedback and observations confirmed that staff treated them well, with kindness and compassion. Patients and their relatives said, “the staff are really lovely; ready to do anything for you and so kind”.
- Staff provided emotional support to patients and their relatives to minimise their distress.
- Staff involved patients and their relatives in decisions about their care and treatment. We observed staff interacting positively and compassionately with patients and their relatives.

## Is the service responsive?

Good ● ↑

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

- The service planned and provided services to meet the needs and wishes of the local population and the wider geographical area.
- The service took account of people's individual needs and tailored extra specialist support where required.
- Patients were able to access the service as and when they needed.
- The service treated complaints and concerns seriously, investigated them appropriately and shared lessons learnt with staff and, if appropriate, made changes to practices to improve care provision.

## Is the service well-led?

Good ● ↑

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

- Managers at all levels of the department had the correct skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and a strategy to achieve it.
- Managers across the service promoted a culture which supported and valued its staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually monitor and improve the quality of care provision within the department.

# Medical care (including older people's care)

- The service had effective systems and processes to identify, report and monitor risks.
- The service collated, analysed, managed and used information well to support all of its activities.
- The senior leaders in the department engaged well with their staff.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section in our provider report.

# Surgery

Good  

## Key facts and figures

North Manchester General Hospital provides general surgery, urology, breast (including gender re-assignment), oral-maxilla-facial, dental, head & neck, and orthopaedic trauma and elective surgical services in a mixture of longer stay and short-stay (six day) wards. There is also a Day Surgery Unit, Surgical Admissions Unit and an Endoscopy Unit.

*(Source: Routine Provider Information Request (RPIR) Acute)*

The trust has four main operating theatres covering across four sites:

- Fairfield General Hospital: Elective and non-elective services with a central hub for non-elective ear nose & throat, gynaecology and adult surgery.
- North Manchester General Hospital: elective and emergency theatre services. 13 operating theatres located across four areas of the site covering trauma, emergency surgery, surgery, urology, breast, oral and maxillofacial, general surgery, orthopaedics, ear nose & throat.
- Royal Oldham Hospital: Elective and emergency theatre complex.
- Rochdale Infirmary: Mixed surgery including urology, plastics, orthopaedic and general surgery. (22 beds).

North Manchester General Hospital has the following surgical wards: Wards F6, F5, F3, I5, D5, D6, C3 and C4. The trust did not submit the number of beds on each of these wards within the data submission.

*(Source: Routine Provider Information Request (RPIR) – Sites tab)*

The trust had 57,023 surgical admissions from February 2018 to January 2019. Emergency admissions accounted for 17,905 (31.4%), 32,974 (57.9%) were day case, and the remaining 6,144 (10.8 %) were elective.

*(Source: Hospital Episode Statistics)*

The inspection took place between 10 and 12 September 2019 and was unannounced. The inspection team comprised an inspection team lead, an assistant inspector, a medicines inspector and a specialist advisor.

We looked at most of the surgical wards and theatres. We spoke to 15 patients and 30 members of staff of different levels. We looked at 15 patient records and observed patient care and staff meetings.

## Summary of this service

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff kept detailed records of patients' care and treatment. Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service had enough medical, nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

# Surgery

- Cancer waiting times were improving across the service.
- Staff treated patients with compassion and kindness, supported their emotional needs, and included them in decisions about their care and treatment.
- Leaders had the skills and abilities to run the service. They had a vision of what they wanted to achieve and a strategy to do so, and they operated effective governance structures.

However,

- The trust did not have a policy to manage post-operative nausea and sickness.
- From February 2018 to January 2019, all patients had a higher than expected risk of emergency readmission for elective admissions when compared to the England average.
- Five out of seven specialties were below the England average for referral to treatment times. The trust was engaged in activities to improve, but this had not yet had full impact on the service.

## Is the service safe?

**Good** ● ↑

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

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

However,

- The service did not always meet its own target for the provision of mandatory training.



# Surgery

- Fire exits on some wards were not always clutter free. We raised this with managers who addressed this immediately.
- Medicine reconciliation rates were low. Medicine fridge and room temperatures had consistently been out of range in the surgical assessment unit.

## Is the service effective?

**Good** ● ↑

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

- The service provided care and treatment based on national guidance and evidence-based practice. Staff managed the service in accordance with national guidelines and professional guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

However,

- The trust did not have a policy to manage post-operative nausea and sickness.
- From February 2018 to January 2019, all patients had a higher than expected risk of emergency readmission for elective admissions when compared to the England average.
- There was evidence that the two-tier system for mental capacity assessments was not always working effectively. Staff were confused about its application.

## Is the service caring?

**Good** ● → ←

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

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

## Is the service responsive?

**Requires improvement** ● ↓

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

# Surgery

- Five out of seven specialties were below the England average for referral to treatment times. The trust was engaged in activities to improve, but this had not yet had full impact on the service.

However

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Cancer waiting times were improving across the service.

## Is the service well-led?

Good   

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

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

However,

- The pace of change was slow. At the last inspection we found issues with the quality of mental capacity assessments and do not attempt cardiopulmonary resuscitation forms, and this had not improved.

# Surgery

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section in our provider report.

# End of life care

Outstanding  

## Key facts and figures

The specialist palliative care team provides services across all three of the trust's care organisations. The service supports patients with life-limiting illnesses and is based on a multi-disciplinary model of care.

The end of life care team covers all Pennine acute care organisations. The service aims to improve end of life care practices across the trust and implement standards that have measurable outcomes, to give the best quality of care and compassion to each patient at end of life.

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

The trust had 2,558 deaths from February 2018 to January 2019.

Our inspection was unannounced. During our inspection we reviewed the records of three patients who were receiving end of life care and reviewed two completed do not attempt resuscitation forms. We spoke with 27 staff across all disciplines, including members of the management team; medical, nursing and healthcare assistant staff; chaplains; bereavement nurses; and mortuary staff.

## Summary of this service

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

- Patients and families were truly respected and valued as individuals and empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service. Staff consistently went the extra mile to ensure that patients received individualised care that took account of their needs and preferences in the last days and hours of their lives and that their relatives were supported practically and emotionally.
- Services were tailored to meet the needs of individual people and delivered in a way to ensure flexibility and choice. Staff actively engaged with local patient groups and communities to tailor services to meet their needs. Decisions which affected the service were made with patients and their families at the centre.
- The service had enough staff to care for patients and keep them safe. Staff had training in key skills and understood how to protect patients from abuse. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Services were delivered flexibly and were accessible to people when they needed it. There was a bereavement nurse working within the local coroner's office to provide bereavement advice and support to people who would otherwise have to actively seek this out themselves.

# End of life care

- Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

Good ● → ←

- Our rating of safe stayed the same. We rated it as good because:
- The service provided mandatory training in key skills to all staff and made sure 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.
- Staff used infection control measures when transporting patients after death.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- Staff completed and updated risk assessments for each patient taking into account patients who were deteriorating and in the last days or hours of their life.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to provide high quality end of life care.
- There was a specialist palliative care consultant working within the hospital.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer and record the use of medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

Good ● ↑

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.

# End of life care

- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care of patients at end of life and their families. Managers used the findings to make improvements to the service.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support to help them live well until they died.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Outstanding**  

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

- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Staff always treated patients and relatives with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account, and found innovative ways to meet them.
- People's emotional and social needs were seen as being as important as their physical needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff were able to provide numerous examples of where they had gone the extra mile to ensure patients' needs were met in the last days and hours of their lives. This was part of the day to day provision of end of life care such that outstanding care had become the expected standard.

## Is the service responsive?

**Outstanding**  

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

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

# End of life care

- Facilities and premises were innovative and met the needs of a range of people who used the service. The hospital had the Swan suite; this was a quiet room located opposite the bereavement office on the ground floor of the hospital where relatives could receive bereavement support.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Staff in the service took a proactive approach, and encouraged other ward nursing and medical staff, to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which is accessible and promotes equality. This included people with protected characteristics under the Equality Act, people who may be approaching the end of their life, and people who are in vulnerable circumstances or who had complex needs.
- The service's staff had an engrained philosophy to make things happen for end of life care patients. Ward staff were encouraged to 'break the rules that don't exist' to make patients' final days and hours as compassionate, caring and individual as possible.
- Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice. There were processes in place to ensure a rapid discharge when needed.
- The service was taking part in a pilot which placed a bereavement nurse in the local coroner's office so that bereaved relatives could access support even when their loved one had died outside of hospital.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

Good   

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

# End of life care

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section in our provider report.



# Rochdale Infirmary

Whitehall Street  
Rochdale  
Lancashire  
OL12 0NB  
Tel: 01616240420  
[www.pat.nhs.uk](http://www.pat.nhs.uk)

## Key facts and figures

Rochdale Infirmary is situated close to Rochdale town centre and lies 14 miles north east of Manchester. It is the smallest of the trust's four hospitals and forms part of the trust's Bury and Rochdale care organisation.

The urgent care centre provides non-emergency services to around 240,000 residents that live in the communities of Heywood, Middleton and Rochdale and is open 24 hours a day, seven days a week.

The hospital provides medical services including a programmed investigation unit providing medical day-case facilities which undertakes planned medical investigations and treatments for over 550 patients per month in 26 medical inpatient beds located across two wards.

In addition, medical services include two inpatient wards and an endoscopy department. The short stay clinical assessment unit (CAU) provides rapid assessment, diagnosis and treatment of patients with acute medical conditions. The unit has 16 inpatient beds and patients are referred by either general practitioners (GP) or from the urgent care centre or following transfer from other trust sites.

The Oasis Unit, a 10 bed specialist dementia ward, offers acute medical treatment to patients with a diagnosis of dementia or delirium.

The Rochdale endoscopy service is one of the four dedicated endoscopy units across the trust. The service provides a comprehensive range of diagnostic and therapeutic upper and lower GI endoscopy procedures. The endoscopy unit provides low risk endoscopy procedures to outpatients or inpatients in the event of an urgent scope being required. There are two endoscopy suites with a two-stage recovery area, the first stage containing nine recovery pods and a chaired area for second stage recovery.

Rochdale Infirmary provides elective 23-hour services for gynaecology, ophthalmology, vascular, endoscopy and pain management services, orthopaedic, urology, general surgery and plastics. The service currently operated five days per week with additional services made available. There is also a day case surgical and theatre ophthalmology suite.

The trust had 57,023 surgical admissions from February 2018 to January 2019. Emergency admissions accounted for 17,905 (31.4%), 32,974 (57.9%) were day case, and the remaining 6,144 (10.8 %) were elective.

We inspected urgent and emergency, medical and surgical services only during this visit.

# Summary of findings

## Summary of services at Rochdale Infirmary

**Good** ● → ←

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

A summary of our findings about this location appears in the overall summary of the provider report.

# Urgent and emergency services

Good  

## Key facts and figures

Rochdale Urgent Care Centre is part of The Pennine Acute Hospitals NHS Trust. The trust provides general and specialist hospital services to around 820,000 residents across the north east of Greater Manchester in Bury, Prestwich, North Manchester, Middleton, Heywood, Oldham, Rochdale and parts of East Lancashire.

The department provides non-emergency services to around 240,000 residents that live in the communities of Heywood, Middleton and Rochdale and is open 24 hours a day, seven days a week.

A variety of professions work within the urgent care centre including paramedics, GPs, nurses, nurse associates, and there are links with the local mental health services, community teams, the integrated neighbourhood teams for district nursing, social work, safeguarding and tissue viability services.

The department has separate waiting areas for adults and children. In the main area of the department there are seven designated adult cubicles, one of which is equipped to provide plastering services, one to take patient ECGs and one to provide resuscitation. There are four separate designated cubicles for children, each decorated with jungle animals by a local artist. A designated room is provided for the assessment and treatment of those people with poor mental health.

There is a room that can be used as an isolation room and as a minor injury treatment clinic, a well-equipped clinical education room, a staff hub office space, further staff areas and a room that is used for ophthalmology.

There is access to x-ray facilities between the hours of 8.30am and midnight seven days a week and there is an ophthalmology service which sees patients within normal working hours, however there is 24-hour on call access if needed.

We inspected this service on 5 September 2019. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. The service was inspected by two inspectors and a specialist advisor.

As part of the inspection we spoke to patients and relatives, we observed the daily practice of staff providing care and treatment to patients, and reviewed patient records.

We also spoke with a range of staff from various grades including managers, nurses and doctors

Prior to, and following the inspection we reviewed further information provided by the trust.

## Summary of this service

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

- The service generally had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Risks to patients were well-managed; staff had developed safe systems to manage the frequent failure of trust online electronic systems.
- The service had 24-hour access to mental health liaison and specialist mental health support (if staff were concerned about a patient's mental health) although this support was not always timely.

# Urgent and emergency services

- The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Patients said staff treated them well and with kindness.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

However

- Staff did not always assess and monitor patients regularly to see if they were in pain and give pain relief in a timely way.
- Patients could not always access services when needed and receive treatment within agreed timeframes and national targets.
- The service did not have a hearing loop for patients with a hearing problem.

## Is the service safe?

Good  

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

- Staff received and kept up-to-date with their mandatory training.
- 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 followed infection control principles including the use of personal protective equipment.

# Urgent and emergency services

- The design, maintenance and use of facilities, premises, and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately.
- The service generally had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

## Is the service effective?

Good ● ↑

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

- All pathways and guidance were available on the trust intranet system. When new guidance and guidelines came out, this was reviewed and passed to the clinicians for implementation.
- The service participated in all relevant national clinical audits. The service performed well in national clinical outcome audits and managers use the results to improve services further.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Key services were available seven days a week to support patient care.
- Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

However

- Staff did not always assess and monitor patients regularly to see if they were in pain and gave pain relief in a timely way.

## Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Patients said staff treated them well and with dignity and respect.

# Urgent and emergency services

- Staff gave patients and those close to them help, emotional support and advice when they needed it.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good   

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

- The service was inclusive and took account of patients' individual needs and preferences. They coordinated care with other services and providers.
- The service had 24-hour access to mental health liaison and specialist mental health support (if staff were concerned about a patient's mental health) although this support was not always timely.
- Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint
- Managers monitored waiting times and made sure patients could access services when needed and received treatment.

However

- Patients could not always access services within agreed timeframes and national targets.
- The service did not have a hearing loop for patients with a hearing problem.

## Is the service well-led?

Good   

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them

# Urgent and emergency services

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. However, staff had developed their own spreadsheets to record staff training as trust online systems were unreliable. Managers had introduced failsafe systems to manage situations when trust online systems failed. Data or notifications were consistently submitted to external organisations as required.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section in our provider report.

# Medical care (including older people's care)

Good ● → ←

## Key facts and figures

Rochdale Infirmary has medical services that include a programmed investigation unit (PIU) providing medical day-case facilities which undertakes planned medical investigations and treatments for approximately 450 patients per month. It is open five days a week, Monday to Friday. There are 26 medical inpatient beds located across two wards.

In addition, medical services at Rochdale Infirmary include two inpatient wards and an endoscopy department. The short stay clinical assessment unit (CAU) provides rapid assessment, diagnosis and treatment of patients with acute medical conditions. It enables patients to be assessed and observed by medical and nursing teams reducing the pressure on the urgent care centre.

The unit consists of 16 inpatient beds and operates a single sex accommodation policy. Patients are referred by either general practitioners (GP) or from the urgent care centre or following transfer from other trust sites.

The second inpatient ward is the Oasis Unit, a 10 bed specialist dementia ward, offering acute medical treatment to patients with a diagnosis of dementia or delirium.

The Rochdale endoscopy service is one of the four dedicated endoscopy units across the trust. The service provides a comprehensive range of diagnostic and therapeutic upper and lower GI endoscopy procedures. The endoscopy unit provides low risk endoscopy procedures to outpatients or inpatients in the event of an urgent scope being required. There are two endoscopy suites with a two-stage recovery area, the first stage containing nine recovery pods and a chaired area for second stage recovery.

We visited the hospital as part of our unannounced inspection on 3 to 5 September 2019.

As part of the inspection, we visited the clinical assessment unit, Oasis unit, endoscopy service and the programmed investigation unit.

We reviewed the environment and staffing levels and looked at 26 care records. We spoke with 10 patients, five family members, and 29 staff of different grades and professions including nurses, advanced nurse practitioners, health care assistants, domestic staff, physiotherapists, occupational therapists, doctors, ward managers, pharmacists, pharmacy technicians, student nurses, social workers and the senior managers who were responsible for medical services.

We observed daily practice and reviewed management arrangements. Prior to and following our inspection, we reviewed performance information about the trust and reviewed information provided to us from the trust.

## Summary of this service

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

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



# Medical care (including older people's care)

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

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

# Medical care (including older people's care)

- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

**Good** ● → ←

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under Joint Advisory group on gastrointestinal endoscopy clinical accreditation schemes.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However;

The provider should ensure there is a plan for the dates scheduled for staff to be trained in their new competencies in the endoscopy unit.

## Is the service caring?

**Good** ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

# Medical care (including older people's care)

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good  → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The Oasis Unit provided patients with facilities and premises that were innovative to meet the needs of people who used the service in a safe 'dementia friendly' environment.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers, providing a service offering flexibility, informed choice and ensuring continuity of care.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards. There were processes in place to ensure effective patient discharge, this was demonstrated via the 'discharge to assess-home in a day' team and the discharge nurse assessor's role.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

Good  → ←

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

# Medical care (including older people's care)

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section in our provider report.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section in our provider report.

# Surgery

Good   

## Key facts and figures

Rochdale Infirmary provides elective 23-hour services for gynaecology, dental, orthopaedic, urology, general surgery and plastics, day case surgery for oral and maxillofacial surgery, ophthalmology, vascular, endoscopy and pain management services. The service currently operates five days per week with additional services made available. There is also a day case surgical and theatre ophthalmology suite.

The trust has four main operating theatres covering across four sites:

- Fairfield General Hospital: Elective and non-elective services with a central hub for non-elective ear nose & throat, gynaecology and adult surgery.
- North Manchester General Hospital: elective and emergency theatre services. 13 operating theatres located across four areas of the site covering trauma, emergency surgery, surgery, urology, breast, oral and maxillofacial, general surgery, orthopaedics, ear nose & throat.
- Royal Oldham Hospital: Elective and emergency theatre complex.
- Rochdale Infirmary: Mixed surgery including urology, plastics, orthopaedic and general surgery. (22 beds)

(Source: Routine Provider Information Request (RPIR) – Sites tab)

The surgical service comprises of eight theatres, two recovery areas, day case surgery ward and eye ward. There are 23 surgical trolley spaces on the ward accommodating up to three patients each on a daily basis. The ophthalmology unit has six trolley spaces and 30 chairs.

The trust had 57,023 surgical admissions from February 2018 to January 2019. Emergency admissions accounted for 17,905 (31.4%), 32,974 (57.9%) were day case, and the remaining 6,144 (10.8 %) were elective.

During the inspection we visited the following areas:

- Theatres and recovery
- Day case surgery ward
- Eye unit
- Pre-admissions area

We visited several theatres, the recovery areas, anaesthetic room, the eye unit and the day case surgery ward.

We spoke with 20 members of staff including senior managers, ward sisters, and managers as well as registered nurses, student nurses, doctors and health care assistants. We also spoke to 15 patients and five relatives.

We observed care and treatment and looked at 10 patient care records and five preoperative assessment proformas.

The service was last inspected in February 2016, with the report published in August 2017. Surgery was previously rated good.

## Summary of this service

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

# Surgery

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However,

- Not all staff stored medicines correctly; the fridge on the ward was not checked on a daily basis and we saw no actions taken when the temperature was out of range.
- We found the service did not always plan care to meet the needs of children and those with additional needs.

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service used systems and processes to safely prescribe, administer and record medicines.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care.

# Surgery

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

However

- The service did not deploy enough medical staff and therefore surgical lists were continuously being cancelled.
- Not all staff stored medicines correctly; the fridge on the ward was not checked on a daily basis and we saw no actions taken when the temperature was out of range.
- Staff did not always report incidents and near misses.
- Records were not always stored securely

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. However, did not have aids to support those unable to communicate using suitable assessment tools.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However,

- When staff were asked to cover at one of the other hospital locations they did not always receive a local induction and therefore were unfamiliar with the facilities.

# Surgery

- Not all staff had received an appraisal.
- Not all staff were familiar with legislation for children under 16 years of age to consent to their medical treatment without the need for parental permission or knowledge.

## Is the service caring?

**Good** ● → ←

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

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

## Is the service responsive?

**Requires improvement** ● ↓

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

- The service was not always inclusive and did not take account of patients' individual needs and preferences. Staff did not have access to a range of items to support them with patients with additional needs. For example, they did not have dementia friendly boxes, communication cards and child friendly leaflets.
- People could not access the service when they needed it and received the right care promptly. Although there were indications of improvements, waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.

However

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

**Good** ● → ←

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

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



# Surgery

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

However

- The service did not promote equality and diversity in daily work. Staff said they had not received any information about any groups or meetings to promote equality and diversity.
- Not all staff knew the trust's vision, values and strategy and how the service was working to achieve them.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section in our provider report

# Community health services

## Background to community health services

The Northern Care Alliance NHS Group manages a range of community health services across Bury, Rochdale and Oldham, along with the surrounding towns and villages. This includes, community health services for adults, community health inpatient services, community health services for children, young people and families and community end of life care.

## Summary of community health services

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

- We inspected community health inpatient services and rated them as good.
- Taking into account the ratings of other services inspected in 2016 the rating for community services stayed the same and were rated as good.

# Community health inpatient services

Good   

## Key facts and figures

Heywood, Middleton and Rochdale intermediate care beds are delivered in two locations with 24 residential beds situated at Tudor Court and 24 enhanced beds with 24-hour nursing cover on the Wolstenholme Unit situated on the Rochdale Infirmary site.

Tudor Court is staffed 24 hours a day and has GP, pharmacy, social work, physiotherapy and occupational therapy input Monday to Friday. District nurses visit for any nursing needs.

Wolstenholme Unit is staffed 24 hours a day by registered nurses and has social work, pharmacy, physiotherapy and occupational therapy input Monday to Friday. The unit provides 24 community beds. It can be accessed by any adult aged 18 years and over who resides or is registered with a GP in the Heywood, Middleton and Rochdale area.

Both units subcontract medical support from GP care services. Both units have social care staff present as part of the multi-disciplinary team.

The Floyd Unit is an 18 bedded intermediate neurological rehabilitation unit staffed 24 hours a day and has consultant, pharmacy, social work, physiotherapy and occupational therapy input Monday to Friday. The service is available to residents who live in the Heywood, Middleton and Rochdale (HMR) Borough or are registered with an HMR GP.

The age group accepted is from 18 years onwards both male and female.

*(Source: CHS Routine Provider Information Request (RPIR) – CHS1 Context CHS)*

### **Percentage of patients that are children**

All the service provision in the units related to adult care.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect children, young people and families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew when and how to apply it.
- Staff knew how to keep patients safe and knew how to respond if a patient became unwell. Staff used risk assessments to put patients on correct pathways of care.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service had enough staff with the right qualifications, skills, training and experience to keep people and adults safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

# Community health inpatient services

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Staff knew how to keep patients safe and knew how to respond if a patient became unwell. Staff used risk assessments to put patients on correct pathways of care.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced and sought support to enhance leadership. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued; however, the service was going through structural change which impacted on some staff members. Despite these changes, staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

However

- Whilst we positively checked resuscitation trolleys on our inspection, a previous internal audit of the units resuscitation trolleys showed two units failed to comply because the trolleys had not been checked correctly on one day of the month.
- Although the trust told us that ward and ward moves at night were rare we received no data confirming this as requested in the inspection process.

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. In total staff hit the trust target for completion in 5 of the 7 training modules with 2 modules just missing the target.
- Staff understood how to protect children, young people and families from abuse and the service worked well with other agencies to do so. Staff were 100% compliant in training on how to recognise and report abuse, and they knew when and how to apply it.

# Community health inpatient services

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean and rates of compliance with training were good.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The service had enough staff with the right qualifications, skills, training and experience to keep young people and adults safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff could identify a deteriorating patient and provided the appropriate action.
- The service had systems in place to prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

## Is the service effective?

Good   

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

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service participated in a number of clinical audits as part of an ongoing clinical audit programme.
- The service provided care and treatment based on national guidance and best practice. The service communicated relevant guidelines to staff and told us they monitored compliance.
- Clear goals and treatment plans were evident in patient records.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Consultants, doctors, nurses and other health and social care professionals worked together as a team to benefit patients. They supported each other to provide good care. Staff held regular multidisciplinary meetings to discuss patients and improve their care.
- Staff gave patients practical support and advice to lead healthier lives.

# Community health inpatient services

- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However,

- Whilst we positively checked resuscitation trolleys on our inspection, a previous internal audit of the units' resuscitation trolleys showed two units failed to comply because the trolleys had not been checked correctly on one day of the month.

## Is the service caring?

**Good** ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff went 'the extra mile' to help patients socialise and mix with one another and the community. We found a strong sense of engagement with patients.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good** ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The service worked with health and social care providers to develop services for patients with longer term needs on discharge.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However,

- Although the trust told us that ward and ward moves at night were rare we received no data confirming this as requested in the inspection process.

# Community health inpatient services

## Is the service well-led?

Good   

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

- Leaders had a number of diverse skills and abilities to run the service. They understood and managed the priorities and issues the inpatient units faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on creating a strong ethos of safe discharge back into communities for patients to lead healthy lives. Leaders and staff understood and knew how to apply the vision and strategy and monitored progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research. Staff used electronic devices to allow palliative care nurses at other sites to see patients in real time, enabling them to give advice on the best care for individuals nearing their end of their life. This device also allowed patients to view the hospice without the need to visit.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section in our provider report.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section in our provider report.

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 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent



# Our inspection team

Judith Connor, Head of Inspection, chaired this inspection and Helen Lelew, Inspection Manager led it. An executive reviewer, David Shannon, supported our inspection of well-led for the trust overall.

The team included 14 inspectors, one executive reviewer, 24 specialist advisers, and one expert by experience.

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