

Wrightington, Wigan and Leigh NHS Foundation Trust

Inspection report

The Elms, Royal Albert Edward Infirmary
Wigan Lane
Wigan, Lancashire
WN1 2NN
Tel: 01942244000
www.wwl.nhs.uk

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

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

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

Ratings

Overall rating for this trust

Good ●

Are services safe?

Good ●

Are services effective?

Good ●

Are services caring?

Good ●

Are services responsive?

Good ●

Are services well-led?

Good ●

Are resources used productively?

Good ●

Combined quality and resource rating

Summary of findings

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

Wrightington, Wigan and Leigh NHS Foundation Trust provides healthcare to 320,000 people across the Wigan borough and specialist orthopaedics services to a wider regional, national and international population. The trust is registered to provide care at Royal Albert Edward Infirmary, Wrightington Hospital, Leigh Infirmary, the Thomas Linacre Centre, Wigan Health Centre and the Wilmslow Health Centre.

Between August 2016 and July 2017 there were 74,367 inpatient admissions, 676,690 outpatient attendances, 88,718 A&E attendances, 2,436 deliveries and 1,362 deaths. In September 2017 there were 459 general and acute beds, 28 maternity beds and 12 critical care beds.

In October 2017 there were 4,370 whole time equivalent staff at the trust. Of this total, 524 were medical staff, 1,032 nursing staff and 2,814 other staff groups.

Overall summary

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

What this trust does

The trust runs services at Royal Albert Edward Infirmary, Wrightington Hospital, Leigh Infirmary, The Thomas Linacre Centre, Wigan Health Centre and Wilmslow Health Centre.

The trust provides a full range of acute services including urgent and emergency care, general medical services, surgery, maternity, children and young people services, outpatients and diagnostics.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

Between 6 and 8; and, 28 and 30 November 2017 we inspected four core services provided by this trust at two of its hospital sites as part of our ongoing inspection programme. We inspected urgent and emergency care, medical care, maternity and services for children and young people.

Summary of findings

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

What we found

Overall trust

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

- We rated safe, effective, caring, responsive and well-led as good. We rated four of the trust's services at this inspection. In rating the trust we took into account the current ratings of the services not inspected this time.
- We rated well-led at the trust level as good
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

Are services safe?

Our rating of safe went up. We took into account the current ratings of services not inspected this time. We rated safe as good because:

- The trust had mandatory training in key skills for all staff. Compliance rates across the areas we visited were high.
- Services managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and in most areas we saw shared lessons with the team and wider services.
- Staff understood how to safeguard patients from abuse and had completed training on how to recognise and report abuse.
- In most areas services had appropriate equipment, which was well maintained and ready to use. Areas we visited on the inspection were visibly clean.
- In most areas services were effectively assessing the risks to patients and taking action.
- In most areas there were effective processes and systems for the safe management and control of drugs. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Although in some areas paper and electronic records were still being used.

However:

- In urgent and emergency, medicine and maternity there were times when there were gaps in nursing and midwifery staffing.
- In maternity, the service was not doing everything it could do keep women and their babies safe. Women were being given opioid analgesia without appropriate monitoring, maternity early warning scores were not always completed and there was not resuscitation equipment in every area.

Are services effective?

Our rating of effective stayed the same. We took into account the current ratings of services not inspected this time. We rated effective as good because:

- In most areas the care and treatment was evidence based and provided in line with best practice guidelines.

Summary of findings

- Every service was collecting and monitoring patient outcome data and using the findings to undertake audits and improve clinical practice. Services were participating in local and national clinical audit.
- Staff had received appraisals and were suitably skilled and qualified to carry out their roles.
- In every area we saw different staff working well together.
- In every service patients were given enough food and drink to meet their needs and in most areas pain relief was given in a timely way.
- Most staff had received training in the Mental Capacity Act 2005 and knew how to support patients who lacked capacity.

However:

- In maternity, not all care and treatment was in line with national guidance and evidence of effectiveness. The guidelines that were in place were not all clear, in date or reflecting current practice.

Are services caring?

Our rating of caring stayed the same. We took into account the current ratings of services not inspected this time. We rated caring as good because:

- All staff treated patients with compassion, dignity and respect. There were positive interactions between staff and patients.
- All patients and carers said staff did everything they could to help and support them.
- Staff involved patients in decisions about their care and treatment. Staff made sure to consider all aspects of a patient's wellbeing, including the emotional, psychological and social.

Are services responsive?

Our rating of responsive stayed the same. We took into account the current ratings of services not inspected this time. We rated responsive as good because:

- The trust planned and provided services in a way that met the needs of local people.
- All services took account of patients' individual needs. The trust worked with partner organisations to support people with additional needs, such as people with learning disabilities and mental health conditions.
- People could access the service when they need it. In most areas national targets and indicators were met, and in urgent and emergency action was taken to improve performance.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results which were shared with staff.

However:

- Not every patient was in the most appropriate bed and patients were sometimes moved at night.

Are services well-led?

Our rating of well-led went up. We took into account the current ratings of services not inspected this time. We rated well-led as good because:

- Services had leaders with the right skills and abilities to run the services.
- The trust had a recently relaunched vision and strategy, which most staff were aware of.

Summary of findings

- In every service there was an open and honest culture. Staff were positive about working for the trust and felt valued.
- In most areas there were effective governance structures and staff were clear about their roles and accountabilities.
- Most services had effective systems for identifying and managing risks. Although these were not always updated in medicine.
- Services engaged with their patients, staff and the public in how services were run and how they could be improved.
- The trust was committed to improving services and staff across the trust were involved in the quality champion programme.

However:

- In maternity, the future plans were not embedded into practice and many staff were not aware of them or involved with the plans. Governance structures were not effective and not all risks had been addressed. The service was carrying out limited engagement with the public and had not learnt lessons from previous incidents.

Royal Albert Edward Infirmary

Our rating for this hospital went up. We rated it as good because:

- We rated safe, effective, caring, responsive and well led as good.
- Children and young people's services improved. Urgent and emergency care and medical care remained the same. We previously inspected maternity jointly with gynaecology. During this inspection we only inspected maternity services.
- Most of the activity we inspected was based or managed from the Royal Albert Edward Infirmary site. The reasons we rated it as good are as above.

Leigh Infirmary

Our rating for this hospital stayed the same. We rated it as good because:

- We rated safe, effective, caring, responsive and well led as good.
- The only core service we inspected was medicine, which remained the same. The only services at the hospital we inspected were the endoscopy unit and the Taylor Ward. The antenatal clinic (based at Leigh Infirmary) was inspected as part of the inspection of maternity services at Royal Albert Edward Infirmary where the maternity unit is located.
- On the Taylor Ward staff morale had been affected by the impending closure of the ward in 2018 and some staff felt they were not fully informed or valued.

Ratings tables

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

Outstanding practice

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

Summary of findings

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 notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements. Our action related to breaches legal requirements in maternity care.

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

What happens next

We will make sure 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 the following areas of outstanding practice:

The take ten initiative provided staff with the opportunity to complete mindfulness exercise to improve wellbeing and reduce stress. Sessions were offered on a drop in basis several times twice a month.

The emergency care centre held events to help people with learning disabilities in the local area familiarise themselves with the department. The service arranged visits with a designated nurse from a local NHS community trust. Welcome drinks and cakes were provided and patients toured the department and viewed equipment that might be used to care for them should they require emergency care.

Areas for improvement

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

Action the trust **MUST** take to improve

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

In maternity:

- The trust must continue to review processes, monitor and respond to staffing levels, skill mix and patient acuity in all areas, taking into consideration staff in theatre for elective and emergency caesarean sections.
- The trust must ensure that the administration of diamorphine administered on the ward, is in line with guidelines and, when administered, women and babies have adequate monitoring.
- The trust must ensure that staff complete all records and risk assessments. This includes staff compliance with the maternity early warning score national guidance, specifically in relation to the documentation of respirations.

Summary of findings

- The trust must ensure that all policies and guidelines are clear, easy to follow, up to date and that all staff practice is in line with these guidelines.
- The trust must ensure processes are in place to ensure all outcomes and learning from serious incidents and complaints are embedded into clinical practice in a timely manner

Action the trust SHOULD take to improve

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

In urgent and emergency:

- The trust should ensure that chlorine based products are stored away from drinking water.
- The trust should ensure a more robust record of cleaning is undertaken of areas and equipment on the clinical decisions ward and ambulatory assessment area to provide better assurance of daily cleaning.
- The trust should ensure used linen is stored away in an area that is not accessible to the general public.
- The trust should ensure that records of patients' pregnancy test results are stored securely.
- The trust should ensure that urine samples are not left out without identifying who they belong to.
- The trust should ensure that cylinders containing oxygen and pain relieving gas are stored securely.
- The trust should ensure they complete a review of the entrance and exit door to the paediatric emergency care centre with a view to reducing the risk of children or young people exiting the department
- The trust should continue to review staffing levels in the majors waiting area to ensure patients can be appropriately monitored.
- The trust should ensure all patients requiring pain relief receive it in a timely way.
- The trust should review staffing in the emergency care centre and paediatric emergency care centre to obtain assurance that planned levels are adequate.
- The trust should review planned overnight staffing in the paediatric emergency care centre ensure staffing levels allow for safe care.
- The trust should ensure staff are competent in their understanding of the Mental Capacity Act and Deprivation of Liberty Safeguard principles and monitor practice to ensure staff follow the Act.
- The trust should ensure they continue efforts to improve performance against the Department of Health standard for admitting, transferring or discharging patients within four hours and waiting times for patients and reduce the percentage of patients leaving before being seen.
- The trust should review transfers after 10pm in line with trust 'always events'.

In medicine:

- The trust should review the staffing on Highfield Ward to ensure there is appropriate oversight and leadership.
- The trust should continue to review processes, monitor and respond to staffing levels, skill mix and patient acuity on all wards.
- The trust should ensure ward managers have protected time to allow them to perform their managerial duties.

Summary of findings

- The provider should ensure that records are kept secure at all times, so that they can only be accessed or viewed by authorised staff.
- The trust should continue to monitor compliance and actions taken to ensure patient information is documented on the transfer form prior to moving to another ward.
- The trust should monitor the number of patients moves for non-clinical reasons throughout their stay.
- The trust should review arrangements for ward moves to ensure that patients are not moved ward more than is necessary and where possible during the daytime.
- The trust should ensure patients privacy and dignity is maintained at all times in the cardiac catheter laboratory.
- The trust should ensure all risks are reviewed, mitigated and managed effectively on the divisional risk register.
- The trust should ensure processes are in place to ensure all complaints are responded to within a timely manner.
- The trust should ensure all staff have access to mental health needs training.
- The trust should ensure patients' care plans are individualised and reflect the specific needs of the patient.
- The trust should ensure all medical staff have allocated time and are supported to attend training.
- The trust should continue to engage with and support staff on Taylor Ward through the reallocation of the service.
- The trust should ensure that the executive team and senior managers are visible at Leigh Infirmary.

In maternity:

- The trust should ensure an effective cleaning schedule is undertaken and cleaning equipment on the clinical wards are stored safely.
- The trust should ensure ward managers have protected time to allow them to perform their managerial duties and have appropriate oversight and leadership across the maternity department.
- The trust should ensure that the procurement of the call bell system and resuscitation equipment at Leigh Infirmary's antenatal clinic is completed.
- The trust should continue to work with multidisciplinary agencies and develop specialist clinics to ensure women's care plans are individualised and reflect the specific needs of the woman.
- The trust should ensure that all medical staff are engaged with joined up working to ensure patient safety.
- The trust should consider arrangements for specialist bereavement midwife support for families who have lost babies.
- The trust should seek and act on feedback from the public and service users in order to continually evaluate and improve services.
- The trust should continue to develop their mandatory training programme to increase more multidisciplinary training and bespoke training for community staff.
- The trust should ensure that ongoing and planned work for the vision, strategy and service improvement plans continue and are shared and discussed with staff.

In children and young people's services:

- The trust should ensure sufficient storage space and avoid the use of corridors.
- The trust should ensure patients' have person centred care planning to meet their individual needs.

Summary of findings

- The trust should ensure accurate information is shared using the electronic patient recording system.
- The trust should complete risk assessments and management plans for all patients with mental health needs.
- The trust should ensure older children have access to a dedicated space away from younger children.
- The trust should ensure electronic recording system recorded specific child related observations.
- The trust should ensure staff can access all patient records in a timely manner.

Is this organisation well-led?

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

This was our first review of well led at the trust under our next phase methodology. We rated well-led at the trust as good because:

- Leaders had the experience and capability to ensure that the strategy could be delivered and risks to performance addressed.
- Compassionate, inclusive and effective leadership was sustained through development programmes, effective selection, deployment and support processes and succession planning. The leadership was knowledgeable about issues and priorities for the quality and sustainability of services in the short and long term and understood what the challenges were and acted to address them.
- There was a clear statement of vision and values, driven by quality and sustainability. It had been translated into a realistic strategy and well defined objectives that were achievable and relevant. The vision and values had recently been reviewed in collaboration with people who use the service, staff and, external partners.
- The strategy was aligned to local plans in the wider health and social care economy and services were planned to meet the needs of the relevant population. The trust had a focus on the future changes to the local health economy and the trust's role within that future.
- The trust had a culture of candour, openness, honesty, transparency and challenges to poor practice were the norm. Leaders supported delivery of high-quality, sustainable and compassionate care. The leadership actively promoted staff empowerment to drive improvement through its quality champion programme.
- There were positive relationships between staff, teams and outside organisations. There were processes for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations.
- Equality and diversity was actively promoted and the causes of any workforce inequality was identified and action taken to address these. Staff, including those with protected characteristics, were actively engaged by the trust.
- The board and other levels of governance in the organisation functioned effectively and interacted with each other appropriately. Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, were clearly set out, understood and effective. Staff were clear about their roles and accountabilities.

Summary of findings

- The trust 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 and risks were escalated to the appropriate committees and the board through clear structures and processes.
- The trust had clinical and internal audit processes to monitor and improve performance. The trust had benchmarked its performance nationally and used the information to improve performance.
- Financial pressures were managed so that they did not compromise the quality of care. The trust had extensive cost improvement plans to develop service and improve efficiency. All improvements were developed and assessed with input from clinicians so that their impact on the quality of care was understood.
- The trust had a holistic understanding of performance, which covered and integrated the views of people with quality, operational and financial information. The trust had systems to verify and validate the information used in reporting, performance management and delivering quality care. The trust was using new technology to develop the use of information to drive improvement and had recently invested in a new hospital information system with electronic patient records.
- The trust had consistently high levels of constructive engagement with staff and people who used services, including all equality groups. Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed. Services were developed with the full participation of those who use them, staff and external partners. Innovative approaches were used to gather feedback from people who used services and the public, including people in different equality groups, and there was a demonstrated commitment to acting on feedback.
- The trust had a strong focus on continuous learning and improvement at all levels of the organisation. There was knowledge and training on improvement methods and the skills to use them at all levels of the organisation. There were organisational systems to support improvement and innovation work, notably the engagement champion programme and sharing of improvement work outside of the organisation.

However:

- The visibility of senior leaders varied depending on the hospital site and department. While some areas said senior leaders were visible, others said they were not.
- The trust had identified that capacity of the executives on the board was an issue, due to increasing demands on their roles. The trust had identified this as a problem and were proposing to take action to address it.
- Patients and family members had limited involvement in the serious incident process. While a single point of contact for the patient or family members was identified they were not routinely involved in the investigation. Patient involvement in incidents was an area the trust planned to develop.

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
Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018

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

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal Albert Edward Infirmary	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Leigh Infirmary	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018
Wrightington Hospital	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Thomas Linaker Centre	Good Jun 2016	N/A	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Outstanding Jun 2016
Wigan Health Centre, Boston House	Good Jun 2016	N/A	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Wilmslow Health Centre	N/A	N/A	N/A	N/A	N/A	N/A
Overall trust	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018

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

Ratings for Royal Albert Edward Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018
Medical care (including older people's care)	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018
Surgery	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Critical care	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Maternity	Requires improvement Mar 2018	Requires improvement Mar 2018	Good Mar 2018	Good Mar 2018	Requires improvement Mar 2018	Requires improvement Mar 2018
Services for children and young people	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
End of life care	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016	Good Jun 2016	Outstanding Jun 2016
Outpatients and diagnostic imaging	Good Jun 2016	N/A	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Overall*	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018

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

Ratings for Leigh Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018
Surgery	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Outpatients and diagnostic imaging	Good Jun 2016	N/A	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Overall*	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018

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

Ratings for Wrightington Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Outpatients and diagnostic imaging	Good Jun 2016	N/A	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Overall*	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016

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

Ratings for Thomas Linaker Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good Jun 2016	N/A	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Outstanding Jun 2016
Overall*	Good Jun 2016	N/A	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Outstanding Jun 2016

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

Ratings for Wigan Health Centre, Boston House

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good Jun 2016	N/A	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Overall*	Good Jun 2016	N/A	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016

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

Royal Albert Edward Infirmary

The Elms, Royal Albert Edward Infirmary
Wigan Lane
Wigan
Lancashire
WN1 2NN

Tel: 01942778858
www.wwl.nhs.uk

Key facts and figures

Royal Albert Edward Infirmary is a district general hospital with 513 beds providing care in the following areas: urgent and emergency care, critical care, a comprehensive range of elective and non-elective general medicine (including elderly care) and surgery, paediatric care, neonatal care, maternity care, end of life and a range of outpatient and diagnostic imaging services. It is situated close to Wigan town centre.

Between April 2016 and March 2017 there were 44,543 inpatient attendances and 114,723 outpatient attendances.

We inspected urgent and emergency care, medical care, maternity and children and young people's services at this visit.

Summary of services at Royal Albert Edward Infirmary

Good  

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

Urgent and emergency services

Good   

A summary of our findings about this service appears in the Overall summary.

Key facts and figures

Urgent and emergency services at Royal Albert Edward Infirmary consist of separate paediatric and adult emergency care centres, an x-ray department, an ambulatory assessment area (open between 8am and 9pm daily) and a clinical decisions ward.

The adult emergency care centre has a five-bay resuscitation room (with one designated trauma and paediatric resuscitation bay), a majors area with 16 cubicles, eight minor injury consultation cubicles, an additional suturing/minor procedure room, an eye and ear nose and throat room, two additional clinic rooms, a mental health assessment room and a relative's room.

The paediatric emergency care centre has a high dependency room (HDU), six consultation cubicles, a private examination room, a triage room and a waiting area.

The clinical decisions ward has 11 beds and the ambulatory assessment area has eight beds

Summary of this service

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

- The service managed patient safety incidents well, recognising and reporting them and sharing learning to limit recurrence.
- The service controlled infection risk and kept appropriate records of patients' care and treatment.
- The service prescribed, gave and recorded and stored medicines well and staff had access to an electronic records system that they could update.
- Staff understood how to protect patients from abuse and received appropriate training. Training rates had improved since our last inspection.
- The service provided mandatory training to all staff and made sure staff completed it and were competent in their roles. Staff had the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service provided care and treatment based on national guidance and monitored the effectiveness of care and treatment and used findings to make improvements.
- Staff gave enough food and drink to meet patient needs and worked together as a team to benefit patients.
- Staff cared for patients compassionately. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment and provided emotional support to patients to minimise distress.
- The service planned and provided services in a way that met the needs of local people and generally took account of patients' individual needs.

Urgent and emergency services

- People could access the service when needed. Whilst waiting times were not always in line with national targets, staff used a number of initiatives to try to improve them and maintain patient flow.
- Staff treated concerns and complaints seriously. They investigated them and learned and shared lessons from the results.
- The service had managers at all levels with the right skills and abilities to run the service. They had a vision for achieving goals and workable plans were being put into action to achieve them.
- Managers promoted a positive culture that supported and valued staff and engaged effectively with staff and patients. They collaborated with partner organisations effectively.
- The service had effective systems for identifying risks, and taking action to reduce them and showed commitment to improving services

However:

- Staffing levels in the paediatric emergency care centre were not always adequate to care for children overnight.
- Despite keeping areas and the majority of equipment clean, staff did not keep all waste, equipment and cleaning products secure from the public. Completed cleaning was not recorded in an organised way.
- Whilst the majority of individual needs were met, those relating to vulnerable patients requiring discharge or transfer and waiting times were not always managed effectively.
- Despite managing competencies well, we identified that staff training in the Mental Capacity Act and Deprivation of Liberty Safeguards was minimal. We also identified that staff caring for a mental health patient had not followed trust policy relating to completing a formal capacity assessment.

Is the service safe?

Good  

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

- Action plans to address issues identified in previous inspections were robust with evidence of implementation and progress clearly documented.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service managed patient safety incidents well. Staff recognised the majority of incidents and reported them appropriately. Managers investigated incidents and shared lessons with the team and wider services.
- Staff understood how to protect patients from abuse and had training on how to recognise and report abuse. Training rates had improved since our last inspection in March 2017 and were now 91%.
- The service controlled infection risk. Staff kept themselves, the majority of equipment and the premises clean. They used control measures to prevent the spread of infection.
- The department was undergoing refurbishment to enlarge assessment and reception areas. Staff looked after both the premises and equipment well.
- The service prescribed, gave, recorded and stored medicines well.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up to date and available for all staff providing care. This had improved since our previous inspection in March 2017.

Urgent and emergency services

- The service had enough staff in the emergency care centre with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service effectively assessed the risk to patients and took action where appropriate. Issues we had raised about guidance for managing risks to patients in our previous inspection had now been improved.
- The service used safety monitoring information well. They collected safety information and shared it with staff, patients and visitors.

However:

- Despite keeping areas and the majority of equipment clean, staff did not keep all waste, equipment and cleaning products secure from the public. Completed cleaning schedules were not recorded in an organised way.
- Whilst staff were able to describe the types of incidents they would usually report, not all staff were aware of the need to report equipment issues.
- Despite having enough staff in the emergency care centre, there was reliance on bank staff to cover additional shifts and in the paediatric emergency care centre planned staffing was not always adequate to provide care for the number of children after it closed overnight.
- Arrangements for patients waiting for majors bays posed a risk that deterioration may not be identified as promptly as it should be. However the trust were actively monitoring the risks associated with this.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave enough food and drink to meet patient needs.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent in their roles with a range of teaching sessions in different topics scheduled throughout the year and weekly monitoring of training compliance.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses, physiotherapists and other staff all supported each other to provide good care.
- Staff always had up-to-date accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could update.
- Services were planned to support the delivery of care seven days a week.
- The service supported patients by promoting healthier lifestyles.

However:

- Despite providing care and treatment in line with guidance, pain relief was not always provided for patients in a timely way.

Urgent and emergency services

- Staff training in the Mental Capacity Act and Deprivation of Liberty Safeguards was minimal and staff did not always follow guidance in relation to capacity assessments.

Is the service caring?

Good ● → ←

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

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

Is the service responsive?

Good ● → ←

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

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they need it. Whilst the service did not always meet National targets for waiting times, staff used different initiatives to try to improve them and to maintain patient flow.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results which were shared with staff.

However:

- Some patients waited longer than the national average for care or treatment and some transfers to wards or discharges home occurred late at night.

Is the service well-led?

Good ● → ←

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

- The service had managers at all levels with the right skills and abilities to run the service, providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans were being put into action to achieve it in partnership with staff.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had clear and effective governance structures and staff were clear about their roles and accountabilities.

Urgent and emergency services

- The service had effective systems for identifying risks, planning to reduce them and coping with both the expected and the unexpected.
- The service used management information to effectively monitor and improve performance.
- The service engaged well with patients, staff, and the public to manage services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong.

Outstanding practice

The take ten initiative provided staff with the opportunity to complete mindfulness exercise to improve wellbeing and reduce stress. Sessions were offered on a drop in basis several times twice a month.

The emergency care centre held events to help people with learning disabilities in the local area familiarise themselves with the department. The service arranged visits with a designated nurse from a local NHS community trust. Welcome drinks and cakes were provided and patients toured the department and viewed equipment that might be used to care for them should they require emergency care.

Areas for improvement

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

Action the trust **SHOULD** take to improve

- The trust should ensure that chlorine based products are stored away from drinking water.
- The trust should ensure a more robust record of cleaning is undertaken of areas and equipment on the clinical decisions ward and ambulatory assessment area to provide better assurance of daily cleaning.
- The trust should ensure used linen is stored away in an area that is not accessible to the general public.
- The trust should ensure that records of patients' pregnancy test results are stored securely.
- The trust should ensure that urine samples are not left out without identifying who they belong to.
- The trust should ensure that cylinders containing oxygen and pain relieving gas are stored securely.
- The trust should ensure they complete a review of the entrance and exit door to the paediatric emergency care centre with a view to reducing the risk of children or young people exiting the department
- The trust should continue to review staffing levels in the majors waiting area to ensure patients can be appropriately monitored.
- The trust should ensure all patients requiring pain relief receive it in a timely way.
- The trust should review staffing in the emergency care centre and paediatric emergency care centre to obtain assurance that planned levels are adequate.
- The trust should review planned overnight staffing in the paediatric emergency care centre ensure staffing levels allow for safe care.

Urgent and emergency services

- The trust should ensure staff are competent in their understanding of the Mental Capacity Act and Deprivation of Liberty Safeguard principles and monitor practice to ensure staff follow the Act.
- The trust should ensure they continue efforts to improve performance against the Department of Health standard for admitting, transferring or discharging patients within four hours and waiting times for patients and reduce the percentage of patients leaving before being seen.
- The trust should review transfers after 10pm in line with trust 'always events'.

Medical care (including older people's care)

Good   

A summary of our findings about this service appears in the Overall summary.

Key facts and figures

There are 223 medical inpatient beds across nine wards at the Royal Albert Edward infirmary.

The trust had 33,484 medical admissions between April 2016 and March 2017. Emergency admissions accounted for 12,762 (38%), 286 (1%) were elective, and the remaining 20,436 (61%) were day case.

Admissions for the top three medical specialties were:

- General medicine 12,172
- Gastroenterology 10,591
- Clinical haematology 3,814

(Source: CQC Insight – taken from hospital episode statistics)

Summary of this service

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

- Staff knew what incidents to report and how to report them. Managers investigated incidents and shared lessons learned. They identified themes and monitored near misses.
- The service had systems that managed prescribing, administering, recording and storage of medicines well.
- The wards were clean and equipment was well maintained. Staff followed infection control policies that managers monitored to improve practice.
- Compliance with mandatory training and the number of staff receiving annual appraisals had improved since the last inspection.
- Doctors, nurses and other health professionals worked together to support each other and provide good care.
- Staff treated patients with compassion, dignity and respect. Patients and their relatives could also talk to managers who they saw on the wards.
- The service provided care and treatment based on national guidance and evidence of its effectiveness and managers monitored the effectiveness of the services through regular audits.
- Staff understood how to protect patients from abuse and how to assess patients' capacity to make decisions about their care. Staff had training on safeguarding, the Mental Capacity Act, and Deprivation of Liberty Safeguards.
- Staff and managers were clear about the challenges the service faced. They explain the risks to the department and the plans to deal with them.

However:

- Nurse staffing was challenging across medical services and there were occasions when shifts were not covered as planned. There were significant improvements in recent months and the service had plans to address the issue, mitigate risk, and monitor service provision to maintain safe care on the wards.

Medical care (including older people's care)

- The service did not care for all patients in the most appropriate bed and when the service needed to move patients between beds it did not always do this during the daytime.
- Divisional risk registers did not always demonstrate that actions were taken to mitigate and manage all risks effectively.

Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure staff completed it. Compliance with mandatory training achieved was above the trust target of 90% in all but one of the 19 modules.
- There were trust wide adults and children safeguarding policies and procedures in place, along with a dedicated safeguarding team which were accessible to staff. Staff we spoke to understood and followed procedures to protect vulnerable adults or children.
- The areas we visited were clean and equipment well maintained. The disposal of sharps generally followed good practice guidance and clinical waste and cleaning products were stored appropriately in most areas we visited. However, we saw used sharps containers had been left open on two wards and cleaning chemicals on one ward in an unlocked area which were accessible to patients and the public.
- The service was managing the risks to patients well. The majority of patients had full risk assessments completed and reviewed regularly from admission to discharge. Staff monitored changes in patients' conditions using nationally recognised systems.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service had systems that managed prescribing, administering, recording and storage of medicines well.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team to prevent them happening again.
- The service continuously monitored safety performance of patients and used the information to improve the service.

However:

- Patient records were accessible to unauthorised people in two areas we visited.
- The service had staff vacancies and data provided showed there were many occasions when the nurse staffing levels were less than 90% with increased numbers of untrained staff to support the staff. There was high reliance of bank staff and staff working extra shifts as overtime. There was significant improvement in recent months and the service was responding to ongoing issues and had taken actions to mitigate risk including regular monitoring of staffing levels, skill mix, patient acuity, performance and risk to maintain safe care on the wards.

Is the service effective?

Good   

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

Medical care (including older people's care)

- The service provided care and treatment based on national guidance and service policies reflected this.
- The service ensured the nutrition and hydration needs of patients were assessed and where required they received specialist input and advice.
- Pain was effectively assessed and managed on an individual basis and patients reported their pain was managed effectively.
- Medical services monitored the effectiveness of care and treatment through local audit and national audit
- The service made sure staff were competent for their roles. Managers supported staff through appraisals and supervision. New staff received a package of support including a mentor, induction, and list of competencies, which was flexible according to their area of specialism.
- Staff at all levels and from all disciplines worked together as a team for the benefit of their patients. Staff also worked closely with teams outside the hospital when preparing to discharge patients.
- Not all services were providing seven days services however support was available at all times for patients requiring urgent review or treatment.
- The service supported patients and staff to live healthier lives.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Is the service caring?

Good   

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

- Staff cared for patients with compassion, treating them with dignity and respect.
- Patients, families and carers gave positive feedback about their care.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

Is the service responsive?

Good   

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

- The facilities and premises were mostly appropriate for the services that were delivered with plans in place to address areas that required improvement. The number of patients recovered in the discharge lounge following a procedure in endoscopy unit had significantly reduced since our last inspection.
- Staff took account of patients' individual needs, particularly for patients with dementia, learning disabilities, and mental health problems through champions and advocates.

Medical care (including older people's care)

- The trust worked with partner organisations and had established policies and escalation procedures in place to support access and flow across the trust which were co-ordinated through meeting and held throughout the day to assess and prioritise patient movements in the trust.
- People could access the service when they needed it. Waiting times from treatment and arrangements to admit and treat patients were in line with good practice. The trust worked with partner organisations in trying to get patients discharged at the earliest opportunity.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff although data suggests that not all complaints were responded to as per trust policy.

However:

- The service did not care for all patients in the most appropriate bed and when the service needed to move patients between beds it did not always do this during the daytime.

Is the service well-led?

Good   

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

- The managers knew about the quality issues, priorities and challenges in their service and we saw evidence of these being discussed at key governance meetings.
- The trust had a clear vision that all staff understood and put into practice.
- Staff described the culture within the service as open and transparent. Staff could raise concerns and felt listened to. They said leaders were visible and approachable.
- There was a clear governance structure in medical services and the service had governance, risk management and quality measures to improve patient care, safety and outcomes.
- Managers monitored performance and used the results to help improve care. All staff identified risks to good care.
- Clear and robust service performance measures including incidents, deaths and complaints and were reported and monitored by senior managers.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service demonstrated a commitment to improving services by learning from when things went well and when they went wrong.

However:

- Not all risks on the divisional risk register were being reviewed and measures taken to mitigate and manage effectively.
- Not all staff had awareness of the strategy for the division of medicine.

Areas for improvement

The trust should:

Medical care (including older people's care)

- The trust should review the staffing on Highfield Ward to ensure there is appropriate oversight and leadership.
- The trust should continue to review processes, monitor and respond to staffing levels, skill mix and patient acuity on all wards.
- The trust should ensure ward managers have protected time to allow them to perform their managerial duties.
- The trust should ensure that records are kept secure at all times, so that they can only be accessed or viewed by authorised staff.
- The trust should continue to monitor compliance and actions taken to ensure patient information is documented on the transfer form prior to moving to another ward.
- The trust should monitor the number of patients moves for non- clinical reasons throughout their stay
- The trust should review arrangements for ward moves to ensure that patients are not moved ward more than is necessary and where possible during the daytime.
- The trust should ensure patients privacy and dignity is maintained at all times in the cardiac catheter laboratory.
- The trust should ensure all risks are reviewed, mitigated and managed effectively on the divisional risk register.
- The trust should ensure processes are in place to ensure all complaints are responded to within a timely manner.
- The trust should ensure all staff have access to mental health needs training.
- The trust should ensure patients' care plans are individualised and reflect the specific needs of the patient.
- The trust should ensure all medical staff have allocated time and are supported to attend training.

Maternity

Requires improvement



A summary of our findings about this service appears in the Overall summary.

Key facts and figures

On average 3,000 babies are born each year within the Royal Albert Edward Infirmary maternity unit at Wigan and up to 4,000 babies are born within the borough that includes mothers who choose to birth in another unit but receive antenatal and postnatal care from Wigan midwives.

The maternity unit has an antenatal and postnatal ward with 28 beds including three single rooms. There is a dedicated triage unit with two assessment rooms and day assessment area with two couches within the maternity unit. The delivery suite has eight en-suite birthing rooms including a poolroom for women who choose to use water for pain relief during labour. The delivery suite also has a dedicated bereavement room. The delivery suite hosts a maternity operating theatre with an anaesthetic room and recovery area. The neonatal unit is situated adjacent to the delivery suite.

The Trust has two offsite antenatal clinics; the Thomas Linacre Centre in Wigan and Leigh Infirmary; both clinics provide consultant and midwifery clinics.

Antenatal care is additionally provided by the community midwives from four community teams at GP surgeries, Start Well Children's centres or at a woman's home. The maternity service also supports women who choose to have a homebirth.

Summary of this service

We previously inspected maternity jointly with gynaecology and rated the services as requires improvement. During this inspection we only inspected maternity services. We rated it as requires improvement because:

- The trust had put right many of the issues that we had identified in the December 2015 inspection in maternity. However, there were some issues, which had not been resolved, and other new issues identified since the last inspection.
- While staff recognised and reported incidents well, shared learning to reduce recurrence was limited.
- Safety systems, processes and standard operating procedures were not always reliable or appropriate to keep women and babies safe. Staff did not always follow policies and national guidance.
- The service did not always have adequate medical and midwifery staffing levels to keep women and babies safe from avoidable harm and abuse and to provide the right care and treatment. Staff did not continuously assess, monitor or manage risks to women who used the service. Opportunities to prevent or minimise harm were missed.
- There was no established pastoral care system in place following bereavement. The trust did not employ a bereavement midwife.
- Not all staff was aware of the maternity vision and strategy plan or the maternity service development plan.
- There was limited evidence of public engagement.
- Governance processes had not been used effectively to identify and mitigate risks, improve safety and performance and prevent reoccurrence of adverse incidents. There was no evidence of strong medical leadership to improve productivity and clinical practice.

Maternity

However:

- There was an established mandatory training programme for midwives.
- Staff identified potential safeguarding risks, involved relevant professionals and had systems in place to manage it.
- Performance and patient outcomes on the maternity dashboard were good.
- Stillbirth rates were on a downward trend.
- There was an established training and competency programme for midwives who worked in the maternity theatres.
- There was active and appropriate engagement in safeguarding procedures and effective work with other relevant organisations.
- The culture among staff was good.
- Patients were positive about their care.

Is the service safe?

Requires improvement



We previously inspected maternity jointly with gynaecology and rated safe as requires improvement. During this inspection we only inspected maternity services. We rated it as requires improvement because:

- Staff did not always follow infection control guidance. Detergents were displayed openly in the poolroom. These were not the recommended cleaning. The wards appeared cluttered but visibly clean.
- While the service had suitable premises and most of the equipment was appropriate and looked after well, the service did not have appropriate emergency equipment at Leigh Infirmary's antenatal clinic.
- Staff did not always identify and respond appropriately to changing risks including deteriorating health and wellbeing and medical emergencies. For example, maternity early warning scores assessments were not completed within the prescribed timescale to detect deterioration in a woman's condition. This was a concern also raised at the inspection in December 2015.
- The service did not always have adequate medical and midwifery staffing levels to keep women and babies safe from avoidable harm and abuse and to provide the right care and treatment. Ward co-ordinators were not supernumerary, which did not ensure the provision of senior midwifery oversight and clinical support across the maternity department.
- There was a poor management system in place for locum staff. There was no designated consultant anaesthetic on duty every day for the delivery suite, therefore providing no assurance that there was appropriate senior cover and overall responsibility for supporting medical and midwifery staff and managing obstetric emergencies.
- Staff kept most records of patients' care and treatment appropriately. Records were clear, up to date and available for all staff providing care. However, not all risk assessments were completed appropriately; body mass index was not regularly recorded.
- While the service generally prescribed, gave, recorded and stored medicines well, guidance for the administration of opioid analgesia and fetal monitoring for women in early labour was not always followed by staff.

Maternity

- The service managed the reporting of patient safety incidents well. Staff recognised the majority of incidents and reported them appropriately. Managers investigated incidents and shared lessons with the team and wider services. However, the service did not always learn from events or take appropriate action to improve safety in clinical practice.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and had training on how to recognise and report abuse.

Is the service effective?

Requires improvement

We previously inspected maternity jointly with gynaecology and rated effective as requires improvement. During this inspection we only inspected maternity services. We rated it as requires improvement because:

- Staff did not always provide care and treatment based on national guidance and evidence of its effectiveness. Staff did not always follow guidance in place to ensure patient safety. This was also a concern at the inspection in December 2015.
- Guidelines and policies were not always clear to follow, some were over complicated and did not reflect current practice. This was also a concern at the inspection in December 2015.
- The service made sure clinical midwifery staff within the trust were competent in their roles with a range of teaching sessions in different topics scheduled throughout the year with regular monitoring of training compliance. Training and competencies for midwives working in obstetric theatres had improved since the inspection in December 2015. However, there was no system to assess staff competencies, capabilities, activity and performance in the community setting especially for staff that did not routinely rotate into the acute setting

However:

- Staff gave enough food and drink to meet women's needs.
- Pain relief was always provided to women in a timely way.
- The service collected and monitored patient outcomes and used findings to undertake audits and improve clinical practice.
- Staff of different kinds worked together as a team to benefit patients. Obstetricians, anaesthetists, midwives and other allied health care professional supported each other to provide good care. Multidisciplinary care for women with complex issues has improved since the inspection in December 2015. Services were planned to support the delivery of care seven days a week.
- The service supported patients by promoting healthier lifestyles.
- Staff understood their roles and responsibility under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Is the service caring?

Good

Maternity

We previously inspected maternity jointly with gynaecology and rated caring as good. During this inspection we only inspected maternity services. We rated it as good because:

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

Is the service responsive?

Good 

We previously inspected maternity jointly with gynaecology and rated responsive as good. During this inspection we only inspected maternity services. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they need it.
- The service took account of patients' individual needs. The trust worked with partner organisations to support vulnerable women and women with learning disabilities and mental health conditions.
- The service treated concerns and complaints seriously, investigated them and, when things went wrong, learned lessons from the results which were shared with staff. However, we saw evidence that there had not always been changes to clinical practice following investigations.

However:

- There was no specific bereavement midwife specialist to support families.

Is the service well-led?

Requires improvement 

We previously inspected maternity jointly with gynaecology and rated well-led as requires improvement. During this inspection we only inspected maternity services. We rated it as requires improvement because:

- The service had put right many of the issues that we had identified in the December 2015 inspection. However, there were some issues, which had not been resolved, and other new issues identified since the last inspection.
- The service had a vision for what it wanted to achieve and plans were being put into action to achieve it. However, many of these plans were not embedded into practice yet and many staff were not aware or directly involved with the processes.
- Senior managers knew about the quality issues, priorities and challenges in their service and we saw evidence of these being discussed at key governance meetings. However, not all staff were aware of the strategy and service improvement plan for the maternity service.
- There was no evidence of strong medical leadership to improve productivity and clinical practice. There was no evidence of joined up working to promote effective partnership.

Maternity

- The service had governance structures in place and staff were clear about their roles and accountabilities. However, the systems in place had not been used effectively to identify and mitigate risks, improve safety and performance and prevent reoccurrence of adverse incidents. There was limited evidence that the service was committed to improving services by learning from when things went well and when things go wrong. The service did not always identify and take action to address issues or risks affecting the service.
- The service was carrying out limited engagement with the public.

However:

- Staff described the culture within the service as open and transparent. Staff could raise concerns and felt listened to. They said matrons were visible and approachable.
- Staff felt supported and valued, creating a sense of common purpose based on shared values.
- The service used management information to effectively monitor and improve performance.

Areas for improvement

Action the trust **MUST** take to improve

- The trust must continue to review processes, monitor and respond to staffing levels, skill mix and patient acuity in all areas, taking into consideration staff in theatre for elective and emergency caesarean sections.
- The trust must ensure that the administration of diamorphine administered on the ward, is in line with guidelines and, when administered, women and babies have adequate monitoring.
- The trust must ensure that staff complete all records and risk assessments. This includes staff compliance with the maternity early warning score national guidance, specifically in relation to the documentation of respirations.
- The trust must ensure that all policies and guidelines are clear, easy to follow, up to date and that all staff practice is in line with these guidelines.
- The trust must ensure processes are in place to ensure all outcomes and learning from serious incidents and complaints are embedded into clinical practice in a timely manner

Action the trust **SHOULD** take to improve

- The trust should ensure an effective cleaning schedule is undertaken and cleaning equipment on the clinical wards are stored safely.
- The trust should ensure ward managers have protected time to allow them to perform their managerial duties and have appropriate oversight and leadership across the maternity department.
- The trust should ensure that the procurement of the call bell system and resuscitation equipment is completed at Leigh Infirmary.
- The trust should continue to work with multidisciplinary agencies and develop specialist clinics to ensure women's care plans are individualised and reflect the specific needs of the woman.
- The trust should ensure that all medical staff are engaged with joined up working to ensure patient safety.
- The trust should consider arrangements for specialist bereavement midwife support for families who have lost babies.
- The trust should seek and act on feedback from the public and service users in order to continually evaluate and improve services.

Maternity

- The trust should continue to develop their mandatory training programme to increase more multidisciplinary training and bespoke training for community staff.
- The trust should ensure that ongoing and planned work for the vision, strategy and service improvement plans continue and are shared and discussed with staff.

Services for children and young people

Good  

A summary of our findings about this service appears in the Overall summary.

Key facts and figures

Wrightington, Wigan and Leigh NHS Foundation Trust provides a range of paediatric services. It offers the majority of these services at the Royal Albert Edward Infirmary in Wigan, including critical care, high dependency care and special care for new born babies in the neonatal unit and high dependency care, medical care and paediatric surgery for children and young people aged 0-16 years on Rainbow Ward. The trust provides emergency care in the Paediatric Emergency Care Centre (PECC) within the A&E department. Outpatient services for children with ongoing medical needs are provided at the Thomas Linacre Centre.

Inpatient services on Rainbow Ward consists of 34 beds with 12 cubicles, six with en-suite facilities, four five bedded bays and a two bedded high dependency unit. Neonatal services are provided on the neonatal unit adjacent to the delivery suite comprising one intensive care cot 13 cots that can be either high dependency or special care within three bays and three cubicles. There is also a mother and baby room for parents preparing to take babies home and a parents' room to allow parents to have refreshments and relax.

(Source: Routine Trust Provider Information Return (RPIR))

From April 2016 to March 2017 the trust had 3,981 admissions of which 566 were aged under one, 625 were aged one to three, 2,148 were aged four to 15 and 642 were aged 16 and 17.

The trust had 1,787 spells from July 2016 to June 2017. Emergency spells accounted for 90% (1609), 3% (62) were day case spells, and the remaining 6% (116 were elective).

Summary of this service

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

- Local systems and processes reflected a culture of improvement. For example, reporting incidents, regular audits and reviews, introduction of local champions and practice development nurses to have oversight of, and improved staff competencies by supported learning.
- There had been improvements in compliance with mandatory training and the introduction of role specific compulsory training.
- The service were committed to reducing the recruitment of agency staff and instead used bank staff.
- Staff demonstrated compassionate care. Patients' and families religious, emotional, and social needs were understood and the resources provided.
- The leadership team demonstrated a commitment to delivering good quality care. They had an understanding of priorities in their service; the challenges they might present and the changing needs of those who required the service.
- There was a culture of good governance, service improvement and staff development. There were a number of methods used by the leadership team to ensure they audited and reviewed the quality of their work. There were systems in place to help maintain standards in line with national guidance. The leadership team were supported by the trust to ensure they continued to grow and develop as a service.

Services for children and young people

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 compliance was over 98%. Mandatory training modules were delivered to help limit risks, maintain a safe working environment and improve patient safety.
- Staff took a multi-agency approach when managing safeguarding with patients and their families. They involved all key stakeholders to ensure the ongoing safety of those children requiring support. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had appropriate equipment, which was well maintained and ready to use.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- There were processes and systems for the safe management and control of drugs. Patients received the right medication at the right dose at the right time. There were pharmacists and pharmacy technicians who audited medicines regularly with shared learning relating to medicines.
- The service had enough staff with the right qualifications. This demonstrated a commitment to keep people safe and provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring information well. They collected safety information and shared it with staff, patients and visitors.

However:

- Although staff kept themselves, equipment and the premises clean and they used control measures to prevent the spread of infection; the environment struggled for storage space. There was a build-up of equipment and hospital beds in corridors.
- While the service generally assessed and responded to patient risk and had improved its use of monitoring of deteriorating patients, it was not always completing the appropriate risk assessments for patients with mental health needs.
- The electronic recording system was not fully embedded and staff continued to use a dual paper and electronic reporting system. Clinical staff had identified scope for errors in the electronic recording system, for example being unable to record specific child related observations. However, the service had put in place measures to manage the issues.

Is the service effective?

Good   

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

Services for children and young people

- Patients were provided with evidenced based care. Staff used care bundles and screening tools to improve outcomes. The service used a combination of national guidelines and policies to determine the care and treatment provided.
- Staff had access to policies and dedicated teams to support them in delivering local and national priorities. There was systematic process of pain assessment, measurement and review to reduce pain and achieve comfort.
- 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 preferences.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Teams consisted of a range of suitably qualified and skilled staff. The nursing staff were being supported in achieving further specialist skills by attending a mandatory child health training event. Staff expertise and practical skills were strengthened by the support of practice development nurses. Staff were further supported by supervision and annual reviews.
- There was evidence of multidisciplinary team working in the management and rehabilitation of patients. The team were consultant led and there was regular involvement by external agencies to ensure the best outcomes for patients.
- Services were planned to support the delivery of care seven days a week.
- The service supported patients by promoting healthier lifestyles.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental health illness and those who lacked the capacity to make decisions about their care.

Is the service caring?

Good   

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

- Staff demonstrated compassionate care for patients and others involved in patient care.
- Patients' religious, emotional, and social needs were considered and efforts made to meet those needs.
- Staff understood the need to respect the privacy and dignity of all people using the service. There were separate rooms for private and sensitive conversations or for contemplation.
- Families, including children were supplied with supportive resources to help them understand their care and treatment and how it might impact on them and their families.
- Staff took the time to know and understand patients and who they were as individuals. Staff took time to support individual patient needs and additional requests.

Is the service responsive?

Good   

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

Services for children and young people

- The trust planned and provided services in a way that met the needs of local people.
- Patients and visitors individual needs were considered. There was free parking for parents visiting the ward, wheelchair access, technology for those with impairments and additional needs, for example translation services.
- Patients could access the right care and treatment at the right time.
- People gave feedback about their experiences in a range of accessible ways, including how to raise any concerns or issues. People who used the service, their family, friends and other carers felt confident that if they made suggestions for improvements or complained it would be taken seriously and acted upon. The service collected feedback which was used to share what was working well and negative feedback to help improve.

However:

- Older children did not have access to a dedicated space away from younger children. Some older children presented with complex and challenging behaviours that could present as a risk to younger children, as they could not be protected from witnessing the behaviour.
- Patients' care planning documentation was not always unique to that individual. Person-centred care involved people in planning, developing and monitoring their care and this was not always evident in patient records.

Is the service well-led?

Good  

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

- There was considerate and effective leadership who demonstrated what was needed to deliver good and sustainable care. There was leadership development and succession planning. The leadership team demonstrated an understanding of priorities in their service; the challenges they might present and the changing needs of those who required the service.
- There were managers with the right skills and abilities to run a service providing good quality sustainable care. The leadership team demonstrated an understanding of priorities in their service; the challenges they might present and the changing needs of those who required the service.
- The trust had a vision for what it wanted to achieve. They reviewed and evidenced progress at meetings and shared outcomes with staff. They demonstrated a commitment to improvements through clinical auditing and professional development.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us that they felt supported and listened to by staff at a senior level.
- There were effective governance arrangements and a focus on audit, review and oversight across the service which involved staff at all levels. The leadership team managed the risk register to mitigate against the risks.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Staff were encouraged to report incidents and shared learning to improve patient safety.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, and the public to manage services and collaborated with partner organisations effectively.

Services for children and young people

- Staff demonstrated a commitment to best practice. There were a range of performance and risk management systems and processes. Senior staff told us that they worked directly with key stakeholders to highlight the challenges and develop the service to meet the needs of the population.

However;

- The leadership team were relatively newly established and had not yet fully implemented their local plans at the time of inspection.
- The leadership team could not provide us with strategic business plans to demonstrate a step-by-step written list of goals and objectives.

Areas for improvement

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

Action the trust SHOULD take to improve

- The trust should ensure sufficient storage space and avoid the use of corridors.
- The trust should ensure patients' have person centred care planning to meet their individual needs.
- The trust should ensure accurate information is shared using the electronic patient recording system.
- The trust should complete risk assessments and management plans for all patients with mental health needs.
- The trust should ensure older children have access to a dedicated space away from younger children.
- The trust should ensure electronic recording system recorded specific child related observations.
- The trust should ensure staff can access all patient records in a timely manner.
- The trust should ensure that the service develops strategic business plans.

Leigh Infirmary

Leigh Infirmary
The Avenue
Leigh
Lancashire
WN7 1HS
Tel: 01942778858
www.wwl.nhs.uk

Key facts and figures

Leigh Infirmary is a hospital based in Leigh providing care in the following areas: medical (including older people), surgery (99% day case and 1% elective), gynaecology and outpatient and diagnostic imaging (including urology, renal, anti-coagulation, cardiology, chest, obstetrics and gynaecology). The hospital also provides neurological rehabilitation services for those with acquired brain injury or neurological illness. There are 20 beds in this area of the hospital and two wards for short or day case elective surgery. The hospital also hosts an antenatal clinic.

Between April 2016 and March 2017 there were 14,134 inpatient admissions and 180,615 outpatient attendances.

We inspected medical care at this visit. We inspected the antenatal clinic as part of our inspection of maternity services at Royal Albert Edward Infirmary where the maternity unit is located.

Summary of services at Leigh Infirmary

Good   

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

Medical care (including older people's care)

Good   

A summary of our findings about this service appears in the Overall summary.

Key facts and figures

Medical care services at Leigh Infirmary provided neurological rehabilitation for patients with an acquired brain injury or neurological illness requiring neurological rehabilitation and elective diagnostic services such as gastroscopy, colonoscopy and flexible sigmoidoscopy.

The Taylor Ward had 13 beds which included side rooms.

The endoscopy unit at Leigh Infirmary is located within the Hanover Diagnostic and Treatment Centre.

Summary of this service

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

- Staffing levels were planned and meet the needs of the service and nurse staffing levels on Taylor Ward had improved. The service had enough staff with the right skills, qualifications and experience. Staff knew who their managers were and received regular feedback on their work.
- Staff knew what incidents to report and how to report them. Managers investigated incidents and shared lessons learned. They identified any themes and monitored near misses
- The service was meeting the trust's target for staff completing mandatory training and staff were supported through individual competencies specific to their role.
- Staff understood and followed procedures to protect vulnerable adults or children.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service planned and provided services in a way that met the needs of local people and care and treatment provided was based on national guidance.
- There was a cohesive and thorough multidisciplinary approach to assessing the range of people's needs, setting individual goals and providing patient centred care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff treated patients with compassion, dignity and respect. Staff involved patients and those close to them in decisions about their care and treatment. They made sure patients were aware of their goals and plan of care.
- Staff described the culture within the service as open and transparent. Staff could raise concerns and the majority felt listened to.

However:

Medical care (including older people's care)

- Divisional risk registers did not always demonstrate that actions were taken to mitigate and manage all risks effectively.
- Some staff reported the executive team and senior managers were not visible at this site. Some staff reported low morale on Taylor Ward which would be closing in 2018.

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. The service met the trust's target for staff completing mandatory training.
- The service had systems and processes to safeguard vulnerable patients. Staff received training and understood what to do when they believed a patient was at risk of abuse.
- The service controlled infection risk well. The areas we visited were visibly clean. Staff followed infection control policies and managers monitored policies to improve practice.
- The service had suitable premises and equipment. Equipment was well-maintained and appropriate for the services provided.
- Patients' risks were assessed and reviewed regularly by staff from admission to discharge. Staff monitored changes in patients' conditions using nationally recognised systems.
- Staffing levels on Taylor Ward had improved but there was reliance on staff to work extra shifts to fill staff gaps. On the endoscopy unit staffing levels were planned to safely meet the demands of scheduled procedures.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. All staff had access to an electronic records system that they could all update.
- The service prescribed, gave, recorded and stored medicines well. There were systems in place for the safe handling and disposal of medicines.
- Staff knew what incidents to report and how to report them. Managers investigated incidents and shared lessons learned. They identified any themes and monitored near misses.
- The service continuously monitored safety performance of patients on Taylor Ward and used the information to improve the service.

Is the service effective?

Good ● → ←

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

- Staff provided care and treatment based on national guidance and service policies reflected this.
- Staff made sure that patients had enough to eat and drink when they needed it. They supported vulnerable patients who had additional needs or could not eat or drink themselves.
- Pain relief was managed on an individual basis and was regularly monitored for efficacy.

Medical care (including older people's care)

- The service reviewed the effectiveness of care across the division. Treatment was reviewed through local and National audits.
- Managers supported staff through regular appraisals and supervision. New staff received a package of support including a mentor, induction and competencies which were relevant to their area of work.
- Staff at all levels and from all disciplines worked together as a team for the benefit of the patients.
- Not all services were providing seven days services. However, staff had telephone access to medical advice from the on-call team at the Royal Albert Edward Infirmary at all times.
- Patients and staff were supported to live healthier lives.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Is the service caring?

Good   

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

- Care was delivered by caring and compassionate staff. We observed patients being treated with dignity, respect and kindness in a timely manner.
- Staff involved patients and those close to them in decisions about their care and treatment. They made sure patients and their families had information about their treatment and aftercare.
- Patients gave positive feedback and said they could speak to the staff 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 services in a way that met the needs of local people. They worked with commissioners, external providers and local authorities.
- Staff took account of patients' individual needs, particularly for patients living with dementia, learning disabilities and mental health through champions and advocates.
- The service had policies and escalation procedures in place to support access and flow across the trust which were co-ordinated through a meeting held throughout the day to assess and prioritise patient movements in the trust. Patients could access care and treatment in a timely manner.
- Staff knew how to deal with complaints and concerns. Managers investigated them and shared lessons with all staff although data suggests that not all complaints were responded to as per trust policy.

Medical care (including older people's care)

Is the service well-led?

Good ● → ←

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

- The managers knew about the quality issues, priorities and challenges in their service and we saw evidence of these being discussed at governance meetings.
- The trust had a clear vision that all staff understood and put into practice. The division had a strategy although not all staff were aware of it.
- Staff described the culture within the service as open and transparent. Staff were aware of who the executive team and senior managers were and could raise concerns and felt listened to.
- The service had governance structures and systems for managing risk management and measuring quality
- Managers monitored performance and used the results to help improve care. All staff identified risks to good care.
- Staff and managers were clear about the challenges the department faced. They explained the risks to the department and the plans to deal with them.
- Clear and robust service performance measures including incidents, deaths and complaints and were reported and monitored by senior managers.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service demonstrated a commitment to improving services by learning from when things went well and when they went wrong.

However:

- Some staff did not feel the executive team and senior managers were all visible around the hospital.
- Staff morale on Taylor Ward had been affected by the impending closure of the ward in 2018 and some staff felt they were not fully informed or valued.
- While risks were recorded on a risk register there was little evidence that the service took action to eliminate or minimise every risk on the risk register.

Areas for improvement

The trust should:

- The trust should ensure all risks are reviewed, mitigated and managed effectively on the divisional risk register
- The trust should ensure all staff have access to mental health needs training.
- The trust should ensure processes are in place to ensure all complaints are responded to within a timely manner.
- The trust should ensure patients' care plans are individualised and reflect the specific needs of the patient.
- The trust should continue to engage with and support staff on Taylor Ward through the reallocation of the service.
- The trust should ensure that the executive team and senior managers are visible at the hospital.

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)

This guidance (see 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

Maternity and midwifery services

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Maternity and midwifery services

Regulation

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

Regulated activity

Maternity and midwifery services

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Our inspection team

Nicholas Smith, head of hospital inspection, led the inspection. An executive reviewer, Aidan Thomas, supported our inspection of well-led for the trust overall.

The team included one inspection manager, five inspectors, one executive reviewer, 13 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.