

# East Cheshire NHS Trust

## Inspection report

Macclesfield District General Hospital  
Victoria Road  
Macclesfield  
Cheshire  
SK10 3BL  
Tel: 01625421000  
www.eastcheshire.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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Requires improvement 

Combined quality and resource rating

Good 

# 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

East Cheshire NHS Trust provides a range of acute and community-based services, including emergency care and emergency surgery; elective surgery in many specialties; maternity and cancer services. The community health services include; community nursing, intermediate care, occupational and physiotherapy, community dental services, speech and language therapy and palliative care. They also provide several hospital services in partnership with other local trusts and private providers, including pathology, urology and renal dialysis services. Inpatient services are provided from two hospital sites – Macclesfield District General Hospital (main site) and Congleton War Memorial Hospital. Outpatient services are provided in Macclesfield District General Hospital and community bases in Congleton, Handforth, Knutsford, Wilmslow and Poynton.

## Overall summary

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

## What this trust does

East Cheshire NHS Trust provides a range of acute and community-based services, including emergency care and emergency surgery, elective surgery in many specialties, maternity and cancer services. The community health services include community nursing, intermediate care, occupational and physiotherapy, community dental services, speech and language therapy and palliative care. They also provide several hospital services in partnership with other local trusts and private providers, including pathology, urology and renal dialysis services.

The trust has one acute hospital which is Macclesfield General Hospital.

## 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.

At this inspection, we inspected urgent and emergency care, critical care, end of life care and outpatients at Macclesfield General Hospital. We also inspected community children, young people and families, community dental care and community inpatient services. We inspected these services as they had not been inspected since 2014.

# Summary of findings

## What we found

### Overall trust

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

- We rated effective, caring, responsive and well-led as good, and safe as requires improvement. We rated 12 of the trust's 13 services as good and one as requires improvement. In rating the trust, we took into account the current ratings of the six services not inspected this time.
- We rated well-led for the trust overall as good.
- Services we inspected had enough staff to care for patients and keep them safe. Most staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The trust controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They mostly managed medicines well. The trust managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave patients enough to eat and drink. Managers monitored the effectiveness of most of the services and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Services were planned and provided care in a way that met the needs of local people and the communities served. The trust also worked with others in the wider system and local organisations to deliver care. The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. The trust treated concerns and complaints seriously, investigated them and shared lessons learned with staff.
- Leaders ran most services well and supported staff to develop their skills. Staff understood the trust's vision and values, and how to apply them in their work. Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The services engaged well with patients to manage services and staff were committed to improving services continually.

However:

- Within urgent and emergency care and outpatient services, patients could not always access services when needed and receive treatment within agreed timeframes and national expectations.
- Within the community inpatients service, people could not always access the service when they needed it and criteria for admission to intermediate care were not formally agreed. The adaptations of the environment and facilities for people living with dementia were limited within the community inpatients services.
- Within the complex care team in the children's community service, the service had not met their responsibilities regarding legal and appropriate consent to care and treatment when patients had reached the age of 16. There had been gaps in the leadership teams and governance processes were not well understood in community children's services.

# Summary of findings

## Are services safe?

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

- Although the services we inspected at this inspection were rated as good for safe, the ratings for medical care and services for children and young people were requires improvement at the last inspection.
- At this inspection, we found the services we inspected had enough staff to care for patients and keep them safe.
- Most staff had training in key skills, understood how to protect patients from abuse, and managed safety well.
- The trust controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well.
- The trust managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

## Are services effective?

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

- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it.
- Managers monitored the effectiveness of most of the services and made sure staff were competent.
- Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

However:

- Within the complex care team in the children's community service, the service had not met their responsibilities regarding legal and appropriate consent to care and treatment when patients had reached the age of 16.

## Are services caring?

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

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

## Are services responsive?

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

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

# Summary of findings

However:

- Within urgent and emergency care and outpatient services, patients could not always access services when needed and receive treatment within agreed timeframes and national expectations.
- Within the community inpatients service, people could not always access the service when they needed it and criteria for admission to intermediate care were not formally agreed. The adaptations of the environment and facilities for people living with dementia were limited within the community inpatients services.

## Are services well-led?

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

- Leaders ran services well and supported staff to develop their skills.
- Staff understood the trust's vision and values, and how to apply them in their work.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.
- The services engaged well with patients to manage services and all staff were committed to improving services continually.

However:

- There had been gaps in the leadership teams and governance processes were not well understood in community children's services.

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## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in critical care, end of life care, outpatients and community services for children, young people and families.

For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including two breaches of legal requirements that the trust must put right. We found 37 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

## Action we have taken

We issued two requirement notices to the trust. Our action related to breaches of two legal requirements in two core services.

# Summary of findings

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

## What happens next

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

## Outstanding practice

### Critical care

- Learning from incidents was enhanced through study days where staff on the unit were asked to review sample incident reports, decide how and what to investigate, and the determine what learning actions for individual or systemic improvement could be identified.

### End of life care

- The service had introduced simulation training that was regionally accredited.

### Outpatients

- The service promoted staff development and had trained three members of staff with the department to become autism link nurses. The nurses provided support and advice to patients, carers and staff. The trust was the first hospital to receive accreditation from the National Autistic Society. Key departments recognised included outpatients.

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

- The Allied Healthcare Professionals had arrangements in place for peer supervision that were robust, timely and ensured that staff received consistent support from each other. This was of benefit for staff that worked remotely in the community. Staff reported that they felt this was a useful and meaningful support arrangement.

## Areas for improvement

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

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

We told the trust that it must take action to bring services into line with two legal requirements. These actions related to two services.

### Urgent and emergency care

- The service must ensure that patients receive care in a timely way and work towards improving performance against national expectations such as the time from arrival to treatment. Regulation 9

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

- The trust must ensure that care and treatment of service users is only be provided with the consent of the relevant person. This is particularly relevant where children and young people reach the age of 16 and the service needs to act in their best interests. Regulation 11 (1), (2), (3), (4), (5)

# Summary of findings

Action the trust SHOULD take to improve

## Trust-wide

- The trust leadership team should continue to work with partners at pace to resolve the financial and service sustainability issues affecting the trust.
- The trust should continue to improve information technology systems to support patient care.

## Urgent and emergency care

- The service should continue to work towards meeting the national Facing the Future recommendations for children's nurses in the emergency department.
- Patient group directions should be documented appropriately.
- Medical gas cylinder checks should be recorded.
- Nursing records including the risk assessments should be fully completed.
- All equipment and trollies should be checked according to trust policy and this should be recorded.
- Pain assessments and monitoring should be completed in a timely manner and documented in the patient record.

## Critical Care

- The trust should consider the risks and benefits of improvement to the environment and equipment on the unit.
- Staff in the multidisciplinary team should consider the benefits of interacting with each patient whilst approaching the bedside before commencing discussions about the patient's care.
- The service should consider how it can clearly develop, articulate and document a vision and strategy for the unit.

## End of life care

- The trust should ensure that staff are compliant with all training requirements.
- The trust should consider how to provide seven day service, in the hospital, in line with guidance.
- The trust should consider how to monitor rapid discharges and percentage of patients who have their preferred place of death.

## Outpatients

- The trust should continue to work towards improving performance against national expectations so patients receive care in a timely way
- The trust should ensure that each patient has an up to date record of their care and treatment
- The trust should gain assurance that all staff comply with hand hygiene practices.
- The trust should consider placing engaged signs on consultation doors to help protect patient privacy.
- The trust should consider developing standard operating procedures for monitoring medicine fridge temperatures.
- The trust should consider improving the signage on the multifaith room.
- The trust should update clinic waiting times in the reception areas so that they are accurate.
- The trust should continue work to help staff within general outpatients and orthopaedic outpatients feel more integrated.

# Summary of findings

## Community inpatients

- The trust should review nurse staffing levels and skill mix to ensure patients can be provided with individualised care, responsive to their needs.
- The trust should consider the implementation of an early warning score to identify signs of deterioration in patients in all inpatient areas.
- The trust should review and implement criteria for admission to intermediate care and monitor adherence to these.
- The trust should develop the clinical governance framework further to ensure involvement and engagement of medical staff ensuring learning is shared across the service.
- The trust should develop a clinical audit plan for the service and assess compliance of staff with national and local best practice guidance.

## Community children, young people and families

- The trust should ensure that all staff have training and appraisals to meet the trusts targets and this is monitored appropriately. Regulation 18 (2), (a), (b), (c)
- The trust should ensure they provide information in formats that meets children and young people's needs and appropriate people that support them. Regulation 9 (3), (c), (d)
- The trust should consider increasing arrangements to collect data consistently and monitor outcomes of the service to promote quality improvements.
- The trust should consider reviewing its current arrangements for transition planning in order that plans can be implemented in a timely manner and individuals needs can be consistently met.
- The trust should consider reviewing its arrangements for wider consultation both with patients, appropriate individuals and the wider community in order that the service can be adapted based on their views.
- The trust should consider reviewing its arrangements for governance and data management in determining the quality of the service examples include a lack of monitoring for waiting times to treat patients to meet patient individual needs.
- The trust should consider its local management arrangements of the service to ensure there is a consistent management prescience and staff can access senior managers as needed.
- The trust should consider putting into place a consistent vision and strategy that supports staff to understand their role in meeting the strategy.
- The trust should consider improving its current methods of managing patient records to ensure they are easily available to all staff providing care.
- The trust should consider putting into risk assessments for the appropriate use of equipment per patient to meet and determine that the equipment is used correctly, staff understand its usage and have received appropriate training.

## Is this organisation well-led?

# 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, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

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

We found the trust board had the skills, knowledge and experience that they needed. They had a high level of understanding of the challenges to quality and sustainability. They demonstrated a commitment to meeting the needs of the local population. There was evidence of compassionate, inclusive and effective leadership throughout the organisation. Most staff reported that the leaders were visible and approachable.

Meeting the needs of the people of Cheshire East was the primary focus of the trust board's vision. The trust has not yet been able to develop a comprehensive service strategy and was dependent on working with relevant stakeholders within the wider health economy. The vision and strategy development were focused on sustainability; it was clearly understood that the trust was not currently sustainable and wider economy reform was still needed. Whilst the trust board was actively pursuing sustainable options, some of the required decision making was outwith the trust.

The trust promoted equality and diversity and provided opportunities for career development. Staff felt respected, supported and valued. The trust had an open culture where patients, their families and staff could raise concerns without fear.

The trust leadership team operated effective governance processes across the trust and with partner organisations. Staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the services.

There were comprehensive assurance systems and performance issues were escalated appropriately through clear structures and processes. Processes to manage current and future performance were in place. There was a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken. There were robust arrangements for identifying, recording and managing risks, issues and mitigating actions. Potential risks were taken into account when planning services and managing services.

The trust leadership teams had an holistic understanding of performance, which integrated people's views with information on quality, operations and finances. The information was used to measure for improvement.

People's views and experiences were gathered and acted on to improve the current services and culture.

There were systems to support improvement and innovation work. Learning was shared effectively and used to make improvements.

However, although there was openness about the clinical and financial sustainability of the trust and the leadership team were actively engaged in wider partnership working to develop proposals for future sustainable services for the benefit of the local population, there was a growing need for improvements in the pace of change.

Processes for managing wider health system risks affecting the Cheshire East "place" were not fully developed and were not yet effective in driving resolution of the financial and service sustainability issues affecting the trust.

Some improvements had been made to the information technology systems since the previous inspection, there remained further work needed to improve and integrate systems.

# Summary of findings

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at <https://www.cqc.org.uk/provider/RJN/reports>

## Ratings tables

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

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

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

### Ratings for the whole trust

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

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

### Ratings for a combined trust

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

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

## Ratings for Macclesfield General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ 2019	Good ↔ 2019	Good ↔ 2019	Requires improvement ↓ 2019	Good ↔ 2019	Good ↔ 2019
Medical care (including older people's care)	Requires improvement Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Surgery	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Critical care	Good ↑ 2019	Good ↔ 2019	Good ↔ 2019	Good ↔ 2019	Good ↔ 2019	Good ↔ 2019
Maternity	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Services for children and young people	Requires improvement Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
End of life care	Good ↔ 2019	Good ↑ 2019	Good ↔ 2019	Good ↔ 2019	Good ↑ 2019	Good ↑ 2019
Outpatients	Good 2019	Not rated	Good 2019	Requires improvement 2019	Good 2019	Good 2019
<b>Overall*</b>	Requires improvement ↔ 2019	Good ↔ 2019	Good ↔ 2019	Requires improvement ↓ 2019	Good ↑ 2019	Requires improvement ↔ 2019

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Community health services for children and young people	Good ➔➡ 2019	Requires improvement ➔➡ 2019	Good ➔➡ 2019	Good ➔➡ 2019	Requires improvement ➔➡ 2019	Requires improvement ➔➡ 2019
Community health inpatient services	Good ➔➡ 2019	Good ➔➡ 2019	Good ➔➡ 2019	Requires improvement ↓ 2019	Good ➔➡ 2019	Good ➔➡ 2019
Community end of life care	Good Apr 2018	Requires improvement Apr 2018	Outstanding Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Community dental services	Good ➔➡ 2019	Good ➔➡ 2019	Good ➔➡ 2019	Good ➔➡ 2019	Good ➔➡ 2019	Good ➔➡ 2019
<b>Overall*</b>	Good ➔➡ 2019	Good ➔➡ 2019	Good ➔➡ 2019	Good ➔➡ 2019	Good ➔➡ 2019	Good ➔➡ 2019

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

# Acute health services

## Background to acute health services

The trust runs acute health services at Macclesfield District Hospital.

The trust has approximately 344 general and acute beds and six critical care beds. The emergency department is a type one department that treats approximately 50,000 new patients per annum.

Macclesfield District Hospital provides urgent and emergency care, medicine, surgery, critical care, maternity, children and young people's services, end of life care and outpatients services.

At this inspection, we inspected urgent and emergency care services, critical care services, end of life care services and outpatient services.

## Summary of acute services

Our rating of these services stayed the same.

We rated them as requires improvement because:

- We previously inspected and rated safe in medical care, surgery, and services for children and young people at Macclesfield General Hospital as requires improvement.
- At this inspection we inspected and rated responsive in urgent and emergency care and outpatients at Macclesfield General Hospital as requires improvement.

However:

- At this inspection, we rated urgent and emergency care, critical care, end of life care and outpatients as good overall.
- We previously inspected and rated medical care, surgery, maternity and services for children and young people as good overall.

The summary of four services inspected during this inspection appears in the overall summary of this report.

# Macclesfield District General Hospital

Victoria Road  
Macclesfield  
Cheshire  
SK10 3JF  
Tel: 01625421000  
[www.eastcheshire.nhs.uk](http://www.eastcheshire.nhs.uk)

## Key facts and figures

Macclesfield District Hospital has approximately 344 general and acute beds and six critical care beds. The emergency department is a type one department that treats approximately 50,000 new patients per annum.

Macclesfield District Hospital provides urgent and emergency care, medicine, surgery, critical care, maternity, children and young people's services, end of life care and outpatients services.

At this inspection, we inspected urgent and emergency care services, critical care services, end of life care services and outpatient services.

## Summary of services at Macclesfield District General Hospital

**Requires improvement** ● → ←

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

- We previously inspected and rated safe in medical care, surgery and services for children and young people as requires improvement.
- At this inspection, we rated responsive in urgent and emergency care and outpatients as requires improvement.
- We found patients could not always access services when needed and receive treatment within national expectations or NHS constitutional standards, particularly within the emergency department and outpatients.

However:

- We previously inspected and rated medical care, surgery, maternity and services for children and young people as good overall. At this inspection we inspected and rated urgent and emergency care, critical care, end of life care and outpatients as good.
- The services had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Incidents were managed well and learning was disseminated to all staff. Infection control processes were in place and staff could identify deteriorating patients and escalate them appropriately.

# Summary of findings

- Staff provided treatment based on national guidance and best practice. The effectiveness of care and treatment was monitored and findings were monitored to make improvements. Staff were competent for their roles and all staff worked together as a team for the benefit of patients. Most services were available seven days a week to support patient care. Consent processes were followed and patients were supported who lacked capacity.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The services planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. The service took account of patients individual needs and made reasonable adjustments.
- Leaders were visible and approachable and the services used systems to manage services effectively. Governance processes were in place and staff were clear about their roles. Staff felt respected and valued and there was a good open culture and engagement of staff and patients. There was continuous learning and improvement in the hospital.

# Urgent and emergency services

Good   

## Key facts and figures

The emergency department is a type one department that treats approximately 50,000 new patients per annum. The service treats children and young people and about 20% of attendances are for children.

The department is consultant led, with consultants available from 09.00am until 21:00pm each week day. The department is supported by nurses and health care assistants (bands 2-7), junior doctors, emergency nurse practitioners and middle grade doctors; with a variety of services out reaching to provide specialist input. These include liaison psychiatry which is provided by a nearby mental health trust.

There is an acute assessment unit with criteria for attendance. Patients attending were GP referrals, planned treatments or referred from the hospital out-patient department.

There is a GP out of hours service which provides GP cover seven days a week, 24 hours a day. This was not part of the inspection.

We inspected this service on 2,3 and 4 July 2019. It was an unannounced inspection which means that the hospital did not know that we were coming. The service was inspected by an inspector, a mental health inspector, a specialist advisor and an expert by experience.

During the inspection, we spoke with the clinical lead for the department and a consultant in the department. We spoke with the senior sister, the operational manager, two matrons, the practice educator, the assistant director for the department, a senior nurse, a band 6 nurse, a pharmacist, the GP frailty lead, a band three health care assistant, two paramedics, a shift co-ordinator, one housekeeper, two receptionists, two middle grade doctors, the head of pharmacy for urgent care, the lead for the psychiatric liaison team and a student nurse.

We attended two bed flow meetings, a consultant hand over and we observed a training session.

We case tracked eight patients who were known to the psychiatric liaison team.

We spoke with eight patients and their carers and we looked at 23 patient records.

## Summary of this service

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

- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Incidents were managed well and learning was disseminated to all staff. Infection control processes were in place and staff could identify deteriorating patients and escalate them appropriately.
- Staff provided treatment based on national guidance and best practice. The effectiveness of care and treatment was monitored and findings were monitored to make improvements. Staff were competent for their roles and all staff worked together as a team for the benefit of patients. Services were available seven days a week to support patient care. Consent processes were followed and patients were supported who lacked capacity.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

# Urgent and emergency services

- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. The service took account of patients individual needs and made reasonable adjustments.
- Leaders were visible and approachable and the service used systems to manage services effectively. Governance processes were in place and staff were clear about their roles. Staff felt respected and valued and there was a good open culture and engagement of staff and patients. There was continuous learning and improvement in the department.

However

- Staff did not always assess and monitor patients regularly to see if they were in pain and give pain relief in a timely way.
- Patients could not always access services when needed and receive treatment within agreed timeframes in accordance with NHS constitutional standards.
- Equipment was not always checked according to trust policy.
- Documentation was not always fully completed.

## Is the service safe?

Good  

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

- Most nursing staff received and kept up-to-date with their mandatory training.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff followed infection control principles including the use of personal protective equipment.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- There was an appropriate environment to support the treatment of children and young people.
- Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The service had implemented the sepsis 6 care bundle to improve diagnosis and treatment of sepsis.
- The service had 24-hour access to mental health liaison and specialist mental health support (if staff were concerned about a patient's mental health)
- The service had mostly enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction. Staff had received training in the care and treatment of children.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

# Urgent and emergency services

However

- Equipment was not always checked according to trust policy.
- Documentation was not always fully completed.
- Medicines were not always managed appropriately.
- The service did not meet national guidelines for the recommended number of trained paediatric trained nurses on each shift.

## Is the service effective?

**Good** ● → ←

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However

- Staff did not always record pain levels and give pain relief in a timely way.

## Is the service caring?

**Good** ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Patients said staff treated them well and with kindness.
- Staff gave patients and those close to them help, emotional support and advice when they needed it.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

# Urgent and emergency services

## Is the service responsive?

**Requires improvement**  

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

- Patients could not always access services when needed and receive treatment within agreed timeframes and NHS constitutional standards. Compliance with these had declined since the previous inspection.

However

- The service planned and provided care in a way that met the needs of local people and the communities served, including children and young people. It also worked with others in the wider system and local organisations to plan care.
- Staff could access emergency mental health support 24 hours a day 7 days a week for patients with mental health problems, learning disabilities and dementia
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

**Good**   

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
-

# Critical care

Good   

## Key facts and figures

The critical care unit at Macclesfield District General Hospital is part of the acute and integrated care services directorate and has six adult beds. The service provides comprehensive care for patients who are critically ill through either injury or illness. The unit treats approximately 450 patients at acuity levels two and three per year.

- Level two (also known as high-dependency): May be managed within clearly identified, designated beds, resources with the required expertise and staffing level or may require transfer to a dedicated level two facility / unit.
- Level three (also known as intensive care): Patients needing advanced respiratory support and / or therapeutic support of multiple organs.

The critical care service is a member of the Cheshire and Mersey Critical Care Network which is committed to sharing and promoting best practice, both clinically and managerially to ensure the best possible outcomes for the critically ill patient, setting regional standards within a service specification and a peer review evaluation process.

Patients are admitted from any speciality within the hospital, occasionally planned; for example, after major surgery but most commonly as an emergency. Occasionally the service accepts patients into intensive care from external providers who may be referred due to local capacity issues. Whilst in the unit the patient remains under the care of the admitting consultant supported by the anaesthetic team who provide 24-hour cover with a resident speciality doctor and an on-call consultant.

The critical care service provides an outreach service of advanced practice critical care staff that support the ward clinicians in the management of the acutely ill patient, in addition to leading on sepsis, acute kidney injury and central line venous access.

In the 12 months prior to the inspection, the unit reported:

- No never events.
- No serious incidents
- No incidences of hospital-acquired infections.
- No patient complaints
- No pressure ulcers, or catheter associated urinary tract infections

We inspected the critical care service as part of an unannounced inspection between 25 and 27 June 2019. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring performance.

During the inspection we reviewed five sets patient records. We spoke with 20 members of staff including medical, nursing, healthcare assistant and allied health professional staff. We reviewed ten relatives and carers feedback forms provided to the critical care network about the unit.

## Summary of this service

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

# Critical care

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

## 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 staff and monitored completion of the training. Training completion rates for nursing and healthcare staff on the unit exceeded or were on trajectory to meet the trust target.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough allied health professionals with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

# Critical care

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

However,

- The unit's layout was retained from the legacy design of the unit and, as such, was not therefore required to meet the Department of Health's published Health Building Note 04-02 (HBN 04-02) for critical care units. However, there was no current funding, or active plans for, environmental improvements to the unit in the current financial year to increase bed space size or bed space facilities.

## Is the service effective?

Good   

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

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

# Critical care

## Is the service caring?

Good ● → ←

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

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

However,

- We observed the multidisciplinary team on ward rounds did not interact with patients as they approached the bedside, irrespective of each patient's level of consciousness or sedation.

## Is the service responsive?

Good ● → ←

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

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

## Is the service well-led?

Good ● → ←

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

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

# Critical care

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

However,

- The critical care service did not have a clear long-term vision and strategy. The vision and strategy were dependent on the sustainability of wider services in the hospital, and local plans within the wider health economy, which were under discussion and development at the time of our inspection.

# End of life care

Good  

## Key facts and figures

Macclesfield Hospital provides 24-hour end of life services for people who live in and around the East Cheshire area.

Between January 2018 to December 2018 there were 638 deaths at the trust. There is no dedicated palliative care ward but patients at end of life are nursed on wards throughout the hospital.

The end of life team consists of two palliative care consultants, six palliative care specialist nurses and an end of life practice educator. The service provided an integrated service in the hospital and community.

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

We inspected the hospital as part of an unannounced inspection between 25 and 27 June 2019. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring performance.

We reviewed two records for patients at end of life and 10 records of the unified do not attempt cardio pulmonary resuscitation (uDNACPR). We spoke with a relative of a patient as well as observing care of patients on the wards.

We spoke with 32 members of staff including palliative care nurses, one of the palliative care consultants, integrated discharge nurse, bereavement administrators, nurses of all grades, doctors, a chaplain, mortuary staff, porters and medical engineer.

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, attended to nutrition and hydration needs appropriately, and gave them anticipatory pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

# End of life care

However:

- Compliance with mandatory training was low for the specialist palliative care team.
- Specialist end of life services were only available during weekdays in the hospital.
- There was no dedicated bereavement officer or office at the trust.
- The risk register did not record all identified risks for the service.

## Is the service safe?

Good   

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff used infection control measures when visiting patients on wards and transporting patients after death.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However

- Compliance with mandatory training was low for the specialist palliative care team.

## Is the service effective?

Good  

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

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

# End of life care

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

## Is the service caring?

Good ● → ←

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

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

## Is the service responsive?

Good ● → ←

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

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

# End of life care

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

## Is the service well-led?

Good ● ↑

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

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

# Outpatients

Good 

## Key facts and figures

East Cheshire NHS Trust holds outpatient clinics at Macclesfield District General Hospital, and at satellite locations such as Congleton War Memorial Hospital, Knutsford District Community Hospital and several other throughout the community. The leadership team staff at Macclesfield District General Hospital retain overall responsibility for the clinics and staff at all locations.

The outpatient department is part of the allied health and clinical support services directorate. It provides a number of clinics for patients including:

- General, geriatric and thoracic medicine
- Orthopaedic
- Ophthalmology
- Gynaecology
- Plastic surgery
- Gastroenterology
- Urology
- Trauma and orthopaedics
- Ear, nose and throat
- Rheumatology
- Cardiology

There are two main outpatient departments at Macclesfield hospital; the general outpatient service which is based near the main entrance of the hospital; and an orthopaedic outpatient department (which held a fracture clinic) which is based in a separate part of the hospital and has a separate entrance, reception and parking area.

The service is open from 8.30am until 5.00pm, Monday to Friday. Extra clinics can be scheduled in the evening and at weekends where appropriate.

Appointments are booked by the department's booking and scheduling team, and the use of an automated reminder service is in place to reduce the number of patients that do not attend.

Patient feedback is reviewed monthly via Friends and Family reports. In addition; a quarterly patient satisfaction questionnaire takes place from which an action plan is developed and reviewed at departmental meetings.

The trust has signed off a redesign of the outpatient department at Macclesfield District General Hospital. Work is due to start in July 2019 and is expected to be completed before the end of the year.

The trust had 188,533 first and follow up outpatient appointments from December 2017 to November 2018.

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

# Outpatients

We inspected the outpatient department between 2 and 4 July 2019. Our inspection was unannounced. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We visited the outpatient departments at Macclesfield District General Hospital. We also visited the transcription suite, the booking and scheduling team, and the medical records library.

The inspection team spoke with eight patients and carers, and 21 members of staff including managers, consultants, nurses, healthcare assistants and administrative staff. We reviewed six patient records and observed two consultations and other interactions between staff and patients.

The service was last inspected in May 2015. At the time we jointly inspected the outpatients and diagnostic services.

## Summary of this service

We rated this service as good because:

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

However:

- People requiring routine treatment could not always access the service when they needed it and there were long waits for some specialities.

## Is the service safe?

**Good** 

We rated safe as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.

# Outpatients

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

However:

- Staff did not always keep detailed records of patients' care and treatment. Records were not always clear and up-to-date.

## Is the service effective?

We do not rate the effective domain for outpatient services. However, we found:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

# Outpatients

## Is the service caring?

**Good** ●

We rated caring as good because:

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

## Is the service responsive?

**Requires improvement** ●

We rated responsive as requires improvement because:

- People requiring routine treatment could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national expectations.

However:

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

## Is the service well-led?

**Good** ●

We rated well-led as good because:

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

# Outpatients

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

# Community health services

## Background to community health services

The trust provides community services delivered from locations including Knutsford and Congleton hospitals, Macclesfield General Hospital, clinics, GP premises and patients' own homes. They include children's community nursing, district nursing, intermediate care, occupational health and physiotherapy, community dental services, speech and language therapy and palliative care. The trust no longer provided sexual health services and does not provide universal children's services.

At this inspection we inspected community services for children, young people and families, community inpatients and community dental services.

## Summary of community health services

**Good** ● → ←

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

- We had previously inspected and rated community adult services and end of life care as good. At this inspection we inspected and rated community inpatients and community dental services as good.
- The services we inspected had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Incidents were managed well and learning was disseminated to all staff. Infection control processes were in place and staff could identify deteriorating patients and escalate them appropriately.
- Staff provided treatment based on national guidance and best practice. The effectiveness of care and treatment was monitored and findings were monitored to make improvements. Staff were competent for their roles and all staff worked together as a team for the benefit of patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The services planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. The service took account of patients individual needs and made reasonable adjustments.
- Most leaders were visible and approachable and the services used systems to manage services effectively. Governance processes were in place and staff were clear about their roles. Most staff felt respected and valued and there was a good open culture and engagement of staff and patients.

However:

# Summary of findings

- We rated community services for children, young people and families as requires improvement. Within the complex care team service, consent processes were not always followed for patients who lacked capacity. When patients reached the age of 16, the team had not considered their responsibilities regarding legal and appropriate consent to care and treatment.
- Within community services for children, young people and families, there had been gaps in the leadership teams and governance processes were not well understood.
- Within the community inpatients service, people could not always access the service when they needed it and criteria for admission to intermediate care were not formally agreed.
- The adaptations of the environment and facilities for people living with dementia were limited within the community inpatients services.

# Community dental services

Good ● → ←

## Key facts and figures

The community dental service provides adult and paediatric special care dental services and paediatric exodontia dental services across the South, Vale and East footprint. General community dentistry requiring local anaesthetic is carried out within the dental clinics at Church View Health Centre in Nantwich and Weston Clinic in Macclesfield.

The dentists also manage a cohort of patients within the David Lewis Centre and do also attend home visits. For patients requiring a general anaesthetic for treatment this is carried out within the theatre environment at Macclesfield Hospital or Leighton Hospital.

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

We received feedback from 20 patients and spoke with 11 members of staff. We looked at dental care records for 12 people.

Our inspection between 25 to 27 June 2019 was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. During the inspection we visited all locations where dental services are provided from. The locations were Church View Health Centre, Weston Clinic and the David Lewis Centre.

## Summary of this service

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

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

However:

# Community dental services

- During the inspection we noted not all medical emergency medicines and equipment were available. Immediate action was taken to address this.
- A dental specific sharps risk assessment had not been carried out.
- An audit of antimicrobial prescribing had not been carried out.

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised 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. There were systems in place for receiving and acting on safety alerts.

However:

- During the inspection we noted not all medical emergency medicines and equipment were available. Immediate action was taken to address this.
- A dental specific sharps risk assessment had not been carried out.

## Is the service effective?

Good   

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

# Community dental services

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- An audit of antimicrobial prescribing had not been carried out.

## Is the service caring?

Good ● → ←

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

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

## Is the service responsive?

Good ● → ←

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

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

# Community dental services

## Is the service well-led?

Good ● → ←

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

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

# Community health inpatient services

Good   

## Key facts and figures

East Cheshire NHS Trust has access to 58 intermediate care nursing beds which are provided over two of the hospital sites including Aston Ward at Congleton War Memorial Community Hospital. Provision in Macclesfield is delivered from the acute hospital site but commissioned as an intermediate care unit. The service provides integrated health and social care assessment and therapy for adults who are suffering an acute illness resulting in a change in their ability to care for themselves but not requiring admission to hospital (step up) or people who have been hospitalised and are medically optimised but are unable to return home due to change in their ability to self-care (step down). The service also provides health transitional care for people who are temporarily unable to self-care due to a health reason such as a fracture.

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

Ward 11 at Macclesfield General hospital has 30 beds and Aston ward, 28 beds.

From April 2018 to March 2019 there were 439 admissions to Aston ward and 343 admissions to ward 11.

We inspected the service from 2 July 2019 to 4 July 2019. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. As part of the inspection we visited ward 11 at Macclesfield General hospital and Aston unit at Congleton War Memorial hospital.

During the inspection, we spoke with 28 staff of various grades, including ward managers, nurses, therapists, consultants, middle grade and junior doctors, healthcare assistants, and a housekeeper. We also had a meeting with an associate director and senior nurses. We spoke with 11 patients, observed care and treatment and looked at 16 patient's care records including some medicines charts. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the service.

The service was last inspected in 2014. At that inspection, it was rated good overall.

## Summary of this service

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

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

# Community health inpatient services

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

However:

- People could not always access the service when they needed it and criteria for admission to intermediate care were not formally agreed.
- Optimal staffing levels were not always achieved as staff were moved when demands for staff elsewhere in the trust increased.

## Is the service safe?

**Good**   

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

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

However,

- Although protocols were in place for the emergency transfer of patients from Aston ward to an acute hospital, staff on Aston ward did not use an early warning score to ensure prompt identification of patients at risk of deterioration.

# Community health inpatient services

- Records were not always stored securely on ward 11.
- Optimal levels of staffing were not always achieved, as when additional staff were required to provide enhanced care, they were sometimes moved to other areas of the trust.
- There was not a systematic process in place to share lessons learned with the whole team and the wider 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 evidence-based practice. Staff protected the rights of patients in their care.
- Staff gave patients enough food and drink to meet their needs and improve their health. They monitored the amount they ate and drank when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff assessed individual patient outcomes and achieved good outcomes for patients. They monitored length of stay, delayed transfers of care and re-admissions.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However,

- Staff compliance with relevant NICE guidance was not checked.
- Patient outcome results were not collated to demonstrate the overall effectiveness of the service.

## Is the service caring?

Good   

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

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

# Community health inpatient services

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

## Is the service responsive?

**Requires improvement** ● ↓

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

- People could not always access the service when they needed it and receive the right care in a timely way. Criteria for admitting patients were not clear and patients were admitted who had extended stays and there were no clear plans for their discharge.
- The adaptations of the environment and facilities for people living with dementia were limited.

However:

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

## Is the service well-led?

**Good** ● → ←

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve but did not have a strategy to turn it into action, developed with all relevant stakeholders. There was a trust vision and clinical strategy which were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

# Community health inpatient services

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

However:

- Leaders operated effective governance processes, r, there was limited engagement of medical staff in some governance processes.

# Community health services for children and young people

Requires improvement   

## Key facts and figures

East Cheshire NHS Trust community health services for children, young people and families provided a range of services delivered to people across East, Central and South Cheshire and Vale Royal.

Core services included:

Children's Community Nursing Team operates provides support such as intravenous antibiotics, chemotherapy, oxygen and dressing changes in the patient's own home. This service operates from the children's ward in Macclesfield District General Hospital. The service operates for patients from birth till 16. Support can be provided for young people up until aged 19. The service supports 304 patients and their parents.

Complex Care Team operates from Congleton War Memorial Hospital. They supply care and support packages to assist parents in meeting the needs of seven children and young people. The service operates for patients from birth till 16. Support can be provided and is in place for young people up till aged 25.

Children's Specialist Nursing Team is available based within the hospital. They support a programme based on the Children's ward undertaking home and school visits, including individualised care plans, school/nursery training and monitoring of the child's condition for children under the care of the children's ward. The service supports various numbers of patients at any one time, this can be up to 400 patients and their parents. Support can be provided and is in place for young people up till aged 19.

The nursing team also supplies school nursing support for Park Lane School. The school has pupils with both physical and learning additional needs. The nursing team is responsible for the physical health of the pupils whilst at school.

The Allied Healthcare Professional's teams comprised of Speech and Language Therapists, Occupational Therapists and Physiotherapists. They operate from six different locations.

- Handforth Clinic
- Poynton Clinic
- Park Lane School
- Knutsford District Community Hospital
- Pavilion House
- Congleton War Memorial Hospital
- Ashgrove Clinic

Times and days of the service provisions vary. Overall, they supply support to approximately 1,500 patients. The service operates for patients from birth till 16. Support can be provided and is in place for young people up till aged 19.

Paediatrician Community Clinics operate from Pavilion House. Referrals are received for children who are not meeting their development. Children have a development assessment and are then signposted to other services for additional support.

- As part of inspection we visited the locations of

# Community health services for children and young people

- Handforth Clinic
- Park Lane School
- Pavilion House
- Congleton War Memorial Hospital
- Macclesfield General hospital.

We spoke with 15 patients and their relatives, 17 staff including, managers, Allied Healthcare Professional, support staff, nurses and medical staff. We reviewed in total records for 24 patients including medicine records, care plans, assessments, daily notes, advanced decision making and clinic notes.

## Summary of this service

Our rating of community health services for children and young people stayed the same. We rated it as requires improvement because:

Some groups of staff were unaware of the systems in place to respond to the potential risks of patients with sepsis.

Not all records were up to date and easily available to all staff providing care.

The arrangements for monitoring patient outcomes were not consistent. Staff appraisal rates in some teams did not meet trust targets. Arrangements to make sure that some children, young people could make legally informed decisions about their care and treatment were not effective. Transition arrangements of children and young people were not suitably planned or monitored to meet individual need.

Information was not always in formats that met individual needs.

There was a lack of a clear vision and strategy to ensure that all staff felt connected with the trust and ensure that the service was monitored. Leaders were not consistently visible in the service.

There was limited engagement with patients, staff, equality groups, the public and local organisations to plan and manage services.

However;

Managers and staff understood how to protect patients from harm and abuse and how to report any safety incidents. Environments and equipment were clean and well maintained. Staffing levels were monitored and adjusted to meet patient's needs. Medicines were managed safely.

Managers held meetings with staff to provide support and development. There was good team working both within the service and externally with partners.

Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Emotional support was provided as needed.

Leaders supported staff to develop their personal skills and take on more senior roles. Staff were focused on the needs of patients receiving care. Staff within local teams were clear about their roles and accountabilities and had regular opportunities to meet.

# Community health services for children and young people

## Is the service safe?

**Good** ● → ←

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

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

However:

- Risk assessments for the appropriate use of equipment were not always in place.
- Some groups of staff were unaware of the systems in place to respond to the potential risks of patients with sepsis.
- Not all records were up to date and easily available to all staff providing care.

## Is the service effective?

**Requires improvement** ● → ←

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

- Although we found the service largely performed well, it did not meet legal requirements relating to regulation 11 consent meaning we could not give it a rating higher than requires improvement.
- Staff did not consistently support children, young people and their families to make informed decisions about their care and treatment. When patients reached the age of 16 the service had not considered their responsibilities regarding legal and appropriate consent to care and treatment.
- The use of formal pain assessment was inconsistent across the services.

# Community health services for children and young people

- Patient outcome results were not collated to demonstrate the overall effectiveness of the service.
- The service did not meet trust targets for staff appraisal rates. In some areas rates were significantly below the trust target. Information requested from the services was not all made available.
- Transition arrangements of children and young people were not monitored to ensure that they were in line with national standards or met patient individual needs.

However;

- Staff monitored the effectiveness of care and treatment on an individual basis. The staff used the findings to make improvements and achieved positive outcomes for patients on an individual basis.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service adjusted for patients' religious, cultural and other needs.
- Staff assessed and monitored patients to see if they were in pain they supported those unable to communicate using suitable assessment tools.
- Managers held meetings with staff to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.

## Is the service caring?

Good ● → ←

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

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

## Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. Staff coordinated care with other services and providers.
- Staff coordinated care with other services and providers. The service was inclusive.
- People could access the service and received the right care.

# Community health services for children and young people

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However

- Information was not always in formats that met individual needs.

The community nursing team monitored caseloads but did not monitor response times.

## Is the service well-led?

**Requires improvement** ● → ←

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

- There were gaps in the leadership team. Leaders were not consistently visible in the service.
- The service did not have a clear vision for all areas for what it wanted to achieve or a strategy to turn it into action that was developed with all relevant stakeholders.
- Not all staff knew who the senior managers were. Allied Healthcare Professionals did not feel that they were connected or visible to the wider trust.
- Governance processes were not consistent throughout the service.
- Consistent systems to manage the service performance were not in place. Managers did not constantly identify and reduce relevant risks to the service
- Staff could not find data as they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were not integrated.
- Leaders and staff did not consistently engage with patients, staff, equality groups, the public and local organisations to plan and manage services.

However

- Leaders had the skills and abilities to run the service. They supported staff to develop their skills and take on more senior roles.
- Staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear. Staff felt respected, supported and valued in their immediate teams.
- Staff within local teams were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Managers had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Data and records were maintained securely. Information or notifications was consistently submitted to external organisations as required.
- Leaders were working collaborative with partner organisations.
- All staff were committed to continually learning and improving services.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

# Our inspection team

Judith Connor, Head of Hospital Inspection, led this inspection. An executive reviewer, Sharon Martin, supported our inspection of well-led for the trust overall.

The team included a further eight inspectors, nine specialist advisers, and an 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.