

# Manchester University NHS Foundation Trust

## Inspection report

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We plan our inspections based on everything we know about services. Each report explains the reason for the inspection.

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

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

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Good 

### Combined quality and resource rating

# Summary of findings

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

## Background to the trust

The Manchester University NHS Foundation Trust was established on 1 October 2017. The trust was formed following a merger of Central Manchester University Hospitals NHS Foundation Trust and the University Hospital of South Manchester NHS Foundation Trust and is one of the largest NHS trusts in the country.

The trust includes nine hospital sites: Manchester Royal Eye Hospital, Manchester Royal Infirmary, Royal Manchester Children's Hospital, Saint Mary's Hospital, The University Dental Hospital, Altrincham Hospital, Trafford General Hospital, Wythenshawe Hospital and Withington Community Hospital. The trust has an inpatient child and adolescent mental health unit and a community child and adolescent mental health service. The trust also provides community health services; these are provided by the Manchester Local Care Organisation which is hosted by the trust.

The trust has approximately 2,435 inpatient beds and 578 day-case beds. The majority of these beds are at the Oxford Road campus site with 1237 inpatient beds (which incorporates Manchester Royal Eye Hospital, Manchester Royal Infirmary, Royal Manchester Children's Hospital, Saint Mary's Hospital) and a further 1097 beds at Wythenshawe Hospital and Trafford Hospital.

The trust delivers over 13,322 babies, perform over 189,000 operations and procedures and have around 405,000 attendances annually at the emergency departments. There are more than 1,725,000 attendances to outpatient clinics.

The trust employs over 20,000 staff.

The annual turnover is £1.6 billion.

The trust is the main provider of hospital care to approximately 750,000 people in Manchester and Trafford. The trust provides a range of specialist services including breast care, vascular, cardiac, respiratory, urology cancer, children's services, women's services, ophthalmology and genomic medicine. It is a major provider of specialist services in England.

The trust has an extensive research and innovation agenda.

This was the first inspection of the newly formed trust.

## Overall summary

We have not rated this trust before we rated it as **Good** ●

## What this trust does

Manchester University NHS Trust has nine hospital sites: Manchester Royal Eye Hospital, Manchester Royal Infirmary, Royal Manchester Children's Hospital, Saint Mary's Hospital, The University Dental Hospital, Altrincham Hospital, Trafford General Hospital, Wythenshawe Hospital and Withington Community Hospital. The trust also provides community services.

The trust provides a range of primary, secondary and tertiary care services across Manchester and the wider region.

# Summary of findings

## 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 undertook a comprehensive inspection at Manchester University NHS Trust. A comprehensive inspection is when we inspect all core services and all five key questions for each core service followed by an inspection of how well-led a provider is. We undertook a comprehensive inspection because this was a new trust which was established on 1 October 2017 following a merger of Central Manchester University Hospitals NHS Foundation Trust and the University Hospital of South Manchester NHS Foundation Trust.

We inspected all 42 core services of the trust because this is a new organisation.

## What we found

### Overall trust

We have not rated this service before. We rated it as good because:

### Are services safe?

We have not previously rated these services since the new provider was formed in October 2017. We rated it as good because:

- We rated safe as good at Royal Manchester Children's Hospital, Royal Manchester Eye Hospital, Saint Mary's Hospital, Trafford General Hospital, Wythenshawe Hospital, Altrincham Hospital, Withington Community Hospital, and across the mental health and community services. We rated the University Dental Hospital of Manchester as outstanding for safe.
- Most staff were confident to report incidents and learning from incidents was disseminated to staff across the trust. There was a positive culture around incident reporting in most areas.
- Effective systems were in place to safeguard patients.
- Medicines were mostly stored well and administered appropriately.
- The environment was mostly clean and tidy and infection rates were low.
- Although there were challenges to staffing levels, there were effective systems and processes were in place to manage these.
- There were effective systems in place to manage patients at risk of deterioration.

However

- The five steps to safer surgery were not fully adhered to at Manchester Royal Infirmary and Trafford General Hospital.

# Summary of findings

- There were areas of concern regarding staffing in the emergency departments at Manchester Royal Infirmary and Wythenshawe Hospital.
- Levels of compliance with mandatory training were low in some areas.
- We found that records were not always available particularly within surgical services at Manchester Royal Infirmary and the outpatients department. Records were not always fully completed in the urgent and emergency care services or outpatients.
- The urgent and emergency care service and surgical services at Manchester Royal Infirmary did not always ensure its premises were suitable or that equipment was looked after. Equipment was not always serviced and maintained in a timely way in all parts of the trust.
- At Manchester Royal Infirmary, we found several areas of the emergency department, including some equipment to be visibly dirty and inconsistent infection control practices in theatres.

## Are services effective?

We have not previously rated these services since the new provider was formed in October 2017. We rated it as good because:

- We rated Royal Manchester Children's Hospital, Saint Mary's Hospital, Altrincham Hospital, Trafford General Hospital, Wythenshawe Hospital, Withington Community Hospital and the community services as good for effective. We rated Manchester Royal Eye Hospital, the University Dental Hospital and community child and adolescent mental health services as outstanding for effective.
- The trust provided care and treatment based on national guidance and evidence of its effectiveness.
- There was a strong learning culture and opportunities for staff to develop. New roles were being developed to support service development and to address gaps in staffing and recruitment.
- The trust measured patient outcomes and benchmarked themselves against other organisations.
- Staff gave patients enough food and drink to meet their needs, although there were inconsistencies in the timeliness of nutrition and hydration assessments in surgery at Manchester Royal Infirmary.
- Multi-disciplinary team working was evident in most areas across the trust to support patient care and improve patient outcomes.

However

- We rated effective as require improvement at Manchester Royal Infirmary. Outcomes for people who used the service were below expectations when compared to other services in some areas including surgery and the emergency department.
- Not all staff had received an annual appraisal.

## Are services caring?

We have not previously rated these services since the new provider was formed in October 2017. We rated it as outstanding because:

- We rated caring as outstanding at Royal Manchester Children's Hospital, Manchester Royal Eye Hospital Saint Mary's Hospital, Wythenshawe Hospital and community child and adolescent mental health services.
- We rated caring as good at Manchester Royal Infirmary, The University Dental Hospital, Altrincham Hospital, Trafford General Hospital, Withington Community Hospital and the community services.

# Summary of findings

- We saw numerous examples that staff provided outstanding care to patients and their relatives and carers. Feedback from patients and those close to them was continually positive across many areas of the trust.
- We observed patients were treated with privacy and dignity at all times.
- There was support for patients and their relatives and carers in the trust and the trust worked with external partners to support patients in their communities.

## Are services responsive?

We have not previously rated these services since the new provider was formed in October 2017. We rated it as good because:

- We rated responsive as good at Royal Manchester Children's Hospital, Saint Mary's Hospital, Altrincham Hospital, Trafford General Hospital, Withington Community Hospital and the community health services. We rated responsive as outstanding at Manchester Royal Eye Hospital and community child and adolescent mental health services.
- The trust planned and provided services in a way that met the needs of most people.
- There was mostly a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs, which was accessible and promoted equality.

However

- We rated responsive as requires improvement at Manchester Royal Infirmary, The University Dental Hospital and Wythenshawe Hospital.
- Patients could not always access treatment when they needed do. For example, the emergency departments were not meeting the national four-hour standards for admitting, transferring or discharging patients at Manchester Royal Infirmary and Wythenshawe Hospital.
- The time taken to respond to patient complaints was not always in line with trust policy.

## Are services well-led?

We have not previously rated these services since the new provider was formed in October 2017. We rated it as good because:

- We rated well-led as good at Royal Manchester Children's Hospital, Saint Mary's Hospital, Altrincham Hospital, Trafford General Hospital, Withington Community Hospital, the community health services and Wythenshawe Hospital. We rated well-led as outstanding at Manchester Royal Eye Hospital, The University Dental Hospital and community child and adolescent mental health services.
- Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care in most areas.
- The trust had a vision for what it wanted to achieve and services had workable plans to turn it into action.
- Learning, continuous improvement and innovation was embedded across most services. There was substantial research activity at the trust.
- Risk was well managed and there were governance arrangements in place to improve patient safety and the quality of services.
- There was a positive culture across most parts of the trust and most staff were positive about the merger.

However

# Summary of findings

- We had concerns about the leadership and culture within surgery at Manchester Royal Infirmary.

## 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. 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 the Royal Manchester Children's Hospital, Royal Manchester Eye Hospital, University Dental Hospital of Manchester, Wythenshawe Hospital, Trafford General Hospital, Withington Community Hospital, Manchester Local Care Organisation, Saint Marys Hospital, Manchester Royal Infirmary and CAHMS Community Services.

## Areas for improvement

We found areas for improvement including five breaches of legal requirements that the trust must put right. We found 212 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

## Action we have taken

We issued requirement notices to the trust. Our action related to breaches of five legal requirements at a trust-wide level and in seven locations.

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

## What happens next

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

## Outstanding practice

We found outstanding practice at the following locations; Royal Manchester Children's Hospital, Royal Manchester Eye Hospital, University Dental Hospital of Manchester, Wythenshawe Hospital, Trafford General Hospital, Withington Community Hospital, Manchester Royal Infirmary, Saint Mary's Hospital and the Manchester Local Care Organisation and Mental Health Services.

### Royal Manchester Children's Hospital.

#### Medicine

- Patients had access to a balcony garden. The garden was multi-sensory, with plants and flowers of different colours, smells and textures for patients to touch, smell and feel. Whilst being outdoors, it was under shelter on a balcony and easily accessed from the ward area.
- There was a support worker working with the teenagers living with cancer who arranged different activities with the teenage patients, including a pizza night each Monday evening as well as other activities such as taking them away on trips.

# Summary of findings

- Courage beads were given to children on the Oncology unit every time they underwent a procedure, or treatment of any type and initially a child would be given beads to spell their name at the start of treatment, which they could keep on a thread. One staff member told us about a patient who had started treatment before the courage beads were available, but staff on the ward went back 2.5 years to find every date the patients had attended for treatment, to ensure the child received a bead to signify every step of their journey. We were told this had meant a lot to both the child and their parent.
- A tuberculosis 'virtual' clinic was held weekly with a tuberculosis expert who delivered advice through video conferencing.
- The work undertaken by the play therapists in creating tailor-made approached and individualised plans for children was notable. The work being done to educate and gauge children's understanding and feelings about their health problems was innovative and had been adopted outside of this hospital.
- Play therapists provided bespoke packages in preparation for surgery based on children's individual needs based on pain, fears, expectations and needs. This involved desensitisation and distraction, education and familiarisation. Some patients had received weeks of preparation due to phobias and anxiety.
- Services for patients with complex needs were accessible and responsive; these were delivered in a coordinated way through comprehensive planning and excellent communication within multidisciplinary teams.
- The service had access to various other activities for children such as interactive singing performances by members of a local college of music, complementary therapies such as massage and aromatherapy, visits and performances by radio lollipop, performances by 'clown doctors', visits from dogs and pet therapists, performances and lessons on instruments by music therapists, celebrity visits, visits and art and craft lessons by art therapists from local galleries.

## Outpatients department

- There was strong patient-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. We observed staff assisting patients in the department, approaching them rather than waiting for requests for assistance. Staff members had developed a 'social story' leaflet to explain the clinics and procedures in a child-friendly way.

## End of Life care

- The mortuary service was outstanding in providing good facilities for visitors, training ward staff and their caring approach to deceased children and their families.
- Staff had a daily "huddle" to provide care and support for each other. Following the death of a child on a ward, managers held a "hot debrief" for staff within twenty-four hours and a "cold debrief" a week or two later. A designated psychologist was provided for staff.

## Transition

- The multidisciplinary transfer document and detailed transition package to facilitate transfer of young people with cystic fibrosis to the Manchester adult cystic fibrosis centre provided full details of the young person being transitioned with significant aspects of safety embedded within it. The transition from the children's hospital to the adult cystic fibrosis service was conducted over four distinct phases. Formal discharge from the paediatric service only occurred when all phases of the transition algorithm had been completed. The multidisciplinary transfer document and detailed transition package to facilitate transfer of young people with cystic fibrosis to the Manchester adult cystic fibrosis centre provided full details of the young person being transitioned with significant aspects of safety embedded within it. The transition from the children's hospital to the adult cystic fibrosis service was conducted over four distinct phases. Formal discharge from the paediatric service only occurred when all phases of the transition algorithm had been completed.

# Summary of findings

- Within the burns unit, the transition policy to ensure safe transition of young burns survivors to adult services, contained a range of key principles designed to ensure the safety of the young person. One of these was the introduction of a mentor or buddy system with a young person who had successfully completed the transition process.
- A transition board had been developed to roll out improved transition services for young people in the hospital and had established plans for transition education for staff. This included a new multidisciplinary certificated four-day module which was scheduled to commence in December 2018. This was to be provided to the new transition champions which had been appointed on each relevant ward, as well as other staff groups.
- The youth coordinator from the oncology unit had taken eight patients, who had been in hospital for a long period of time, to an outdoor education centre. Here the young people were enabled to self-cater using their own recipes, go kayaking and build camp fires. During this residential stopover, the youth coordinator was able to conduct body image group work with the young people.

## **Royal Manchester Eye Hospital**

### **Surgery**

- There was strong research focus at the hospital that had its own department. Staff were encouraged to take part in research and there was protected time for this. There were a number of clinic trials ongoing at the time of the inspection and these were in every sub speciality of the hospital
- Staff were working collaboratively to develop new roles across the hospital for staff from band two's upwards. There was a culture of staff development and innovation.

### **Outpatients department**

- There was strong research focus at the hospital that had its own department. Staff were encouraged to take part in research and there was protected time for this. There were a number of clinic trials ongoing at the time of the inspection and these were in every sub speciality of the hospital
- Staff were working collaboratively to develop new roles across the hospital for staff from band two's upwards. There was a culture of staff development and innovation.

## **University Dental Hospital of Manchester**

- Patient and staff safety were at the heart of the service. These included the use of the Risk Assessment Tool for Sharps (RATS). This is a simple process which identifies six high risk situations where a sharps injury could be sustained. Staff were aware of this and had reduced the incidence of sharps injuries sustained by staff.
- The dental hospital played a lead role for patient safety at the Association of Dental Hospitals (ADH). Staff had been involved in the research and publication of articles in dental journals relating to patient safety. These included articles such as "Morbidity and mortality associated with the interaction of miconazole oral gel and warfarin" and "Patient safety in dentistry".
- Multidisciplinary team (MDT) working was used well within the service. There was a dedicated hypodontia clinic consisting of input from restorative, orthodontic and oral surgery consultants. Patient outcomes and experience was monitored for this clinic. We saw comments from patients about this service. These were very positive about the clinic and staff working on it.
- Staff from the dental hospital were involved in the "Mouthcare Matters" initiative. They provided training to staff on wards at the hospital main site and assessed the oral health needs of the patients. As a result of this work, the incidence of pneumonia on the paediatric critical care ward had been reduced.

# Summary of findings

- The service had a dedicated special care dentist who provided treatment to patients who could not access routine dental care due to medical, physical or social issues. They used sedation as an adjunct to treatment to avoid the use of general anaesthesia.
- There were high levels of involvement with patients, staff, external stakeholders and other healthcare professionals. These all led to improvements in the service being provided.

## Wythenshawe Hospital

### Surgery

- The 'reminiscence interactive therapeutic activities' (RITA) interactive IT system was being trialled on two surgical wards at the time of the inspection. The portable device included a number of interactive activities such as reminiscence-themed movies, music, relaxation sounds and videos designed to improve patient mood and well-being especially for patients living with dementia or a learning disability.

### Critical Care

- The development of the extra corporeal membrane oxygenation cardiopulmonary resuscitation (ECMO-CPR) service meant that emergency patients who had suffered a cardiac arrest could receive ECMO treatment within ten to fifteen minutes of collapse resulting in an increased chance of survival.
- The critical care services planned and provided their services in a way that were tailored to and met the individual needs and preferences of local people. The services had developed approaches to providing care to patients that involved their patients as partners in care and other healthcare providers, which ensured continuity of care.

### End of Life Care

- We found that the care and well-being of the patient was to the forefront of every member of staff's mind. We saw exemplary care given to staff and a high level of compassion and respect shown by staff in different roles towards patients and their family members.
- Members of staff, in conjunction with patients, developed a model to address the emotional concerns of patients or their caregivers. This is now a nationally recognised communication model and the trust was a national leader in training in emotional support.

### Outpatients department

- The service ran a virtual fracture clinic. A virtual fracture clinic was held every morning to review referrals from the emergency department. Patients were then contacted via phone to come into the department for treatment if needed or to be offered self-care at home advice. This system had saved approximately 1157 appointments from being unnecessarily booked over a 12-month period.
- Outpatient staff had been trained in the basics of British Sign Language to allow basic communication with any deaf or hard of hearing patients.

### Children and young people

- The children's service had undertaken a range of training and development to improve support for children and young people with mental health needs. The ward had upgraded a side room as a safe ligature free environment for children at risk of self-harm.
- The children's ward had developed a resource box for supporting children who had autism, including a tablet computer and other communication aids.

# Summary of findings

- The play service worked extensively across children's services and where requested visited children on adult wards, tailoring support for children particularly where anxiety or phobias were identified.
- The neonatal lead nurse for bereavement was developing a resource and best practice guide for staff, in conjunction with the bereavement lead in midwifery services.

## **Trafford General Hospital**

### **End of Life Care**

- The trust actively participated with the 'Dying Matters' awareness week and completed a variety of different events to include both patients and staff.

## **Withington Community Hospital**

### **Outpatients department**

- The audiology department was accredited again in 2018 and provided the latest innovations regarding tinnitus and vertigo research and audiology care.

## **Community health services**

### **End of Life Care**

- Services based in the North region of Manchester were piloting an end of life care bed at a local intermediate care unit. The bed was solely designated to the North Manchester palliative care service for patients who required additional care that could not be completed within the home setting. The bed was protected and only used for this purpose. This new initiative was welcomed by all three localities as there was currently no hospice provision within the Greater Manchester area.
- Services based in the North region of Manchester were providing end of life care to patients admitted to the local mental health unit with advanced dementia. This supported end of life care principles of specialist care for patients with mental health needs. This collaborative way of working ensured that patients were cared for in their place of safety and not uprooted and admitted to an accident and emergency department.
- Services based in the South region of Manchester provided positive integration and partnership working with local care homes which has reduced hospital admissions and length of stay.

## **Community dental services**

- Staff working at the service had carried out a survey about access to dentistry for those experiencing homelessness or those in temporary housing. Results of this survey had identified some barriers to care for homeless persons. Recommendations had been made to help address these issues and barriers.

## **Saint Mary's Hospital**

### **Maternity**

- All families affected by a poor outcome were appointed a member of staff who acted as family liaison throughout the investigation to keep the family abreast of updates and to answer any questions and queries.
- We were shown evidence of a pathway for any women identified to have a physical, learning and/or sensory impairment. It highlighted what referrals needed to be made for women. The disability midwifery advocate could make adjustments for the women's care and documented a care plan for other health professionals to follow. One example of this that we observed was that one woman's own mother was facilitated to accompany her throughout her postnatal stay in hospital to assist her in caring for her new baby.

# Summary of findings

- Parentcraft classes were specifically tailored for women birthing their baby by elective caesarean section.
- The induction of labour pathway had a dedicated band seven co-ordinator to ensure there were no delays.

## Neonates

- The bereavement team had developed a range of crafts and books to support siblings of all ages to talk about how they felt about the death of their baby brother or sister and to make items to remember them by.
- The service engaged with families who had contributed stories of hope and photographs which were used throughout the unit. The story and artwork in the breast-feeding room had been shared by a mother who wanted to highlight how important breast-feeding had been, even though she had lost her baby.
- The service had developed an innovative nurse led retinopathy of prematurity screening service which had been nationally recognised. This ensured all babies were screened to detect vision damage and could be treated immediately in the unit.
- The service ensured that parents and siblings felt valued whilst their baby was on the unit by sending Mother's and Father's Day cards and birthday cards and holding parent forums and sibling play sessions.
- Staff held celebrations for babies on the unit when they reached 100 days old with banners and cards.
- The bereavement team supported parents and siblings whilst babies were on the unit and afterwards. The 'Snowdrop Suite' provided a comfortable, beautifully furnished room with facilities for parents and siblings of all ages, so they could spend time caring for their baby at end of life in a homely environment.
- The service used technology to reduce anxiety for mothers who were separated from their babies on the maternity unit following delivery. Mothers were given hand held computers with an application that allowed them to see their baby in the unit and talk to their baby and the nurse.
- The service engaged with a local organisation that supported parents with disabilities, who carried out an annual disability access assessment of the unit.

## Manchester Royal Infirmary

### Urgent and Emergency Care

- The trust employed a pharmacist who worked in the emergency department between Monday and Friday. They were responsible for ensuring that the correct amount of medicines were available for use, provided advice to staff when needed as well as supporting investigations into medicine errors.

### Surgery

- The hospital had four 'medicine administration pharmacy technicians' on some surgical wards. These staff were responsible for administering medicines during the morning and afternoon medicines round to give nursing staff more time to care for patients. The technicians attended the nursing handover in the morning and had been trained in monitoring blood pressure results and pain management.
- The emergency surgical trauma unit had a therapeutic activities coordinator that went the extra mile to support patients in the unit. They interacted extremely well with patients, including those living with dementia, and was a positive influence within the unit.

### Outpatients department

- The rheumatology service offered urgent access to patients and provided a service bespoke care and treatment for individuals.

# Summary of findings

- The phlebotomy service was organised and followed best practice. Privacy curtains were in place with an additional private room for patients requiring additional support.

## Mental Health services

### CAMHS community service

- The service was committed to working collaboratively with other agencies and have found innovative ways to deliver care.
- There were many interventions which were not only excellent in content but imaginative in delivery. These include Timid to Tiger, Ride the Rapids, Incredible Years and Video Interactive Guidance.
- The service had joined up with the Manchester university PACT theory, an autism intervention program that was being delivered in Asia with clinical assessment showing those participating had improved outcomes.
- The commitment to diversity and LGBT was evidenced throughout the service with innovative programs such as TransAction Network which not only supported young people from the LGBT community but developed and delivered training to staff. There was also a specialist south Asian language parental support group.
- The child and parents service, looked after children's service and the disability service where outstanding, delivering high quality care in evidence driven practice improving the life opportunities of those it treated.
- The creation of a regional centre of excellence for adoptive support was an outstanding example of innovation and collaborative working.
- Senior managers took a strategic role driving service change regionally.

## Areas for improvement

We found areas for improvement including five breaches of legal requirements that the trust must put right. We found 208 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

### Action the trust MUST take to improve:

#### Royal Manchester Children's Hospital

##### Urgent and Emergency Care

- The service must ensure that patient's records are accurate, up to date and reflect the care the patient receives in the emergency department. Regulation 17 (2) c

#### University Dental Hospital of Manchester

- The service must continue to take action to address the waiting times on the paediatric general anaesthetic waiting list. Regulation 17 (2) a

#### Wythenshawe Hospital

##### Urgent and Emergency Care

- The service must ensure that the planned number of staff available meets the needs of patients accessing the service. Regulation 18

# Summary of findings

- The service must ensure that patients receive care in a timely way and work towards improving performance against national standards. Regulation 17 (2) a

## **Medicine**

- The service must ensure the needs of patients with additional support needs are consistently met. Regulation 10

## **Trafford General Hospital**

### **Urgent and Emergency Care**

- The service must ensure consistency in patient care records, that they are accurate and contain completed risk assessments relevant to patient care. Regulation 17
- The service must ensure there is an effective process in place for timely review of policies and procedures and that these comply with national guidance and best practice. Regulation 17
- The service must undertake regular, local audits to assess, monitor, evaluate and improve practice. Regulation 17

## **Surgery**

- The trust must ensure that staff consistently comply with the surgical safety checklist. Regulation 17

## **Withington Community Hospital**

### **Outpatients department**

- The service must ensure that all appropriate staff have children's safeguarding level three training. Regulation 18
- The service must continue to implement actions to improve the capacity and responsiveness of the sexual health clinic. Regulation 10 (2) a
- The service must ensure that there is oversight for the location to improve the patient experience and to ensure that risk is properly managed at all times. Regulation 17
- The service must ensure that risk to patient confidentiality is appropriately assessed for the sexual health clinic and that all patients are cared for compassionately at all times. Regulation 10

## **Manchester Royal Infirmary**

### **Urgent and Emergency Care**

- The service must improve compliance with mandatory training, particularly in key topics such as life support for children and safeguarding level three training for children. Regulation 18
- The service must ensure that patients receive care in a timely way and work towards improving performance against national standards. Regulation 17(2) a
- The service must ensure that both the environment and equipment used in delivering care and treatment are clean, so that the risk of spreading infection is reduced as much as practicably possible. Regulation 15
- The service must ensure that emergency equipment is checked regularly, in line with trust policy. Regulation 15
- The service must ensure that patients with an increased modified early warning score are reassessed in a timely manner, in line with trust policy. Regulation 12
- The service must ensure that all risk assessments for patients, including intentional rounding are completed consistently when required. Regulation 12
- The service must ensure that controlled drugs are managed in line with legislation and trust policy. Regulation 17

# Summary of findings

- The service must ensure that the planned number of staff available meets the needs of patients accessing the service. Regulation 18
- The service must ensure that effective systems are in place to monitor the care and treatment that is provided, making sure that it is delivered in a way that is in line with best practice guidelines. Regulation 17
- The service must ensure that all patients, particularly children, are clinically assessed in a timely manner, in line with national guidance. This includes patients who self-present at the walk-in centre. Regulation 17

## **Surgery**

- The trust must ensure that staff consistently comply with the surgical safety checklist. Regulation 17
- The service must ensure that staff consistently comply with infection control policies. Regulation 15 (1) a
- The service must take steps to improve the maintenance of equipment and the appropriateness of its premises. Regulation 15
- The service must ensure medicines are stored safely and securely. Regulation 12 (2) g
- The trust must ensure there is effective leadership that improves the safety culture and assesses, monitors and improves the quality and safety of the services. Regulation 17

## **Outpatients department**

- The service must ensure that processes are in place to minimise patient waiting times in clinics. Regulation 17
- The service must ensure that all records are available and completed fully. Regulation 17
- The service must ensure that records are securely and confidentially stored. Regulation 17

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

### **Trust-wide**

- The trust should implement a formal plan or strategy to support succession planning.
- The trust should further develop the non-executives to maximise their contribution at board level within the new group structure and encourage diversity of thinking at board level.
- The trust should continue to implement the updated information management systems to include an electronic patient record system.
- The trust should develop a consistent approach to active external engagement to inform the shaping of services and trust culture.
- The trust should develop systems to capture and clearly demonstrate the benefits of the merger for patients.
- The trust should consider further the governance processes to test the assurances at board level.

## **Royal Manchester Children's Hospital**

### **Urgent and Emergency Care**

- The service should undertake audits of early warning scores so that any patient deterioration is monitored and outcomes improved.
- Risk assessments should be undertaken for all child and adolescent mental health patients, whether they are required to be medically assessed or not, in line with the referral procedure for parallel assessments.

# Summary of findings

- An escalation procedure should be in place for patients waiting in excess of 15 minutes from time of arrival to initial assessment.
- “Staff only” areas accessed by swipe cards should be locked.
- The service should inform all staff of how to access and contact any ‘Freedom to Speak up Guardians’ or champions within the trust.
- Ligature points should be removed from the relatives’ room which is currently being used for child and adolescent mental health patients until the purpose designed child and adolescent mental health room is in place.
- The service should consider implementing a more detailed safeguarding risk assessment for all patients.
- The service should consider giving formal feedback to staff directly involved in complaints.
- The service should consider monitor compliance with timely pain reassessments, in line with the Royal College of Emergency Medicines (RCEM) standards.

## Medicine

- The service should improve compliance with mandatory training, in accordance with trust targets, particularly resuscitation training.
- The service should improve compliance with safeguarding training, in accordance with trust targets, particularly resuscitation training.
- The service should review access to regular, formal safeguarding supervision for appropriate staff.
- The service should review access to a policy, or guidance in relation to the use of the ‘think pink’ system so there is a clearly identified area within the records for staff to immediately access information in relation to ‘think pink’ concerns, which identify vulnerable children, or safeguarding concerns.
- The service should implement plans so that there is at least one nurse on each shift on each ward that is APLS/EPLS trained, to meet the standards, set out by the Royal College of Nursing (2013).
- The service should review staff awareness of how to access and contact any ‘Freedom to Speak up Guardians’ or champions within the trust.

## Surgery

- The service should implement plans so that there is at least one nurse on each shift on each ward that is APLS/EPLS trained, to meet the standards, set out by the Royal College of Nursing (2013).
- The service should review access to regular, formal safeguarding supervision for appropriate staff.
- The service should review records so they are stored securely and cannot be accessed by unauthorised individuals
- The service should review patient files so documents are securely attached.
- Staff should complete entries in records according to trust policy by stating their name, designation and registration number as appropriate.
- The service should consider having play therapists available on the wards at weekends.

## Critical care

- The service should review the ventilation system. The unit had side rooms, but did not have any ventilated rooms.

# Summary of findings

- The service should consider addressing the building design in the PICU (Paediatric intensive care unit) unit as it did not conform to current building regulations, as there were not hand washing basins next to each bedside.

## **Outpatients department**

- The hospital should ensure that its services and information provided are suitable for children and those whose first language is not English.
- The hospital should improve arrangements so patients' records are available for each clinic appointment in a timely manner.

## **End of Life Care**

- The service should review the process for access to the mortuary after 8pm.
- The service should consider 24 hours a day access to multi faith chaplaincy services.
- The service should strengthen management engagement with mortuary staff.

## **Transition**

- The provider should continue to further develop information management systems to identify and support the transition of children to adult services.
- Should review risk assessments for substances hazardous to health in the utility room on ward 77, which was the venue for the teen zone and the atrium when young people may be unaccompanied in this area.

## **Royal Manchester Eye Hospital**

### **Surgery**

- The World Health Organisation checklist should be completed fully for every procedure.

### **Outpatients department**

- The availability of records for out-patient clinics should improve and all records reconciled to produce a complete patient record.
- Records should improve so that they are fully completed.

## **University Dental Hospital of Manchester**

- The service should review the process for ensuring patient dignity is maintained whilst in a public area awaiting having an X-ray taken.
- The service should review the process and staff awareness of the arrangements for when patients attend who have limited mobility and the lift is not operational.

## **Wythenshawe Hospital**

### **Urgent and Emergency Care**

- The department should improve completion rates for safeguarding children's level three and safeguarding adults level three training.
- The service should continue to implement and monitor plans to improve patient outcomes.
- The department should ensure hazardous substances are stored safely.
- The department should store records safely and securely when not in use.

# Summary of findings

- The department should complete capacity assessments and Deprivation of Liberty Safeguard applications to a high standard for all eligible patients.
- The department should implement the action plan following the safeguarding audit to ensure improvements have been made.

## Medicine

- The service should review record-keeping practices to check staff always keep accurate records in accordance with trust policy for controlled drugs.
- The service should review record-keeping for patients who did not have capacity for care and treatment decisions.
- The service should improve compliance for patients who have had a stroke having a six-month assessment in accordance with national standards.
- The service should continue to take action to improve the response times to complaints.
- The service should review processes to reduce the number of bed moves at night.
- The service should continue to improve staffing levels to meet planned levels.

## Surgery

- The service should take appropriate action to improve staff mandatory training and appraisal process compliance.
- The service should take appropriate action to improve the timeliness of complaint responses.
- The service should take appropriate action to improve equipment maintenance processes and reduce maintenance back-logs.
- The service should take appropriate action to improve the completion of anaesthetic machine check log records.
- The service should take appropriate action to improve patient readmission rates following discharge from hospital.
- The service should take appropriate actions to improve referral to treatment times for admitted patients.

## Critical Care

- The services should continue to focus to improve mandatory training completion rates, including nursing and doctor completion rates for modules in conflict resolution and moving and handling level two, and medical completion rates for infection prevention level two.
- The services should continue to focus on the roll-out of safeguarding vulnerable children level three training to all staff that provide care and treatment to children under the age of 18 years.
- The services should continue to focus to improve safeguarding vulnerable children level two and Prevent levels one and two training to medics.
- The services should consider how it can more consistently record the time of the decision to admit to critical care services in patient records.
- The services should ensure that doctors in the service receive yearly appraisals.
- The services should continue to build on mortality and morbidity reviews to enable learning and improvement.
- The services should consider how they can continue to support staff in embedding new ways of working and in plans for the future direction of the services.

## End of Life Care

# Summary of findings

- The service should act to improve nursing staff compliance with mandatory training in accordance with trust policy.
- The service should take action so there is complete documentation of how the patient's capacity is assessed when reaching a decision to not attempt resuscitation.
- The service should take action so all patients receive their pain relieving medication without any delay.
- The service should take action so there is regular assessment of a patient's hydration status.

## Maternity

- The service should consistently monitor the room and fridge temperatures where medicines are stored and escalate any out of range recordings as per Trust policy.
- The service should continue to improve compliance rates for level three safeguarding training.
- The service should continue with plans to increase established staffing levels within maternity triage.
- The service should improve engagement with the public and service user groups to plan and improve service provision.
- The service should address the delays in maintenance checks for equipment.

## Outpatients department

- The hospital should improve the availability patients' records for appointments.
- The hospital should enable staff to use systems in place to aid communication with patients.

## Children and Young People

- The service should improve level three safeguarding training for all required nursing staff on the neonatal unit.
- The service should complete and document checks of fridge temperatures on the neonatal unit.
- The service should provide paediatric resuscitation equipment for children being transferred from the ward to theatre for surgery.
- The service should provide secure storage for medicines located on the resuscitation trolley in the outpatient department.
- The service should continue with recruitment approaches for nursing and medical staff in neonatal services and review arrangements for out-of- hours medical cover on the neonatal and children's units.
- The service should monitor all guidelines and check that protocols are updated and the correct versions maintained in staff reference files.
- The service should continue to implement actions for improving the uptake of breastfeeding on the neonatal unit.
- The service should continue to develop and implement a strategy and ensure there are clear leadership arrangements for this.
- The service should continue to ensure governance systems are clearly established and risks in the service are effectively identified, mitigated and managed.

## Trafford General Hospital

### Urgent and Emergency Care

# Summary of findings

- The trust should review safety systems in place so staff are informed of children previously highlighted as at risk, looked after children and children with repeated attendances across different sites.
- The trust should ensure staff understand the management arrangements and leadership structure and are engaged in key activities.
- The trust should review systems so they are assured staff have completed safeguarding and mandatory training including basic life support.
- The trust should implement plans to have a suitable designated cubicle for patients with mental health needs.
- The trust should review systems so fridge temperatures are recorded clearly and concisely and discrepancies escalated in line with trust policy.
- The trust should put systems in place to check pain scores and pain relief are consistently recorded, where required.
- The trust should ensure the timely completion of complaint handling in line with trust policy.

## Medicine

- The service should continue to improve staffing levels to meet planned levels.

## Surgery

- The service should review the environment of the recovery areas so that it meets the needs of children and adults.
- The service should monitor that the training for safeguarding children (level 3) so that the five-eligible staff complete this training.
- The service should monitor the 90% completion target for mandatory training
- The service should improve the appraisal completion rate for qualified scientific, therapeutic and technical staff.

## End of Life Care

- The service should check that staff are trained annually on syringe drivers and that there are appropriate numbers of staff trained to cover each shift on the wards in line with trust policy.
- The service should monitor mandatory training levels so that medical and nursing staff meet the trust target.
- The service should monitor the ReSPECT forms to check that they include the correct details and are completed in line with trust policy.
- The service should have a non-executive board member as an end of life lead.
- The end of life care risk register should reflect all the risks associated with end of life care.
- The service should continue to work towards integrated computer systems to allow cross site recording.

## Children and Young People

- The service should provide paediatric resuscitation equipment for children being transferred from the ward to theatre for surgery.
- The service should monitor and check that systems are followed for sharing safeguarding information from pre-assessment appointments.
- The service should check that there are systems and clear communications in place for scheduling admissions.

# Summary of findings

- The service should continue to develop and implement a strategy and ensure there are clear leadership arrangements for this.
- The service should continue to monitor governance systems so that they are clearly established and risks in the service are effectively identified, mitigated and managed.

## **Outpatients department**

- The hospital should look at ways to reduce in-clinic waiting times for phlebotomy services.
- The service should review the staffing establishment in outpatient departments, in accordance with the risks identified and to reduce the dependency on bank or agency staff.
- The service should train all eligible staff in resuscitation training as soon as possible.
- The service should train all eligible staff to meet completion rate targets for safeguarding training, specifically for level three children's safeguarding training for nursing staff and level two adult safeguarding training for allied health professionals.

## **Withington Community Hospital**

### **Surgery**

- The service should ensure that the ophthalmology day case theatres adhere to recommended best practice by using the Royal College of Ophthalmologists (RCOphth) World Health Organisation (WHO), cataract national patient safety check list.

### **Outpatients department**

- The service should consider improving local audit and outcome measures.

## **Altrincham Hospital**

### **Outpatients department**

- The trust should monitor in-clinic waiting times for phlebotomy services.
- The trust should continue to review the staffing establishment in outpatient departments, in accordance with the risks identified and to reduce the dependency on bank or agency staff.
- The service should continue to train all eligible staff in resuscitation training as soon as possible.
- The trust should monitor compliance for eligible staff to meet completion rate targets for safeguarding training, specifically for level three children's safeguarding training for nursing staff and level two adult safeguarding training for allied health professionals.

## **Community Health Services**

### **Community Adults**

- The service should continue to develop the patient electronic record system and monitor the roll out to services so all staff have adequate access to patient information.
- The service should review patient records to monitor accuracy in line with clinical pathways and service guidance.
- The service should provide all staff with access to the trust's electronic staff record.
- The service should review the maintenance of equipment and ensure staff have the appropriate devices to complete patient assessments.

# Summary of findings

- The service should continue to develop and review policies to ensure staff are following current best practice and procedures.
- The service should monitor that all staff are trained in the use of medical devices.
- The service should continue to review services to make them more accessible across the neighbourhoods.
- The service should review their policy and provide clear guidance to support staff in using medical photography.

## **Community children and Young People**

- The provider should improve its rates of mandatory training in areas where it is under performing across its nursing and medical staff.
- The provider should improve its rates of safeguarding training in areas where it is under performing across its nursing and medical staff.
- The provider should continue to monitor and react to capacity issues because of increasing demand across its services.
- The provider should improve compliance in following dress code policy to further prevent infection transmission.
- The provider should continue to address its legacy arrangements so that historical systems, processes, procedures become standardisation where required.
- The provider should improve timely access to services which are exceeding median waiting times.
- The provider should improve performance across its health visiting services 5 national KPI targets which were worse than the national average.
- The provider should continue to monitor transition groups and improve performance in directorates work streams which are not hitting target dates.
- The provider should continue to have dialogue with its staff regarding transitional arrangements.
- The provider should risk assess the suitability of the Martincroft centre for the regulatory duties carried out in the building.

## **Community in-patients**

- The trust should consider ways to improve compliance with electrical safety testing and scheduled servicing of equipment.
- The trust should review its storage of thickener and ensure that all staff are aware of best practice regarding the storage and administration of thickener to drinks.
- The trust should consider how meetings between staff and patients are undertaken so the privacy and dignity of patients is respected.

## **Community end of life care**

- The service should review its staffing in the central region to provide a seven-day service
- The service should review its leadership in the central region.
- The service should consider training more staff in recording patient deaths and not rely on two super-users.
- The service should make sure that their information technology systems are in place to ensure continuity of care and reduce duplication.

# Summary of findings

- Staff should record pain scores using a pain scoring tool.
- Risk assessments should be in place for the provision of acupuncture.
- The service should make sure that the gold standard framework meetings are standardised so that patient outcomes can be measured.
- Bereavement training should be made available to staff.

## **Community Dental service**

- Improvements should be made to the process for ensuring medical emergency equipment is available as described in nationally recognised guidance and in date.

## **Saint Mary's Hospital**

### **Maternity**

- The service should monitor compliance with mandatory safeguarding training for all eligible staff.
- The department should continue to work to improve training compliance for medical staff.
- The department should consider giving parents an information leaflet regarding the benefits of delayed cord clamping along with the existing information about cord blood donation or working with the national charity to revise the leaflet to give parents full information.
- The department should consider revision of storing patient records on the wards.
- The service should consider increasing breastfeeding support staff or volunteers on the ward areas.

### **Neonatal service**

- The service should improve the mandatory training compliance rates for medical staff.
- The service should improve the compliance rates for medical staff completing safeguarding children level three training and assure itself there is at least one level three trained member of medical staff on each shift.
- The service should monitor the impact on care and treatment of not deploying sufficient numbers of trained nurses on each shift in line with British Association of Perinatal Medicine guidelines. The service continue to assure itself that nurse staffing levels are sufficient to maintain safe care and treatment.
- The service should consider offering open visiting to parents 24-hours a day, seven days a week.
- The service should ensure it acts to minimise the number of times it closes to external admissions.

## **Manchester Royal Infirmary**

### **Urgent and Emergency Care**

- The service should monitor that staff follow trust policy when patients go missing or abscond from the department.
- The service should monitor that patient records, including prescription charts are fully completed, in line with trust policy.
- The service should monitor that best interest and capacity decisions are fully documented, in line with national guidance and trust policy.
- The service should monitor that records are kept for all staff when they had completed competencies to undertake their role.

# Summary of findings

- The service should consider ways to make sure that all patients are fully discharged from the electronic records system, in line with trust policy.
- The service should consider ways to improve compliance with the use of patient pathways, making sure that care is delivered in line with evidence based practice.
- The service should consider ways to make sure that complaints are responded to in line with trust policy.
- The service should consider ways to make sure that all data that is kept is accurate, so that improvements can be made to topics such as training compliance when needed.

## Medicine

- The service should implement the plan for managing the maintenance, repair and replacement of equipment in clinical areas.
- The service should ensure that when issues are identified by audit, a clear action plan is put in place to make improvements, for example response to early warning scores.
- The service should make improvements to compliance with mandatory training.

## Surgery

- The service should consider ways to ensure that staff complete mandatory training.
- The service should ensure that it continues to take steps to improve the maintenance of equipment and the appropriateness of its premises.
- The service should ensure that it manages clinical waste in accordance with the Association for Perioperative Practice best practice guidelines.
- The service should consider ways to ensure staff report all incidents, and that they are briefed on the outcomes of those incidents.
- The service should consider ways to improve compliance with venous thromboembolism assessments.
- The service should obtain assurance that staff give patients sufficient time to consider the risks and benefits of surgery so that they can provide informed consent.
- The service should review the layout of the pre-operative investigations room, including the storage area.
- The service should review the appropriateness of using loud speaker bleep machines by staff in public and patient areas.
- The service should consider ways to lower readmission rates and reduce the length of time patients stay in hospital.
- The service should consider ways to improve theatre utilisation rates.
- The service should consider ways to improve the division's timeliness of responses to complaints.
- The service should consider ways to improve the culture within the division.
- The service should review the management arrangements of the emergency surgery trauma unit to ensure that staff are clear about their roles and lines of accountability.

## Critical Care

- The service should ensure that equipment is fit for use and re- tested in line with local re-test requirements so staff know that it is fit for use.

# Summary of findings

- The service should make sure that staff assess delirium in accordance with the trust policy.
- The service should ensure that all consultant ward rounds are formally documented and that the documentation includes the names of the attendees. So that there is a clear audit trail for decisions that have been made and to prevent the risk that interventions are not made.
- The service should make sure that medical staff receive an annual appraisal to make sure they were competent to undertake their roles.
- The service should ensure that patients receive pharmacy, dietician, speech and language therapy and occupational therapy services seven days a week, to meet the national intensive care core standards.
- The service should continue to improve patient flow through the units so that critical care patients receive an appropriate bed in a timely manner following major surgery.
- The service should respond to complaints within a timely manner to meet the timescales set out in the trust policy.
- The service should continue to integrate the teams particularly the cardiac intensive care team and unify processes.

## **End of Life Care**

- The service should monitor the completion of ReSPECT forms so that they are completed in line with trust policy.
- The service should have a non-executive board member as an end of life lead.

## **Outpatients department**

- The service should monitor all policies and procedures so that they reflect current practice.
- The service should check and record that all staff are competent for their role.
- The service should provide patient appointment information that is clear and accurate.
- The service should review complaints in a timely manner.
- The service should consider reviewing the vision to include a strategy.

## **Mental Health services**

### **Community CAMHS**

- CAMHS staff could not access care records electronically when working off-site or attending out of hours assessments. This meant that when assessing a patient in an emergency, there could be a delay in completing a thorough assessment of their needs.
- The service should introduce electronic care records.
- The service should monitor compliance with the trust training targets in mandatory and safeguarding training.

### **CAMHS in-patients**

- The service should fully implement the action plan from the responsive inspection in March 2018.
- The service should monitor that the patient alarm system is installed in line with current plans.
- The service should inform students so that they have an appropriate awareness of patients in their care.

# Summary of findings

## Is this organisation well-led?

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

The formation of the Manchester University NHS Foundation Trust was part of the Manchester locality plan developed in 2016 by health and social care commissioners. Since the formation of the Manchester University NHS Foundation Trust in October 2017, there had been an intentional focus on providing stability, safety and security across the services. Feedback from across the all the hospital and services we inspected, indicated this had been achieved.

The board demonstrated high levels of experience, capability, capacity and integrity to lead the organisation. There was a board development programme aimed at developing the directors further. This was to ensure they were, for example, able to have sufficient breadth of oversight, appropriate insight, contribute to effective governance and accountability and able to secure significant assurance.

The trust had a compelling vision at core service and executive level. Strategies and plans were aligned with plans in the wider health economy and there was a demonstrated commitment to system-wide collaboration and leadership. This was particularly evident with the working arrangements with the Local Care Organisation.

The trust had nine hospitals in addition to community services. They had organised themselves into six management structures consisting of hospitals and managed clinical services. Most of the chief executives, senior leadership teams and staff at the hospitals and managed clinical services were very positive about the group structure.

There were clear responsibilities, roles and systems of accountability to support good governance and management. The board and other levels of governance in the organisation functioned effectively and interacted with each other appropriately. Structures, processes and systems of accountability, including the governance and management of partnerships and joint working arrangements were clearly set out, understood and effective. Staff were clear about their roles and accountabilities.

The trust had a model of devolved accountability and responsibility. This was supported by a bespoke accountability and oversight framework. The accountability and oversight framework set out how the hospitals and managed clinical services functioned and interacted with the group executive directors.

There were effective and comprehensive processes to identify, understand, monitor and address current risks. Work had been undertaken to align systems and processes and further refinement of the risk registers was in progress to ensure future risks were identified. This included adapting systems to meet the group structure. Performance issues were escalated to the appropriate committees and the board through clear structures and processes.

Engagement and communication was seen as key to the success of the organisational structure.

There was a strong patient experience philosophy. Patient experience was a key element of the accountability oversight framework. The trust used a variety of approaches to gather feedback from staff and patients.

There was substantial research activity at the trust and an infrastructure in place to manage this.

However:

Although, there was some evidence of succession planning, this was not yet systematic or fully embedded in the new organisation. There was not yet a formal plan or strategy in place to support succession planning.

## Summary of findings

There were non-executive directors who provided challenge, but there was still further development planned and required to ensure the non-executives had the skills and opportunity needed to maximise their contribution at board level within the new group structure. This included the challenges regarding organisational clinical risks.

There was opportunity for further innovative board development in the context of the new group structure, in order to maximise the benefits of the new model and ensure diversity of thinking.

Information management systems needed updating. The trust leadership had identified this and a digital strategy for 2019 to 2023 had been drafted and was awaiting approval. An electronic patient record, which included a patient administration system and supported electronic prescribing, was needed across the trust and work had begun to procure this.

Although we saw positive examples of public engagement in specific services, there was not a consistent approach to active external engagement to inform the shaping of services and trust culture.

There was some evidence of benefits of the merger, but it was early days and the fully anticipated patient benefits had not yet been fully realised. As the services developed, there was opportunity to capture and clearly demonstrate the benefits for patients.

We found some areas that required improvement within the services, particularly at Manchester Royal Infirmary. We had some concerns about the pace of improvement.

Whilst we found that the governance processes were robust there was further opportunity to test the assurances at board level. For example, there was a backlog of equipment maintenance across the trust, that had not been identified as a potential group level risk.

## Use of resources

The use of resources was inspected following this inspection. Information will be available on the website in due course.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good	Good	Outstanding	Good	Good	Good
Mar 2019	Mar 2019	Mar 2019	Mar 2019	Mar 2019	Mar 2019

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

## Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal Manchester Children's Hospital	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Royal Manchester Eye Hospital	Good Mar 2019	Outstanding Mar 2019	Outstanding Mar 2019	Outstanding Mar 2019	Outstanding Mar 2019	Outstanding Mar 2019
University Dental Hospital of Manchester	Outstanding Mar 2019	Outstanding Mar 2019	Good Mar 2019	Requires improvement Mar 2019	Outstanding Mar 2019	Outstanding Mar 2019
Wythenshawe Hospital	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Requires improvement Mar 2019	Good Mar 2019	Good Mar 2019
Trafford General Hospital	Good Mar	Good Mar	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Withington Community Hospital	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Altrincham Hospital	Good Mar 2019	Not rated	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Manchester Royal Infirmary	Requires improvement Mar 2019	Requires improvement Mar 2019	Good Mar 2019	Requires improvement Mar 2019	Requires improvement Mar 2019	Requires improvement Mar 2019
Saint Mary's Hospital	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Community Health Services	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Mental Health Services	Good Mar 2019	Outstanding Mar 2019	Outstanding Mar 2019	Outstanding Mar 2019	Outstanding Mar 2019	Outstanding Mar 2019
<b>Overall</b>	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019

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

## Ratings for Royal Manchester Children's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Medical care (including older people's care)	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Surgery	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Outstanding Mar 2019	Good Mar 2019	Outstanding Mar 2019
Critical care	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Transition services	Good Mar	Good Mar	Good Mar	Good Mar	Good Mar	Good Mar
End of life care	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Outpatients	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
<b>Overall*</b>	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 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 Royal Manchester Eye Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Mar 2019	Outstanding Mar 2019				
Outpatients	Good Mar 2019	Not rated	Outstanding Mar 2019	Good Mar 2019	Outstanding Mar 2019	Outstanding Mar 2019
<b>Overall*</b>	Good Mar 2019	Outstanding Mar 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 University Dental Hospital of Manchester

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Outstanding Mar 2019	Outstanding Mar 2019	Good Mar 2019	Requires improvement Mar 2019	Outstanding Mar 2019	Outstanding Mar 2019
<b>Overall*</b>	Outstanding Mar 2019	Outstanding Mar 2019	Good Mar 2019	Requires improvement Mar 2019	Outstanding Mar 2019	Outstanding Mar 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 Wythenshawe Hospital

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

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Mar 2019	Requires improvement Mar 2019	Good Mar 2019	Good Mar 2019	Requires improvement Mar 2019	Requires improvement Mar 2019
Medical care (including older people's care)	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Surgery	Requires improvement Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Services for children and young people	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
End of life care	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Outpatients	Good Mar 2019	Not rated	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
<b>Overall*</b>	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 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 Withington Community Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Outpatients	Good Mar 2019	Not rated	Requires improvement Mar 2019	Requires improvement Mar 2019	Requires improvement Mar 2019	Requires improvement Mar 2019
<b>Overall*</b>	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 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 Altrincham Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good Mar 2019	Not rated	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
<b>Overall*</b>	Good Mar 2019	Not rated	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 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 Manchester Royal Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Mar 2019	Requires improvement Mar 2019	Good Mar 2019	Requires improvement Mar 2019	Requires improvement Mar 2019	Requires improvement Mar 2019
Medical care (including older people's care)	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Surgery	Requires improvement Mar 2019	Requires improvement Mar 2019	Good Mar 2019	Requires improvement Mar 2019	Requires improvement Mar 2019	Requires improvement Mar 2019
Critical care	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Outstanding Mar 2019	Outstanding Mar 2019
End of life care	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Outpatients	Requires improvement Mar 2019	Not rated	Good Mar 2019	Requires improvement Mar 2019	Good Mar 2019	Requires improvement Mar 2019
<b>Overall*</b>	Requires improvement Mar 2019	Requires improvement Mar 2019	Good Mar 2019	Requires improvement Mar 2019	Requires improvement Mar 2019	Requires improvement Feb 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 Saint Mary's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Neonatal services	Good Mar	Good Mar	Outstanding Mar	Good Mar	Good Mar	Good Mar
<b>Overall*</b>	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 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	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Community health services for children and young people	Good Mar 2019	Good Mar 2019	Good Mar 2019	Requires improvement Mar 2019	Good Mar 2019	Good Mar 2019
Community health inpatient services	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Community end of life care	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Community dental services	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
<b>Overall*</b>	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 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.

## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Child and adolescent mental health wards	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Specialist community mental health services for children and young people	Good Mar 2019	Outstanding Mar 2019				
<b>Overall</b>	Good Mar 2019	Outstanding Mar 2019				

Overall ratings for mental 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 includes nine hospital sites which provide acute health services: Manchester Royal Eye Hospital, Manchester Royal Infirmary, Royal Manchester Children's Hospital, St. Mary's Hospital, The Manchester University Dental Hospital, Altrincham Hospital, Trafford General Hospital, Wythenshawe Hospital and Withington Community Hospital.

## Summary of acute services

We had not previously rated these services since the formation of the new trust in October 2017.

- We rated Royal Manchester Children's Hospital, St. Mary's Hospital, Altrincham Hospital, Trafford General Hospital, Wythenshawe Hospital and Withington Community Hospital as good overall.
- We rated Manchester Royal Eye Hospital and The Manchester University Dental Hospital as outstanding overall. We found evidence of outstanding practice, particularly in the effectiveness of the treatment provided.
- We rated caring as outstanding overall at Manchester Royal Eye Hospital, Royal Manchester Children's Hospital, St. Mary's Hospital, and Wythenshawe Hospital. We saw numerous examples of how staff provided compassionate and dignified care to patients and their families.
- We rated surgery at Royal Manchester Children's Hospital, critical care at both Manchester Royal Infirmary and Wythenshawe Hospitals and surgery and outpatients at Manchester Royal Eye Hospital as outstanding overall.

However:

- We rated Manchester Royal Infirmary as requires improvement overall.
- There were areas of concern regarding staffing in the emergency departments at Manchester Royal Infirmary and Wythenshawe Hospital.
- The five steps to safer surgery were not fully adhered to at Manchester Royal Infirmary and Trafford General Hospital.
- Levels of compliance with mandatory training were low in some areas.
- The emergency departments were not meeting the national four-hour standards for admitting, transferring or discharging patients at Manchester Royal Infirmary and Wythenshawe Hospital.
- We had concerns about the standard of record-keeping and access to records in some areas.
- We had concerns about the leadership and culture within surgery at Manchester Royal Infirmary.

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## Key facts and figures

Altrincham Hospital is a modern purpose-built building that opened in April 2015. It provides a range of outpatient services. There is also a 20-bedded renal dialysis satellite unit located on the second floor of the hospital.

We inspected outpatient services from 9 to 11 October 2018.

## Summary of services at Altrincham General Hospital

**Good** ●

We had not previously inspected this service. Our rating of services was good because:

- We rated outpatient services as good for being safe, caring, responsive and well led. The effective domain is not rated for outpatient services.
- A summary of outpatient services and the ratings is provided in the Outpatient section below.

# Outpatients

Good ●

## Key facts and figures

Altrincham Hospital is a modern purpose-built building that opened in April 2015. It provides a range of outpatient services that are mainly located on the first floor of the building, with a fracture clinic located on the ground floor. There is also a 20-bedded renal dialysis satellite unit located on the second floor of the hospital.

The division of surgery provides outpatient appointments for assessment and follow-up appointments. Other outpatient clinics are nurse-led. The outpatient department provides a range of general and specialist outpatient clinics, including specialist clinics from Manchester Royal Eye Hospital and Trafford Hospital audiology department to enable patients to attend appointments closer to home. The hospital also provides a phlebotomy service.

We inspected the whole outpatient's services against all the key questions because this was the first time that Manchester University NHS Foundation Trust had been inspected since being created in October 2017.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Site visits were carried over three days from 9 to 11 October 2018. As part of our inspection we visited:

- the ophthalmology glaucoma clinic
- the phlebotomy clinic
- the fracture clinic
- the renal dialysis unit
- and the home dialysis training unit.

During our inspection we:

- spoke with 13 members of staff across all specialisms and grades
- spoke with eight patients and one carer
- reviewed two sets of patient records
- reviewed trust policies and standard operating procedures relating to outpatient services
- observed care delivered to patients.

## Summary of this service

We had not previously inspected this service. We rated this service as good because:

- We rated safe, caring, responsive and well-led as good. The effective domain is not rated for outpatient services.
- The service provided mandatory training in key skills to staff.
- Services had suitable premises and equipment. They were kept clean to minimise the risk of infection.

# Outpatients

- There were enough staff, with the right qualifications, skills and training so that patients were seen and assessed in a timely way and within the prescribed targets. However, managers had recognised a need to review the staffing establishment to meet additional and regular clinic demands and reduce dependency on bank and agency staff.
- The service provided care and treatment based on national guidance. There were processes in place to ensure that guidance was promptly reviewed, disseminated and embedded.
- The effectiveness of care and treatment was monitored regularly and reported to the clinical effectiveness committee. Services were involved in the annual clinical audit programme. Audit results and patient outcome monitoring were used to drive improvements.
- Staff received role-specific training. They were encouraged to take up external training courses that were relevant to their roles.
- Staff worked collaboratively with GPs and other stakeholders to deliver effective care and treatment and support people to live healthier lives and manage their own conditions.
- Staff cared for patients with compassion and respected their privacy and dignity. They offered adequate emotional support and involved patients and their carers in decisions about their care and treatment.
- Complaints and concerns were treated seriously and lessons were learned and shared with staff.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. The views of staff and patients were used to drive improvements.
- Staff were valued and supported by managers and a positive culture and the wellbeing of staff was promoted.

However:

- There were some mandatory training modules where completion rates were not high, for example, resuscitation training where there was a shortage of places on courses. Managers had made sure that all eligible staff were booked onto a course by the end of 2018.
- There were low completion rates in safeguarding children level three for outpatient nursing staff and for safeguarding adults level two for allied health professionals.
- There could be long waits for patients in the phlebotomy service where appointments were not required.

## Is the service safe?

**Good** ●

We had not previously inspected this service. We rated safe as good because:

- The service provided mandatory training in key skills to staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The services had suitable premises and equipment and looked after them well.
- The service had enough staff, with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

# Outpatients

- 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 followed best practice when prescribing and giving medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service collected safety information and shared it with staff. Managers used this to improve the service.

However:

- There were some mandatory training modules where completion rates were not high, for example, resuscitation training where there was a shortage of places on courses. Managers had made sure that all eligible staff were booked onto a course by the end of 2018.
- There were low completion rates in safeguarding children level three for outpatient nursing staff and for safeguarding adults level two for allied health professionals.
- Managers had recognised the need to review the staffing establishment to meet additional clinic demands and reduce the dependency on bank and agency staff.

## Is the service effective?

**Not sufficient evidence to rate** ●

We do not rate effective. During our inspection we found:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Where appropriate, patients were given advice on nutrition and hydration to meet their needs and improve their health.
- Staff assessed patients' pain levels when they attended appointments. They supported those who were unable to communicate and could get additional pain relief for patients.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses, other healthcare professionals supported each other to provide good care.
- Staff worked with patients to improve their health and promote self-care where this was appropriate.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

# Outpatients

- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

## Is the service caring?

**Good** ●

We had not previously rated this service. We rated caring as good because:

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

## Is the service responsive?

**Good** ●

We had not previously rated this service. We rated responsive as good because:

- The trust planned and provided outpatient services for adults in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access most outpatient services when they needed them. Waiting times from referral to treatment were similar to or better than the England average for most specialities. Arrangements to treat and discharge patients were in line with good practice.
- The services treated concerns and complaints seriously, investigated them, learned lessons from the results and shared these with staff.

However:

- The phlebotomy service often had long waiting times for patients in the clinic.

## Is the service well-led?

**Good** ●

We had not previously rated this service. We rated well-led as good because:

- Managers at all levels had the right skills and abilities to run a service providing high quality, sustainable care. Leaders were experienced and had the capability to make sure that a quality service was delivered and risks to performance were addressed. Staff were clear about reporting lines and told us that leaders were honest, proactive and they felt comfortable in approaching them with any concerns.
- The service had a vision and strategy for what it wanted to achieve and workable plans to turn it into action, developed with involvement from staff, patients and key groups representing the local community. Outpatient departments in Trafford and Altrincham hospitals had chosen to continue the work of the predecessor organisations and had a programme of outpatient transformation which sought to improve the patient experience and clinical quality of outpatient services.

# Outpatients

- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us that they had been fully informed of the transition into the newly formed trust, they felt proud to work for the service and felt respected and valued.
- There was a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care could flourish. There was a clear governance structure for outpatients in place and a set of processes for the escalation, cascading and sharing of information.
- There were effective systems in place for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected. There was a divisional risk register in place and service leads discussed and reviewed risks on the register.
- Information was collected, analysed, managed and used well to support activities, using secure electronic systems with security safeguards. Most outpatient services used electronic patient records and these records could be accessed whenever required.
- The services engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborate with partner organisations effectively. The service was starting to work with local GPs to deliver clinics at GP “hubs”, for example, phlebotomy clinics to alleviate the pressures on the hospital clinics.
- The views of patients were sought in a number of different ways and senior leaders engaged with staff to keep them informed of important changes.
- There was a commitment to improving services by learning from things went well and when they went wrong, promoting training, research and innovation. Outpatient services were closely monitored against the outpatient standards and there was an ongoing action plan in place to meet objectives to continuously improve outpatient services against the expected standards.

# Saint Mary's Hospital

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## Key facts and figures

Saint Mary's Hospital provides maternity services for women living in Great Manchester, the North West and receives referrals from other areas. It provides primary, secondary and specialist obstetric care. There were 111 maternity beds. The hospital has a new-born intensive care unit which accommodates 59 cots. Other services include gynaecology, genomic medicine and Saint Mary's Sexual Assault Referral Centre. The hospital employs more than 1,500 staff.

Between October 2017 and May 2018 there were 5,940 births in the maternity unit. During 2017/2018 the neonatal service admitted 1,650 babies with over half requiring intensive or high dependency care.

We inspected maternity and neonatal services. During the announced inspection we spoke with 158 staff of all grades. We spoke with 21 patients and their relatives about the care they received and observed care and treatment being delivered. We reviewed 45 sets of patient records including prescription charts. We reviewed information provided by the trust before and after the inspection.

## Summary of services at Saint Mary's Hospital

**Good** 

We had not previously rated this hospital. We rated services as good because:

- We rated maternity services as good for safe, effective, caring, responsive and well-led.
- We rated neonatal services as good for safe, effective, responsive, well-led and outstanding for caring.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Services took account of patients' individual needs.
- Services controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff received appropriate education and training to enable them to provide safe care and treatment.
- The service planned and provided services in a way that met the needs of local people. People could access the service when they needed.
- Staff gave patients enough food and drink to meet their needs and improve their health.

# Summary of findings

- Managers across the services had the right skills and abilities to run a service providing high-quality sustainable care.
- Staff were committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- Not all mandatory training particularly for medical staff met trust targets.
- Staffing was a challenge: although most shifts, over the period reviewed, met the national guidance from the British Association of Perinatal Medicine, there remained gaps in staffing on occasions.

# Maternity

Good 

## Key facts and figures

The maternity services at Manchester University NHS Foundation Trust comprises of two maternity units which are part of the Saint Mary's Hospital Obstetrics Managed Clinical Service (MCS). The maternity units are located in Saint Mary's Hospital (Oxford Road Campus) and Wythenshawe Hospital.

Saint Mary's Hospital provides maternity services for women living in Greater Manchester, the North West and beyond with primary, secondary and tertiary (specialist) obstetric care.

The maternity unit is co-located with the level three regional neonatal intensive care services and gynaecology services.

There are established midwifery teams delivering care to low risk women and multidisciplinary teams comprising obstetricians, midwives, anaesthetists, neonatologists and physicians providing care to women with specialist foetal and maternal medical needs.

Saint Mary's Hospital MCS facilitates training for medical, nursing and midwifery students and other trainees.

Between October 2017 and May 2018 there were 5,940 births in the maternity unit at St Marys Hospital. 14% of the births were midwife led and 86% were obstetric led births.

The service has 111 maternity beds situated at St. Marys. These consist of ward 65, the antenatal ward (28 beds), ward 66 postnatal ward (28 beds), ward 47B postnatal ward (20 beds) labour ward (12 birthing rooms, two bereavement rooms and five induction of labour rooms), and the birth centre (eight beds).

Outpatient services include the hospital antenatal clinic, an antenatal day unit, a 24-hour triage assessment area and obstetric sonography (pregnancy) service and a fetal medicine unit.

Community antenatal care takes place in locations throughout the catchment areas in GP surgeries, children's centres and women's homes. The community midwifery service also provides a 24 hour, seven days per week, home birth service for all women choosing their home as place of birth.

The hospital has a dedicated research department on the fifth floor of the maternity unit.

We inspected the maternity department as part of an announced inspection (they knew we were coming) between 22 and 24 October 2018. We visited all clinical maternity areas within the hospital maternity department including obstetric theatres. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

Prior to the inspection we held a focus group with 34 midwives and other maternity staff of differing grades. During the inspection we spoke to over 94 members of the maternity staff including administrative support staff, midwifery assistants, associate practitioners, student midwives, midwives, midwifery managers, midwifery matrons, the head of midwifery, the director of midwifery, obstetricians of varying grades, anaesthetists and operating department practitioners and ten women and six partners.

During the inspection we reviewed 17 sets of maternity records, 13 prescription charts and 51 guidelines and policies pertaining to maternity..

# Maternity

## Summary of this service

We rated maternity services as good because:

- Staff received appropriate education and training to enable them to provide safe care and treatment for the women and babies being cared for at the unit. Simulation training was included as part of this training in both hospital and home birth scenarios.
- There was good multi-disciplinary team working across all professionals to provide women with a choice of evidence based care which kept women and their babies at the focus of this care delivery.
- Staff working within the service supported women to make decisions regarding their care and treatment and place of birth. The department based their guidelines on nationally available up to date evidence and best practice care which they provided to women and their families to enable them to make informed choices.
- Staff that we spoke with during our inspection were proud to work at the service and were proud of the standards of care that they received. There was a supportive culture in which staff felt able to develop both themselves and the service provision for women.
- The research department provided care for women with specific risk factors and had previously been cited as an example of excellent care provision in the National Maternity Review publication, Better Births: Improving outcomes of maternity services in England.

## Is the service safe?

**Good** 

We rated safe as good because:

- The service provided mandatory training for all staff and ensured that staff completed it.
- Staff received safeguarding training and understood how to protect women and their babies from abuse and could articulate what to do if there were any concerns. Staff worked well with other agencies to provide good care and support.
- The service controlled infection risks well. Staff kept themselves, all equipment and all premises clean.
- The department had suitable premises and equipment for good and safe maternity care provision.
- Staff completed appropriate, documented, risk assessments for all women and babies being cared for in their department.
- The service had sufficient staff that were suitably qualified and trained to keep women safe from avoidable harm and to provide good maternity care.
- Staff kept appropriate records of care and treatment. Records were clear, up to date and available to all staff providing care.
- The service prescribed, administered, recorded and stored medicines well. Women and babies received the correct medication at the right time.
- The service managed safety incidents well. Staff recognised incidents and reported them accordingly. Managers investigated incidents and shared lessons learned with the whole team and the wider service where appropriate.

# Maternity

However;

- During our inspection we found that equipment was not always serviced regularly and by the date of the next review. Staff were aware of this and had reported it to the department responsible for this compliance prior to our inspection and there was found to be a delay in equipment servicing across the trust. Following the inspection, we were shown evidence that the trust had developed a plan to have all the equipment serviced, prioritising the emergency equipment first.
- Medical staffing mandatory training was well below trust targets. Also, only 53% of eligible staff had completed their level 3 safeguarding training.
- Some maternity records were left unattended in the ward areas.

## Is the service effective?

**Good** ●

We rated effective as good because:

- The service provided care and treatment based on up to date national guidance. The service carried out audits and evaluations to ensure both compliance and the effectiveness of care provided and to benchmark their performance and highlight areas for improvement.
- Staff gave women and babies sufficient nutrition and hydration to meet their needs. The service made adjustments for religious, cultural and other preferences.
- Staff managed pain well. Women had access to a variety of analgesia in labour and at other times if they required it.
- The service achieved good outcomes for women and babies. The service benchmarked its outcomes against other comparable services.
- The service ensured that staff were competent to carry out their roles. Managers appraised staffs work and provided them with support to improve the service provision.
- Staff of differing professions worked together with the same aim of providing excellence in care provision.
- Maternity services were available seven days per week. Midwifery, obstetric and anaesthetic cover was provided outside of normal working hours.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support women experiencing mental ill health and implemented individualised care plans when needed.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Staff cared for women and their families with compassion. Feedback and observations confirmed that staff treated them well, with kindness and compassion. Women described care from maternity staff as good.

# Maternity

- Staff provided emotional support to women and their partners to minimise their distress.
- Staff involved women and those close to them in decisions about their care and treatment. We observed staff interacting positively with women and those close to them.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- The service planned and provided services to meet the needs and wishes of its service users. Services were provided to reflect the needs of the local population and the wider geographical area such as specialist antenatal clinics.
- Women could access the service when they needed and wanted to. There was a triage service open 24 hours, seven days a week and staff were evaluating the service to ascertain how access and flow could be improved.
- The service took account of peoples' individual needs. The service provided additional support and services to women such as those who had previously experienced a stillbirth or neonatal death.
- The service treated complaints and concerns seriously, investigated them and shared the lessons learnt with staff and, if appropriate, made changes to practices to improve care provision.

## Is the service well-led?

**Good** ●

We rated well-led as good because:

- All managers we spoke with had the correct skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and staff within the service were aware of the trusts vision and values. The service was working to align policies, guidelines and pathways across the managed clinical service. The service was working towards achieving the recommendations highlighted in Better Births (2016).
- Managers across the service promoted a culture that supported and valued its staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually monitor and improve the quality of its services. The governance team were working with staff to nurture a culture of openness and honesty.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected issues.
- The service collected, analysed, managed and used information well to support all of its activities.
- The service had engaged well with staff to plan and manage appropriate services and worked with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, audit and evaluation, research and new ideas.

# Maternity

However;

- The service did not routinely engage with the public, women and their families to plan and improve service provision. At the time of our inspection we were told of plans to rectify this issue, but this had not yet been implemented.

# Neonatal services

Good 

## Key facts and figures

The new born services division at Manchester University NHS Foundation Trust comprises a new born intensive care unit at Saint Mary's hospital and a local neonatal unit at Wythenshawe Hospital.

Neonatal intensive care units provide complex, highly specialist levels of care for the smallest and most vulnerable babies. The neonatal intensive care unit at Saint Mary's hospital provides neonatal medical care and is the neonatal surgical and specialist medicine provider for Greater Manchester.

The service is part of the Greater Manchester Network of Neonatal Units and North West Neonatal Operational Delivery Network

The service provides neonatal intensive care, high dependency care and special baby care for new born babies from 23 weeks old. At the time of our inspection the service was commissioned to provide 19 intensive care cots, 19 high dependency cots and 31 special care cots.

In 2017/18 the service admitted 1,650 babies with over half the activity being delivered as intensive or high dependency care.

This was the first inspection of the service under the new registered provider. We inspected neonatal services as part of an unannounced inspection between 22 and 24 October 2018. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected all five key questions. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During the inspection we visited all areas of the service at Saint Mary's Hospital including neonatal intensive care, high dependency rooms and special care baby rooms. We visited and spoke with the neonatal in-reach team on the maternity ward.

We spoke with 30 staff including senior managers, departmental managers and doctors as well as registered nurses and non-clinical staff. We spoke to five parents and received three 'tell us about your care' feedback cards.

We observed care and treatment and looked at 12 patient care records and three medicine administration charts as well as service performance data..

## Summary of this service

We have not previously inspected this service. We rated it as good because:

- We rated the service as good in safe, effective, responsive and well led domains. We rated it as outstanding in caring.
- Babies received high quality care from dedicated and caring staff who had received appropriate training and education to enable them to provide safe care and treatment. The service had nursing staff with additional training in a variety of quality roles such as research, tissue viability, feeding, infection prevention and control and safeguarding.
- The unit was well maintained and decorated with appropriate equipment and facilities to care for patients and provide a caring, supportive environment for parents and families. Art work displayed throughout the unit provided stories of inspiration and hope for visitors and families.

# Neonatal services

- Specialist staff supported mothers to improve breast feeding rates. There were facilities to help mothers express and store breast milk.
- Feedback from parents and families was universally positive about the care their babies had received. We saw many examples of the care and support offered to parents and siblings. The bereavement team offered comprehensive, caring support to bereaved families including siblings. The service provided a comfortable, homely room for parents caring for babies at the end of their life.
- The service had developed innovative new ways of delivering services such as retinopathy of prematurity screening. Retinopathy of prematurity screening and treatment was nurse led by a non-medical prescriber who also worked clinically on the unit. Screening was overseen by a consultant paediatric ophthalmologist. The service used technology to support mothers who could not visit the unit and minimise mother and baby separation.
- Staff we spoke with were proud to work for the service. There was a positive open culture in which staff felt able to ask for help and report concerns. Staff were encouraged to develop themselves and services for patients and families.

## Is the service safe?

**Good** ●

We rated safe as good because:

- The service provided mandatory training in key skills to staff and made sure nursing and midwifery staff completed it. The neonatal education team supported nursing staff to complete mandatory and role specific training.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Nursing staff had training on how to recognise and report abuse and they knew how to apply it. The service had identified two nurses as safeguarding link nurses, supported by the safeguarding nurse for Saint Mary's Hospital.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well. There was secure access through the reception area, which was light, bright and welcoming with colourful art work and welcome signs in different languages.
- Staff assessed the risks for each patient using a neonatal early warning score. They kept clear records, asked for support when necessary and understood the process to escalate concerns when a patient became unwell. Staff attended regular simulation training to ensure they understood their role if a medical emergency occurred.
- The service ensured that the nurse acting as room leader for each shift was 'qualified in speciality'.
- The service had enough medical staff, with the right mix of qualifications and skills, to keep patients safe and provide the right care and treatment. The service had consultant cover on the unit 24-hours a day and had trained Advanced Neonatal Nurse Practitioners who worked as part of the medical rota.
- Staff kept detailed records of patients' care and treatment. Electronic records were clear, up-to-date and easily available to all staff. We saw that electronic patient care records were updated during ward rounds and nurse handover.

# Neonatal services

- The service followed best practice when prescribing, giving, recording and storing medicines. Staff used an electronic prescribing system that ensured that patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff used a neonatal 'trigger list' to identify incidents and completed online incident reports.
- Managers investigated incidents and shared lessons learned with the whole team and wider service. When things went wrong staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, parents and visitors. Safety performance information on hospital acquired infections and pressure wounds was displayed at the entrance to the unit.

However:

- ▪ The service did not ensure all medical staff completed mandatory training.
- Staffing was a challenge: although most shifts, over the period reviewed, met the national guidance from the British Association of Perinatal Medicine, there remained gaps in staffing on occasions.

## Is the service effective?

**Good** 

We rated effective as good because:

- ▪ The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance through local audits. The service had UNICEF Baby Friendly Initiative accreditation.
- Staff used special feeding and hydration techniques when necessary. A specialist feeding team supported mums to breast feed their babies and there were suitable facilities for breast feeding, expressing and milk storage within the unit.
- Staff assessed and monitored patients regularly to see if they were in pain using a specialised neonatal pain assessment tool. They gave additional pain relief to ease pain and monitored this through regular post-operative and analgesia audits.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared their results in national audits with those of other services and had action plans to address underperformance which were reviewed quarterly.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and compliance with appraisal rates for nursing and medical staff was 100%.
- Staff of different kinds worked together as a team to benefit patients. The daily ward round was attended by medical and nursing staff of different grades. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The unit had consultant neonatologist cover 24-hours a day, seven days a week from on an onsite consultant and additional on-call consultant.

# Neonatal services

- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Staff could access and update the electronic patient care record through computer terminals at every cot side.
- Staff understood how and when to assess whether a patients' parents had the capacity to make decisions about the patients' care. They followed trust policy and procedures when they were concerned a parent could not give consent. We saw that appropriate parental consent was obtained prior to surgery.

However;

- ▪ The service was not Family Integrated Care accredited as it did not meet guidelines to allow open visiting 24-hours a day. Parents were not allowed to visit during the daily ward round, other than for discussion about their baby. This was to maintain confidentiality and parents were positively encouraged to be with their baby when they were being reviewed during the ward round.

In the neonatal intensive care unit 100% of the band seven shift co-ordinators and 100% of the band six clinical room leads were trained in neonatal life support.(NLS). Of the band five qualified in specialty nurses 42% were trained in NLS.

## Is the service caring?

**Outstanding** 

We rated caring as outstanding because:

- ▪ Staff cared for patients and parents with compassion. Feedback from parents was continually positive about the way staff treated patients, parents and those close to them. Parents we spoke with told us staff had gone the extra mile to support them.
- We observed a strong person-centred culture with staff always introducing themselves to parents when they had not met them before and treating patients with dignity and respect.
- We saw compassionate discussion in team meetings when the doctors and parents disagreed about treatment plans. Staff had open, honest and caring discussions with parents where the parents and staff disagreed on the best treatment option.
- Parents told us that they felt really cared for and that they mattered, one parent told us the nurses 'make you feel beloved in difficult times'.
- Staff provided emotional support to patients and their families to minimise their distress. Specialist bereavement nurses supported families when their baby was dying and after.
- The service employed a counsellor to support parents and families. There was a quiet counselling room and parents could access the counsellor through drop in sessions advertised around the unit and a confidential phone line.
- Consultant neonatologists met with bereaved parents to give the opportunity for them to ask questions about their baby's care and treatment. These appointments were offered as home visits where parents did not feel able to attend the unit.
- The service recognised that parents needed access to wider support networks and peer support. There was a 'NICU Babble' social media page for parents which was advertised throughout the unit and weekly parents support group.

# Neonatal services

- Staff involved parents and those close to them in decisions about the care and treatment of their baby. Parents were encouraged and supported to care for their baby and care was shared between staff and parents where appropriate.
- The service empowered parents to have a voice and worked with them to develop the skills they needed to be partners in their baby's care. Parents could access a range of drop in sessions to support them to understand and be involved in the care of their baby which were advertised throughout the unit and held every week.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- The service planned and provided services in a way that met the needs of local people. We saw excellent examples of parental involvement in the design of services and facilities such as the reception areas, Snowdrop Suite and breast-feeding rooms.
- The service provided both outpatient and inpatient screening for damage to vision in premature babies which meant that all premature babies were screened for retina damage and treated immediately.
- The service took account of patients' and parents individual needs. The service provided free of charge facilities for parents to stay on the unit and signposted parents to Ronald McDonald House if they needed longer term accommodation.
- The bereavement team worked with siblings of all ages using crafts and books to support siblings to talk about how they felt about the death of their baby brother or sister and to make items to remember them by.
- The service offered all bereaved parents an appointment with the consultant who cared for their baby, this appointment took place at the parents' home if they did not feel able to attend the unit.
- The service had made innovative use of technology to support mothers who were separated from their babies due to illness or who were still on the maternity unit following delivery. Mothers were given hand held computers with an application that allowed them to see their baby in the unit and talk to their baby and the nurse.
- The service had a proactive approach to understanding the needs and preferences of different groups of people. Some staff had completed deaf awareness training and information leaflets were available in a range of languages including braille.
- People could access the service when they needed it. Arrangements to admit, treat and discharge patients were in line with good practice. A pathway coordinator worked closely with the team, parents and other departments to ensure timely and effective discharge or transfer of patients.
- The neonatal in-reach team worked on the maternity wards to reduce admissions to the neonatal unit. This improved flow into the neonatal unit and ensured the service acted to reduce the amount of time baby and mother were separated.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. The service had received no formal complaints in the last six months and staff resolved concerns as they were raised with support from managers.

However,

# Neonatal services

- The service had closed to external admissions for 16 shifts between July and September 2018 and only three of these occurred on consecutive shifts. No babies were transferred out of the organisation for staffing reasons during this period.

## Is the service well-led?

**Good** ●

We rated well-led as good because:

- Managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care. Staff we spoke with told us managers were visible, approachable and supportive.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, parents and key groups. We saw the vision and strategic aims for the service aligned with those of Saint Mary's Hospital and the single hospital plan.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff spoke positively about the open, 'no blame' culture within the team.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care. There were robust governance structures that ensured quality and safety was monitored at service, divisional and managed clinical service level.
- The service created an environment in which excellence in clinical care would flourish and monitored this through comprehensive clinical effectiveness meetings.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risks recorded on the risk register and recognised by leaders aligned with the concerns and worries of staff.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. They had acted to improve data collection and documentation of patient outcomes.
- The service engaged well with parents, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service engaged with past and present families to design facilities for parents and families and worked with local businesses and the community to plan and refurbish facilities. Families had contributed stories of hope and photographs which were used throughout the unit.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. The neonatal research nurse coordinated research studies in the unit supported by research link nurses. The service had won a national ophthalmology award for the retinopathy of prematurity screening service.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

# Neonatal services

## Areas for improvement

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

# Royal Manchester Eye Hospital

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www.mft.nhs.uk

## Key facts and figures

Royal Manchester Eye Hospital is a large specialist ophthalmic teaching hospital that provides a comprehensive secondary care service to the population of Central Manchester population and a tertiary ophthalmic service to North West England and beyond. Acute services are accessed by a population beyond central Manchester.

The surgical service treated adults and children and young people with five theatres. There is a 17 bedded in patient area with a surgical assessment lounge that has accommodation for eight patients and five side wards. There is a day surgery facility with 16 chairs. Surgical treatment is also provided at Trafford and Withington.

The out-patient department sees a quarter of the out-patient activity of the trust and services are provided across the trust. There are two shop fronts in the north and south of the city which provide a range of services for patients.

## Summary of services at Royal Manchester Eye Hospital

### Outstanding

We hadn't rated the trust before. We rated it them as outstanding because:

- Staff knew how to protect patients from abuse and the service worked with other agencies to do so, staff had received training on how to recognise and report abuse and were able to give examples of when they had done this.
- The service controlled infection risk well. Equipment and premises were kept clean and there were systems and processes in place to prevent the spread of infection. The hospital measured its infection rates and there had been no reportable infection since October 2017.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. Outcomes were reviewed every month so that changes could be implemented quickly. They compared their results with other services to try to improve them. Rates of posterior capsular rupture were low. The hospital was a national trainer for a new technique for some glaucoma patients.
- The service made sure that staff were competent for their roles. There was a culture of continuous learning and development at the hospital and protected time for research. New roles had been developed with appropriate training, education and competency assessments. There was oversight of training and development at a senior level.
- Care was holistic at the eye hospital and staff were very aware that a diagnosis of sight loss would dramatically affect people's lives. Patient feedback about their care was very positive and people felt comfortable at the hospital.

# Summary of findings

- There was strong emotional support at the hospital and patients could access psychological support. Staff supported patients to access services in their own communities to try to prevent social isolation. There was specific support for children and their families and feedback about this service was extremely positive.
- The service met the individual needs of patients who needed additional support. There were examples of the individual support to patients with a learning disability or autism so that the best outcomes for the patients could be achieved.
- The hospital was working to support children and young people and their transition to adult services. There was senior clinical support for this and an audit was in place to identify those patients who were in the transition phase of their treatment. Patients saw the same medical consultant through into the adult clinics.
- Leadership from all professions working in the eye hospital was effective and robust. Managers were capable, experienced, clinically knowledgeable and competent and staff told us that they had confidence in them. Many of the managers were leaders in their own professions both nationally and internationally.
- There was a strong culture of risk management and service improvement at the hospital with systems in place to escalate issues of risk and patient safety up and down the organisation. The hospital were aware of their financial situation and this was part of the accountability oversight framework.
- Staff worked collaboratively to develop new models of care, innovation was encouraged and there was protected time for research among health professionals in the department.
- However; Not all patient records were fully completed and there were issues around the availability of patient records for out-patient clinics.
- The safer steps to safer surgery including the World Health Organisation checklist were not always fully completed.

# Surgery

Outstanding 

## Key facts and figures

Manchester Royal Eye Hospital is a large specialist ophthalmic teaching hospital in the UK. The service provides a comprehensive secondary care service which is provided to a Central Manchester population and a tertiary ophthalmic service to the whole of the North West of England and beyond. Acute services are accessed by a population beyond Central Manchester.

The hospital has a suite of five theatres dedicated to ophthalmic surgery for both adult and paediatric patients undergoing surgery under local and general anaesthetic. There is a 17-bedded inpatient area with a surgical assessment lounge with accommodation for eight patients and five side wards which accommodates both medical and surgical ophthalmology patients. Pre-assessment is provided in the dedicated pre-assessment area on ward 55. The hospital also has a day surgery facility on the first floor with 16 chairs.

The hospital had 84,622 surgical admissions from October 2017 to May 2018. Emergency admissions accounted for 21,368 (25.3%), 49,133 (58.1%) were day case, and the remaining 14,121 (16.7%) were elective.

Children and young people who have surgery at the eye hospital are brought from the Royal Manchester Children's Hospital for treatment and then returned there following treatment.

Before this inspection we reviewed information about the hospital; during the inspection we visited the theatres, the day surgical unit and ward 55. We observed a number of procedures and attended a handover of services and a team huddle. We spoke with the medical director, the associate medical director, the director of nursing and the lead nurse. We also spoke with a ward clerk, a band seven nurse, four nursing staff, a scrub nurse, two ophthalmic consultant surgeons, a scrub nurse the anaesthetic recovery lead and the theatre team leader. We spoke with three patients and one patient's relative and reviewed five patient records.

## Summary of this service

We hadn't rated this service before. We rated it as outstanding because:

- The service was working across the health economy to standardise treatment and to set standards of practice. There was a culture of learning and continuous development to improve services and patient outcomes. New roles were being developed, implemented and audited to address gaps in staffing.
- The hospital was leading the implementation of new techniques for surgery and training colleagues across the country in these techniques which were improving patient outcomes.
- Services were safe and there were systems and processes in place to maintain and improve patient safety. Staffing levels were good and staff had received appropriate training for their role.
- The service provided compassionate care for patients and privacy and dignity was respected. There was emotional support for patients and their relatives.
- There was additional support for patients with cognitive impairment, autism and learning disabilities. Young people were well supported in the transition from children's services to adult services.

# Surgery

- Leaders were capable and experienced and there was strong multi-professional leadership from all professions at the hospital. There were systems in place to improve patient safety and to improve performance; risk was well managed and there was improving staff engagement. All staff recognised a positive culture at the hospital and were proud to work there. Senior staff were very proud of their workforce.

## Is the service safe?

**Good** ●

We hadn't rated this service before. We rated it as good because:

- Staff knew how to protect patients from abuse and the service worked with other agencies to do so, staff had received training on how to recognise and report abuse and were able to give examples of when they had done this. There was a safeguarding link nurse and staff told us that they would refer to the trust safe-guarding team if necessary.
- The service controlled infection risk well. Equipment and premises were kept clean and there were systems and processes in place to prevent the spread of infection. The hospital measured its infection rates and there had been no reportable infection since October 2017. Patients were screened for infections before surgery.
- Equipment checks were carried out and there were risk assessments in place for equipment that was coming to the end of its serviceable life.
- The service had enough staff, including doctors, nurses, allied health professionals and non- medical staff with the right skills, experience and training to keep people safe from avoidable harm and provide the right care and treatment. There was good use of skill mix at the hospital.
- The service managed patient safety incidents well, staff knew how to report incidents and these were investigated by managers and lessons learned were shared with staff. Changes were made following incidents to improve patient care.

However:

- The safer steps to safer surgery including the World Health Organisation checklist were not always fully completed.

## Is the service effective?

**Outstanding** ☆

We hadn't rated this service before. We rated it as outstanding because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Guidance was available to all staff at the hospital and was regularly updated. Treatment pathways were evidence based. The hospital was working with other providers to set standards of practice across the health economy.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. Outcomes were reviewed every month so that changes could be implemented quickly. They compared their results with other services to try to improve them. Rates of posterior capsular rupture were low. The hospital was a national trainer for a new technique for some glaucoma patients.
- The service made sure that staff were competent for their roles. There was a culture of continuous learning and development at the hospital and protected time for research. New roles had been developed with appropriate training, education and competency assessments. There was oversight of training and development at a senior level.

# Surgery

- All staff worked together in a multi-disciplinary way to benefit patients. There were good relationships between staff of all professions and there were regular sub-speciality team meetings to improve patient care. There was strong multi-disciplinary working with colleagues from other trusts to deliver the best outcomes for patients.
- There were robust processes in place to support patients who did not have capacity to consent to treatment and pain was managed well for patients including those who lacked capacity.

## Is the service caring?

**Outstanding** 

We hadn't rated this before. We rated it as outstanding because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity, and supported their individual needs. There were caring interactions between staff and patients.
- The friends and family test was very positive and there was a good response rate to the survey. Part of the ward accreditation process was about caring for patients and all areas had scored well and staff were proud of this.
- The hospital had set up support groups for particular groups of patients and worked with a national charity to support people with sight loss. There was psychological support for patients and their relatives.

## Is the service responsive?

**Outstanding** 

We hadn't rated this service before. We rated it as outstanding because:

- The trust provided surgical services in ophthalmology for the local population of Manchester and some services that were for the population of the north of England. Most of the vitreo-retinal services for the north west were undertaken at the hospital and all retinal detachments in the north of England were treated at the hospital.
- The service met the individual needs of patients who needed additional support. There were examples of this individual support to patients with additional needs so that the best outcomes for the patients could be achieved.
- The service responded to complaints and changed practice as a result. Complaints and referrals to the patients' advice and liaison services were monitored as part of the accountability oversight framework for the hospital.
- The hospital was working to address access and flow issues in theatres. There were a number of initiatives to decrease turnaround times for theatres and an audit to decrease the number of procedures that were cancelled on the day of surgery.

## Is the service well-led?

**Outstanding** 

We hadn't rated this service before. We rated it as outstanding because:

# Surgery

- Leadership from all professions working in the eye hospital was effective and robust. Managers were capable, experienced, clinically knowledgeable and competent and staff told us that they had confidence in them. Many of the managers were leaders in their own professions both nationally and internationally. Leaders were aware of the challenges of the hospital and the surrounding health economies and worked closely together to address these issues and improve patient care.
- There was a strong culture of risk management and service improvement at the hospital with systems in place to escalate issues of risk and patient safety up and down the organisation. The hospital were aware of their financial situation and this was part of the accountability oversight framework.
- Staff worked collaboratively to develop new models of care, innovation was encouraged and there was protected time for research among health professionals in the department. Many of the health professionals were amongst the top in their professions both nationally and internationally.
- Staff engagement was strong at all levels of the organisation and staff told us how this had improved with the new management structure at the trust. There were events to improve staff well-being.
- There was a very positive culture across the hospital and staff told us that they were proud to work there. Multi-disciplinary team working was evident at all levels of the organisation and this was to improve and develop patient services and patient experiences. Staff said that their voices were heard.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Outpatients

**Outstanding** 

## Key facts and figures

Manchester Royal Eye Hospital (MREH) is a large specialist ophthalmic teaching hospital in the UK. The service provides a comprehensive secondary care service which is provided to a Central Manchester population and a tertiary ophthalmic service to the whole of the North West of England and beyond. Acute services are accessed by a population beyond Central Manchester. The hospital treats adults and children and young people. Treatment is also provided at Trafford and Withington. A number of outpatient services are also provided off site in North and South Manchester.

In the period October 2017 to September 2018 the eye hospital saw 250,000 patients. There were 46,000 referrals, 24,000 new patients and 205,000 out-patient appointments. There were 25,155 attendances at the emergency eye department. About 2000 children a month attended the hospital. Approximately 25% of the trusts out-patient activity is delivered by the eye hospital.

Before the inspection we reviewed information about the hospital. During the inspection we observed care in a number of clinics and in the emergency eye department and we spoke with five patients. We also spoke with two orthoptists, five optometrists, three matrons, two band seven nurses, two band six nurses, three band five nurses, four consultants, two receptionists, a consultant optometrist, the associate medical director and the heads of optometry and the head of orthoptics. We reviewed 12 patient records.

## Summary of this service

We had not rated this service before. We rated it as outstanding because:

- There were systems and processes in place to keep people safe. Staff had received training and were competent in their roles. Infection risk was controlled and there had been no reportable infections in the last year. There were enough staff to keep people safe from avoidable harm and staff reported incidents and these were investigated by managers and there was feedback to staff.
- The service provided treatment based on national guidelines. Multi-disciplinary team working produced the best outcomes for patients and the effectiveness of services was measured. There was a culture of innovation and learning and staff received protected time for research. New roles were being developed to address gaps in service provision and to develop staff.
- Care was holistic and feedback from patients was extremely positive. Patients were supported at the hospital and in their communities and there was specific support for children and their families. There was psychological support for patients if necessary.
- The service supported patients with additional needs and this was individualised. There was ongoing work for children in the transition from children's to adult's services. There were waiting list pressures due to issues in the health economy and capacity issues and the service had addressed these with new ways of working.
- Clinical leadership across all professions was very strong and there was a positive culture in the hospital. Senior managers were aware of the issues across the health economy and of the financial issues that affected the hospital. Risk was well managed and there were systems and processes in place to improve patient safety and improve quality.

However:

# Outpatients

- Not all patient records were fully completed and there were issues around the availability of patient records for out-patient clinics.

## Is the service safe?

**Good** 

We had not rated this service before. We rated it as good because:

- The service provided mandatory training in key skills to staff and made sure people completed it.
- Staff knew how to protect patients from abuse and the service worked with other agencies to do so, staff had received training on how to recognise and report abuse and were able to give examples of when they had done this.
- The service controlled infection risk well. Equipment and premises were kept clean and there were systems and processes in place to prevent the spread of infection. The hospital measured its infection rates and there had been no reportable infection since October 2017.
- The service had enough staff, including doctors, nurses, allied health professionals and other non- medical staff with the right skills, experience and training to keep people safe from avoidable harm and provide the right care and treatment. There was good use of skill mix at the hospital.
- The service managed patient safety incidents well, staff knew how to report incidents and these were investigated by managers and lessons learned were shared with staff. Changes were made following incidents to improve patient care.

However:

- Not all patient records were fully completed and there were issues around the availability of patient records for out-patient clinics.

## Is the service effective?

We had not rated this service before. We do not rate effective for this service. We found:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Guidance was available to all staff at the hospital and was regularly updated. Treatment pathways were evidence based.
- Staff assessed and monitored patients regularly to see if they were in pain. There were systems in place to do this.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. Outcomes were reviewed every month so that changes could be implemented quickly. They compared their results with other services to try to improve them.
- The service made sure that staff were competent for their roles. There was a culture of continuous learning and development at the hospital and protected time for research. New roles had been developed with appropriate training, education and competency assessments. There was oversight of training and development at a senior level.
- All staff worked together in a multi-disciplinary way to benefit patients. There were good relationships between staff of all professions and there were regular sub-speciality team meetings to improve patient care.

# Outpatients

## Is the service caring?

**Outstanding** 

We had not rated this service before. We rated it as outstanding because:

- Care was holistic at the eye hospital and staff were very aware that a diagnosis of sight loss would dramatically affect people's lives. Patient feedback about their care was very positive and people felt comfortable at the hospital.
- There was strong emotional support at the hospital and patients could access psychological support. Staff supported patients to access services in their own communities to try to prevent social isolation. There was specific support for children and their families and feedback about this service was extremely positive.
- Staff worked to empower patients and their relatives and respected their wishes, care was not rushed. Feedback from patients was that they found staff reassuring and that they got good explanations about their care. Patients with additional needs were supported by staff to improve their experience.

## Is the service responsive?

**Outstanding** 

We had not rated this service before. We rated it as outstanding because:

- The service met the individual needs of patients who needed additional support. There were examples of the individual support to patients with a learning disability or autism so that the best outcomes for the patients could be achieved.
- The hospital was working to support children and young people and their transition to adult services. There was senior clinical support for this and an audit was in place to identify those patients who were in the transition phase of their treatment. Patients saw the same medical consultant through into the adult clinics
- The hospital had recognised that there were waiting lists in a number of specialities and had worked to reduce the risks to patients on these waiting lists. There was an increasing demand for services due to pressures in the health economy.
- The service responded to complaints and changed practice as a result. Complaints and referrals to the patients' advice and liaison services were monitored as part of the accountability outcome framework.
- The ophthalmology speciality was better than the England average for the non-admitted and incomplete pathways referral to treatment times.

## Is the service well-led?

**Outstanding** 

We had not rated this service before. We rated it as outstanding because:

# Outpatients

- Leadership from all professions working in the eye hospital was effective and robust. Managers were capable, experienced and were clinically knowledgeable and competent and staff told us that they had confidence in them. Many of the managers were leaders in their own professions both nationally and internationally. Leaders were aware of the challenges of the hospital and the surrounding health economies and worked closely together to address these issues and improve patient care.
- The hospital had a business plan for 2018/19 to 2020/21. There were detailed aspirations in the following areas: - service delivery, strategic development, patient safety, patient experience, human resources, organisational development and finance. The business plan took account of the issues within the health economy and there was working with other providers across Greater Manchester, including the private sector, to deliver the best outcomes for patients.
- There was a positive culture across the hospital and staff told us that they were proud to work there. Multi-disciplinary team working was evident at all levels of the organisation and this was to improve and develop patient services and patient experiences. Staff said that their voices were heard.
- There was a strong culture of risk management and service improvement at the hospital with systems in place to escalate issues of risk and patient safety up and down the organisation. The hospital was aware of their financial situation and this was part of the accountability outcome framework.
- Information was available to staff from monthly safety reports and the accountability outcome frameworks. This was used in staff briefings so that staff could understand the issues that were affecting patient care at the hospital.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Withington Community Hospital

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Tel: 01614345555  
www.mft.nhs.uk

## Key facts and figures

Withington Community Hospital is part of Manchester University Foundation Trust which was formed on 1 October 2017. It provides day surgery and outpatients services. Other services, such as community services, are based there, but are not included as part of this report.

The day surgery service has approximately 350 full time staff and see around 155,000 patients in outpatient clinics and departments every year. Withington Hospital provides elective day case surgery for the following specialties: burns and plastics, urology, general surgery and vascular surgery. Cataract surgery is also undertaken at the Withington site by a team from the Manchester Eye Hospital in a dedicated cataract suite. This is open six days a week.

The main outpatients' department of the Withington Community Hospital includes clinics for audiology, urology, dermatology, sexual health and other general clinics.

During our announced inspection we spoke with fifteen patients, 31 members of staff and looked at 14 sets of patient records. We observed staff delivering care, looked at four patient records and four prescription charts. We reviewed information from, and about, the trust. We also received comments from patients and members of the public who contacted us directly to tell us about their experiences.

## Summary of services at Withington Community Hospital

**Good** 

We had not previously rated this hospital for this provider. We rated it them as good because:

At this inspection we rated the services as good because:

- The service provided mandatory training in key skills to all staff and made sure most staff completed it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.

# Summary of findings

- The service made sure staff were competent for their roles. The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- We observed positive, kind and caring interactions between staff and patients on the day units and some clinics.
- The service had systems for reporting, monitoring and learning from incidents. Staff we spoke with knew how to report incidents, learning was disseminated to learn from incidents and prevent recurrence.

However:

- We had concerns about the sexual health clinic held at the hospital. The department had limited space for patients which led to overcrowding.
- Although most staff cared for patients with compassion, we witnessed a lack of care shown to a vulnerable patient in the sexual health clinic.
- In outpatients, there was a lack of overall leadership with no one person with oversight of the entire building and all risks.

# Surgery

Good 

## Key facts and figures

Withington Community Hospital is part of Manchester University Foundation Trust which was formed on 1 October 2017. It provides specialist care to those patients requiring diagnostic treatment, day surgery and community services.

The service has approximately 350 full time staff and see around 155,000 patients in outpatient clinics and departments every year. Withington Hospital provides elective day case surgery for the following specialties: burns and plastics, urology, general surgery and vascular surgery. Cataract surgery is also undertaken at the Withington site by a team from the Manchester Eye Hospital in a dedicated cataract suite. This is open six days a week.

The treatment centre is a small unit comprising of two-day case theatre suites and two recovery areas. The day case unit is split into two sides, incorporating a dedicated cataract theatre admission and discharge suite; alongside a treatment centre offering day case surgery under local and general anaesthesia.

Our inspection was announced (staff knew we were coming) to enable us to observe routine activity. During this inspection we visited the two-day case theatre suites and two recovery areas. We spoke with nine patients, four relatives and ten members of staff. We observed staff delivering care, looked at four patient records and four prescription charts. We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

## Summary of this service

We had not previously inspected surgical care services at this site under this trust.

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The services were safe because there were systems to ensure staff who were non-compliant were given opportunities to undertake mandatory training and safeguarding training.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Nurse staffing was managed using recognised tools and professional judgment. To maintain safe staffing levels, the service monitored staffing levels and reviewed these daily using nationally recognised tools alongside clinical judgment.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Nurse staffing was managed using recognised tools and professional judgment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. The services were effective because processes were in place to ensure that guidance used by staff complied with national guidance, such as that issued by National Institute for Health and Care Excellence.
- 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 monitor the effectiveness of the service. Staff were given opportunities to develop their competencies.

# Surgery

- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- Staff identified patients at risk of nutritional and dehydration risk or requiring extra assistance at pre- assessment stage. Patients were offered support when required
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed positive, kind and caring interactions on the day units and between staff and patients.
- The service had systems for reporting, monitoring and learning from incidents. Staff we spoke with knew how to report incidents, learning was disseminated to learn from incidents and prevent recurrence.
- Patients we spoke to felt involved in their care and had been provided with information to allow them to make informed decisions.
- The trust had systems and processes in place to ensure that the needs of local people were considered when planning the service delivery.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

## Is the service safe?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff completed training in a timely manner by using a traffic light system.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. The service was visibly clean, and the environment was clutter free
- The service had suitable premises and equipment and looked after them well. We found the hospital was accessible to wheelchair users, with clear signage. Access to unit areas were controlled using magnetic door locks and by use of reception areas staffed by ward clerks. Medicines, gases, and intravenous fluids were stored and managed safely.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. At patient safety huddles, staff identified risk and managed it appropriately. In care records we viewed, they documented this, using nationally recognised tools such as early warning scores. Staff had access to records which were part electronic and part paper.
- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service monitored staffing levels to ensure they were safe and reviewed these daily using nationally recognised tools alongside clinical judgment.
- Staff kept detailed records of patient's care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Staff had access to records which were managed and stored securely.

# Surgery

- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. 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. Learning from incidents was shared with staff.

However:

- The ophthalmology unit completed a generic World Health Organisation national patient safety check list; this is not a specific cataract check list which is recommended for use by the Royal College of Ophthalmologists. The cataract checklist is recommended as best practice as it has specific questions relating to cataract surgery and the implant being used.

## Is the service effective?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Staff could access, guidelines, policies and procedures relevant to their role. The service ensured national guidelines were used in its published guidelines and there was an effective system in place to share updates with staff.
- Staff identified patients at risk of nutritional and dehydration risk or requiring extra assistance at pre-assessment stage. We observed patients being offered food and drinks post procedure and saw patients supported to eat and drink if assistance was required. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. Pain assessments were undertaken and recorded in patient notes. Pain relief was provided as prescribed and there were systems to make sure additional pain relief was accessed through medical staff, if required.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. The service had systems and processes to monitor patient outcomes including, various trust wide initiatives, and local unit based actions, around reducing pressure ulcers, and redesigning services, all with a view to providing effective patient outcomes.
- 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 monitor the effectiveness of the service. Staff were given opportunities to develop their competencies.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent. The trust had an up to date policy on consent and mental capacity. Patients were consented for treatment appropriately.

# Surgery

## Is the service caring?

**Good** ●

We had not previously rated this service. We rated it as good because:

- Staff provided emotional support to patients to minimise their distress. Staff showed understanding and a non-judgmental attitude when caring for or talking about patients with mental health needs, learning disabilities, autism or dementia. Staff supported patients who became distressed in an open environment, and helped them maintain their privacy and dignity.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients told us they felt they had been involved in the decision-making processes in relation to their treatment because doctors and nurses had provided them with a range of options to consider and explained them in ways that they understood.
- Staff had access to chaplaincy services for those with a faith or none. There was a multi faith prayer room available for staff and patients.

## Is the service responsive?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We saw that information leaflets and advice posters were available on the units we visited, these included discharge information, specialist services and general advice about nutrition and hydration. All documents were in English but an alternative language could be obtained by the hospital if required.
- The service took account of patient's individual needs. The services had mechanisms in place to manage access and flow using various methods including redesigning pathways or carrying out audits to improve flow and working closely with commissioners.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. The service recognised the importance of the views of patients and the public, and mechanisms were in place to hear and act on their feedback.

## Is the service well-led?

**Good** ●

We had not previously rated this service. We rated it as good because:

# Surgery

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Staff spoke positively about their leaders and felt respected. We spoke with staff who were engaged and felt involved in the service and its continuing development; this was evident throughout the service.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff reported a positive culture, good team working, and various places in which to receive and share information and concerns.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. The governance structure was clear and the local leadership team had plans in place to address risks to the service, with access to information, such as monthly performance reports, to maintain quality.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Staff we spoke with felt valued by their units and the trust. Staff were encouraged to develop professionally by being supported to complete training courses additional to mandatory training
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. There were reporting mechanisms from the units to the Trust Board. Governance systems within the trust, included effective communication mechanisms from the Trust Board to the various wards.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Outpatients

**Requires improvement** ●

## Key facts and figures

Withington Community Hospital is one location out of nine locations that provide outpatient services for the Manchester University Hospitals NHS Foundation Trust.

Outpatients includes all areas where patients undergo physiological measurements, diagnostic testing, receive diagnostic testing results are receive care and treatment without being admitted as an inpatient or day case.

We inspected the outpatients' services at Withington Community Hospital as part of our routine inspection process. The inspection was announced in advance of the inspection team arriving.

Before the inspection we reviewed information we held about the department from patients, national audits, and through discussions with stakeholders.

During the inspection we visited all the clinics that are situated with the main outpatients' department of the Withington Community Hospital, which included audiology, urology, dermatology, sexual health and other general clinics.

During the inspection visit the inspection team:

- Spoke with 21 members of staff
- Spoke to six patients
- Reviewed 10 patient records
- Observed staff interacting with patients, relatives and other staff
- Observed patients entering and using the building

## Summary of this service

We had not previously rated this service. We rated this service as requires improvement because:

- We rated safe as good but rated caring, responsive and well-led as requires improvement (effective is not rated for outpatients).
- The service had an adequate number of qualified staff with the relevant qualifications, skills, training, and experience to provide the right care and treatment and prevent avoidable harm.
- The location provided a clean and serviceable environment with private consulting rooms.
- Staff were aware of their obligations towards themselves and their patients and understood duty of candour.
- There were policies and procedures in place to ensure that users were aware of how to manage all activities and to mitigate risk.
- Care and treatment was based on national guidelines and was able to measure performance.
- Staff understood mental capacity and when patients had the capacity to give consent.
- There was a good mix of staffing levels, and managers had the skills and abilities to run the service.

# Outpatients

- There were staff who were driving influencing values and vision. for example, in driving forward the need to gain accreditation for the outpatients' department.
- The trust had effective systems in place to identify risk and to share learning where applicable.

However,

- There was a witnessed occasion when there was a lack of care shown to a vulnerable patient.
- There were discrepancies with effective use of space; some departments had spare capacity and other departments had limited space for patients which led to some overcrowding of waiting areas.
- Not all staff seeing children in the outpatients' clinics had received level 3 safeguarding training, although plans were in place to address this.
- The service did not have a holistic view of the location and no one person with oversight of the entire building and all risks.
- Care was only provided Monday to Friday, with no out of hours provision.

## Is the service safe?

**Good** ●

We had not previously rated this service. We rated this service as good for safe because:

- Most staff had completed their mandatory training, and there were processes in place for those that had not.
- Nursing staff had received safeguarding training to level two at all levels.
- There was a dedicated safeguarding team and escalation procedures were in place.
- The location was visibly clean and all waste was correctly dealt with.
- There were clear emergency and fire procedures and practices in place.
- Records were kept secure and were effectively managed.
- There was a system of recording and learning from incidents.
- We saw evidence that when things went wrong with care and treatment that there were policies in place for staff to follow.

However,

- Not all appropriate staff had safeguarding training to level three, despite children attending some clinics.
- Risk assessments were in place, but we did observe the overcrowding of a thoroughfare corridor. People had to queue for the sexual health clinic which caused an obstruction of the ingress and egress of the corridor and this had not been recorded as a risk by the trust.
- There was a slight shortfall in staff numbers to cover sickness, and no current recruitment plans in place.

## Is the service effective?

We had not previously rated this service. We inspect but do not rate effective for outpatients.

# Outpatients

- There were processes in place to monitor and implement best practice.
- Patient outcomes were measured against local and national benchmarks for some departments.
- Staff received appraisals and had opportunities to develop in their roles.
- There were dedicated training days that staff could attend.
- There were daily 'huddles' for staff to attend and share information.

However,

- There were no current plans to extend the service into out of hours.
- There was a shortfall in effective use of space, although a scheduling project had begun with the aim of addressing this.
- Audit was mainly carried out within the services that were providing outpatient clinics. There was a limited number of local audits as most were carried out in conjunction with the other hospitals within the trust.

## Is the service caring?

**Requires improvement** ●

We had not previously rated this service. We rated the service as requires improvement for caring because:

- There was overcrowding observed in the sexual health clinic and one patient voiced their concerns regarding confidentiality.
- Some patients did show visible distress in the sexual health clinic and there was no provision for giving these patients a more private space.

However,

- On most occasions we observed compassionate care and respect shown to the patients and relatives attending.
- Consultation rooms were private and dignity was protected in most clinics.
- Patients were involved in the decisions surrounding their care.
- Macmillan advice and support was available and the urology department had dedicated nurses.
- Chaperones were available.

## Is the service responsive?

**Requires improvement** ●

We had not previously rated this service. We rated the service as requires improvement for responsive because:

- Patients could choose to attend clinics here, rather than outpatients in other trust locations, if they found it more accessible or convenient.
- Complaints were dealt with appropriately and in a timely manner.
- Staff were mostly observed to be responsive to patient and relative needs.

# Outpatients

- The hospital was accessible for those with mobility needs.
- Waiting times for clinics, who provided data, were within national targets.

However,

- The walk-in clinic for the sexual health clinic often had people being turned away as the clinic reached capacity.
- There was a lack of dementia awareness with cluttered and confusing signage, difficulty with same coloured furniture and floors and the main reception located in the centre of the hospital and not in the front entrance.
- There was limited waiting space in some of the ground floor corridors.

## Is the service well-led?

**Requires improvement** ●

We had not previously rated this service. We rated this service as requires improvement for well-led because:

- Nursing staff were happy with the visibility of nursing management and felt supported.
- Training was mostly in place and completed on time. There were clear procedures for ensuring the continuing training of all staff.
- Risk assessments were in place for most perceived risks.
- Leadership initiatives were in place.
- Plans were in place to continue to improve the service.
- There was a friendly team atmosphere and an understanding of the importance of candour.
- There had been investment in new technology and improvements in service and research.

However,

- Communications between some staff groups could be improved – for example the cooperation between link nurses.
- Management did not seem to have oversight of the location, for example, the issue of corridor overcrowding.
- It was observed that senior management based off site did not always communicate with local management, for example, the imminent installation of self-check in desks had not been communicated to the local managers.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Manchester Royal Infirmary

Oxford Road  
Manchester  
Lancashire  
M13 9WL  
Tel: 01612761234  
www.cmft.nhs.uk

## Key facts and figures

Manchester Royal Infirmary provides district general hospital services for the local population and specialist tertiary services.

The hospital has approximately 763 inpatient beds. These provide a wide range of medical and surgical acute care services including outpatients.

The emergency department provides care and treatment to approximately 225 adults a day. In addition, there is a walk-in centre located next to the emergency department which provides care and treatment to approximately 97 adults and children per day.

There is an adult intensive care unit at the hospital which has 20 intensive care beds. There is also a high dependency unit which has 20 beds.

The hospital was previously part of the Central Manchester University NHS Foundation Trust; on 1 October 2017 the trust merged with the University of South Manchester NHS Foundation Trust to become a new organisation, Manchester University NHS Foundation Trust.

Within the new structure, the urgent and emergency care, medical, surgical, end of life care and outpatient services are managed by the leadership team at Manchester Royal Infirmary. Critical care services are led by a managed clinical services team.

During our announced inspection we spoke with over 230 members of staff of all grades. We also spoke with over 35 patients and their relatives about the care they received and observed direct care and treatment being delivered. We reviewed 65 sets of patient records. We reviewed information that was provided by the trust before and after the inspection.

## Summary of services at Manchester Royal Infirmary

### Requires improvement

We had not previously rated this location for this provider. We rated it them as requires improvement because:

- We rated urgent and emergency care, surgery and outpatients as requires improvement.

# Summary of findings

- People could not always access the service when they needed it. The urgent and emergency care service had consistently struggled to meet the four hour standard to admit, treat or discharge patients. Within surgical services, the cancelled operation rate was higher than the England average, the service was not meeting the 62 day cancer target, and there were a number of breaches of the 52 week target. We observed patients that had waited in the main outpatient department, from time of booking to consultation for up to two hours.
- The surgical service was not consistently complying with the surgical safety checklist which meant that opportunities to minimise or prevent harm could be missed. The surgical services risk assurance systems were not sufficiently robust to identify areas of concerns surrounding the surgical safety checklist.
- Within the emergency department, there were a high number of occasions when the planned number of nursing staff had not been achieved to provide the right care and treatment.
- We found that records were not always available within surgical services and the outpatients department. Records were not always completed in the urgent and emergency care service or outpatients.
- The urgent and emergency care service and surgical services did not always ensure its premises were suitable or that equipment was looked after.
- The urgent and emergency care service and surgical services. We found several areas of the emergency department, including some equipment to be visibly dirty and inconsistent infection control practices in theatres.
- There was not a consistently positive culture within surgical services.

However:

- We rated critical care as outstanding. Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care and there was a strong leadership structure. Patients and relatives felt that staff went the extra mile and their care and support exceeded their expectations.
- We rated medical care and end of life care as good. Staffing levels and skill mix were planned, implemented and reviewed to keep people safe and staff understood risks and gave a clear, and current picture of safety. Effective processes were in place so lessons were learned when things went wrong.
- Across all services we found that staff cared for patients with dignity and compassion.

# Urgent and emergency services

Requires improvement 

## Key facts and figures

The emergency department provides care and treatment to approximately 285 adults a day. Services are provided to both adults and children for medical and surgical emergencies and trauma.

In addition, the walk-in centre which is located next to the emergency department provides care and treatment to approximately 99 adults and children per day.

The emergency department has a rapid assessment unit, a red area (resuscitation), an amber area (majors) as well as a green area (minor injuries). There is also access to 10 short stay beds for patients who are still managed by the emergency department, which is located in the ambulatory care unit.

The department has three rooms to manage mental health patients, including a section 136 room for patients who were brought to the department by the police. Mental health liaison services are provided by a local mental health trust.

We visited all areas of the emergency department including the reception and waiting area, the rapid assessment area, the red, amber and green areas as well as ambulatory care and the walk-in centre.

We spoke to staff of different grades, including nurses, doctors as well as members of the management team from both the department and the division of medicine. We also spoke to staff from other areas of the hospital that had regular contact with the emergency department.

We reviewed ten sets of patient records, including five prescription charts. We also reviewed information that was provided by the trust before and after the inspection. We spoke to patients and relatives about their experience and observed care and treatment being delivered.

## Summary of this service

This was our first inspection of this service since it the trust registered with us. We rated it as requires improvement because:

- Staff had not always completed patient risk assessments consistently. For example, there had been three out of five occasions when falls, bed rails and pressure ulcer risk assessments had not been fully completed. In addition, intentional rounding had not always been completed when required. Recent audits completed by the management team also indicated that the completion of these had been inconsistent.
- Although the service had achieved the planned number of medical staff on a regular basis, records indicated that there had been a high number of occasions when the planned number of nursing staff had not been achieved to provide the right care and treatment.
- Although the emergency department used a triage system to prioritise patients, a triage system was not used in the walk-in centre. This was not in line with national guidance. Compliance with the time taken to complete a clinical assessment was not monitored, meaning that we were not assured that all patients, particularly children had always been triaged in a timely manner.
- The service did not always have suitable premises and had not always looked after them well. There had been a number of occasions when emergency equipment had not been checked regularly.

# Urgent and emergency services

- The service did not always control infection risk well. We found several areas of the department, including some equipment to be visibly dirty. This meant that there was an increased risk that infection would be spread.
- The service provided care and treatment based on national guidance. However, records indicated that there had been poor compliance across a number of different patient pathways.
- Managers monitored the effectiveness of care and treatment in the emergency department and used the findings to improve them. They compared local results to other services to learn from them. However, the service had not monitored the effectiveness of the care and treatment provided in the walk-in centre.
- The service had not always planned and provided services in a way that met the needs of local people. For example, the waiting areas in the emergency department and the walk-in centre did not have sufficient seating to meet the high number of patients attending the departments.
- People could not always access the service when they needed it. The service had consistently struggled to meet the four hour standard to admit, treat or discharge patients. In addition, there were several occasions when patients spent between 12 and 16 hours in the department.
- The service had not always used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment by which excellence in clinical care would flourish.
- The service had not always collected, analysed and managed information well to support all of its activities. For example, records that were kept locally were sometimes different to those kept centrally.

However,

- The service had a vision of what it wanted to achieve and workable plans to turn it into action, with involvement from patients and staff.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose and shared values.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- The service understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned when needed.
- The service took account of patient's individual need. There were a number of link nurses in the department who had special interests in topics such as learning disabilities. They were available to support other staff in the department when needed.
- Staff cared for patients with compassion. Feedback from patients and relatives confirmed that staff treated them well and with kindness.

## Is the service safe?

**Requires improvement** 

This was our first inspection of this service since the trust registered with us. We rated it as requires improvement because:

# Urgent and emergency services

- Staff had not always completed patient risk assessments consistently. For example, there had been three out of five occasions when falls, bed rails and pressure ulcer risk assessments had not been fully completed. In addition, intentional rounding had not always been completed when required. Recent audits completed by the management team also indicated that the completion of these had been inconsistent.
- Records indicated that on 24% of late shifts and 72% of night shifts the planned number of nursing staff had not been achieved. On these occasions the service was short by at least one nurse. This meant that there was a risk that there would not always be sufficient numbers of staff to meet the needs of patients.
- Although the emergency department used a triage system to prioritise patients, a triage system was not used in the walk-in centre. This was not in line with national guidance. Compliance with the time taken to complete a clinical assessment was not monitored, meaning that we were not assured that all patients, particularly children had always been triaged in a timely manner.
- The service did not always have suitable premises and had not always looked after them well. There had been eight occasions in October 2018 when emergency equipment had not been checked in the amber area of the department. This meant that there was an increased risk that the correct resuscitation equipment would not always be available in the event of an emergency.
- The service did not always control infection risk well. We found several areas of the department, including some equipment, to be visibly dirty. This meant that there was an increased risk that infection would be spread.
- Although the service provided mandatory training in key skills to all staff, training compliance in some areas was low, particularly in safeguarding level three training for children. This was important because the department provided care and treatment to patients over the age of 16.
- The service had not always followed best practice when prescribing and recording medicines. There had been 10 out of 22 occasions when the administration of controlled drugs had not been recorded correctly.

However,

- The service understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned when needed.

## Is the service effective?

**Requires improvement** ●

This was our first inspection of this service since the trust registered with us. We rated it as requires improvement because:

- The service provided care and treatment based on national guidance. However, records indicated that two out of three patient pathways had not been completed when needed. Although documentation in the patient's medical notes reflected the care that had been delivered, there was an increased risk that all aspects of care for each condition would not be fully delivered.
- Although staff assessed patients to see if they were in pain and that the service had implemented a system to improve the management of pain, two out of five records indicated that staff had not consistently reassessed patients' pain in a timely manner after administering pain relief.

# Urgent and emergency services

- Managers monitored the effectiveness of care and treatment in the emergency department and used the findings to improve them. They compared local results to other services to learn from them. However, the service had not monitored the effectiveness of the care and treatment provided in the walk-in centre.
- Although most staff understood how and when to assess whether patients were able to make decisions about their care, this had not always been fully documented in patient records, in line with trust policy and procedures.

However,

- The service made sure that staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked as a team to benefit patients. Doctors, nurses and other health care professionals supported each other to provide good care.
- The service gave patients enough food and drinks to meet their needs.

## Is the service caring?

**Good** ●

This was our first inspection of this service since the trust registered with us. We rated it as good because:

- Staff cared for patients with compassion. We observed examples of staff treating patients in a kind and compassionate way despite the department being very busy. Most patients and relatives spoke highly of the staff that they had come into contact with. We were told 'that they do their best even though they are busy' and 'that they have been lovely'.
- Staff provided emotional support to patients and relatives to minimise their distress. We saw examples of staff taking time to reassure patients and relatives if needed. We observed staff being sensitive in their approach towards patients when addressing concerns that had been raised.
- Staff involved patients and those close to them in decisions about their care and treatment. We observed some occasions when members of staff spent time with patients and relatives to explain different aspects of their care.

## Is the service responsive?

**Requires improvement** ●

This was our first inspection of this service since the trust registered with us. We rated it as requires improvement because:

- The service had not always planned and provided services in a way that met the needs of local people. For example, the waiting areas in the emergency department and the walk-in centre did not have sufficient seating to meet the high number of patients attending the departments.
- People could not always access the service when they needed it. The service had consistently struggled to meet the four hour standard to admit, treat or discharge patients. In addition, there had been a high number of occasions when patients had spent between 12 and 16 hours in the department.
- The service treated concerns and complaints seriously as well as investigating them. However, complaints had not always been managed in line with trust policy.

# Urgent and emergency services

However,

- The service took account of patient's individual needs. There were a number of link nurses in the department who had special interests in topics such as learning disabilities. They were available to support other staff in the department when needed.

## Is the service well-led?

### Requires improvement

This was our first inspection of this service since the trust registered with us. We rated it as requires improvement because:

- The service had not always used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment by which excellence in clinical care would flourish.
- The service had not monitored the effectiveness of the service that was provided in the walk-in centre. This meant that there was a risk that the service would not always recognise when improvements would be required in this area.
- Although the service had systems for identifying risks, planning to eliminate or reduce them, we did not see evidence of these being reviewed or discussed in monthly meetings at departmental or divisional level. In addition, we identified potential risks during the inspection that had not been recognised by members of the management team.
- The service had not always collected, analysed and managed information well to support all of its activities. For example, records that were kept locally were sometimes different to those kept centrally. This meant that it was unclear if senior managers had oversight of topics such as mandatory training and there was a risk that they would not be aware of areas that required improvement.

However,

- Managers at all levels in the service had the skills and abilities to run a service providing sustainable care.
- The service had a vision of what it wanted to achieve and workable plans to turn it into action, with involvement from patients and staff.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose and shared values.
- The service engaged with patients, staff and the public to plan and manage local services, and collaborated with local organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Medical care (including older people's care)

Good 

## Key facts and figures

Medical services at Royal Manchester Infirmary (MRI) provide general and specialist medical care services across over 21 wards and areas. These include wards providing respiratory care and support, care of the elderly, where there is consultant led inpatient care and a nurse consultant led Manchester ward providing care to patients transitioning into sub-acute residential and community care settings and specialist inpatient care for diabetes and endocrine conditions. MRI provides inpatient post-acute stroke care and rehabilitation. Inpatient rehabilitative medicine is provided for patients referred from all specialties at the Manchester Royal Infirmary. For clinical oncology services there is a bone marrow transplant unit, and haematology regional centre for haematology and stem cell transplantation.

For cardiac services, there is urgent and elective cardiology, an out of hours emergency citywide primary percutaneous coronary intervention (PPCI) service and a rapid access acute coronary syndrome (ACS) service.

There is a gastroenterology and hepatobiliary medicine centre for the North West (excluding transplant) and a hepatitis C operational delivery network. There are also renal services incorporating inpatient beds, a large tertiary centre with satellite services across Manchester a large acute kidney injury (AKI) trust wide service and a 24-hour haemodialysis service.

Medicine at the Manchester Royal Infirmary, is managed across two divisions. We inspected both the medicine and specialist medicine divisions. In this report information applies to both divisions, unless specifically stated.

Our inspection was announced (staff knew we were coming) because this was the first time an inspection of this service had been inspected for this new trust.

We visited 21 wards, the endoscopy suite and the discharge lounge. We spoke with 65 staff from different disciplines at various levels of seniority. We reviewed eight full sets of patient records, as well as looking at different parts of the patient record in different ward areas. We inspected nine resuscitation trolleys and attended three board rounds, one nursing handover, one staffing huddle and a weekly governance review panel.

## Summary of this service

We had not previously inspected this service. We rated the service as good because:

- There were systems, processes and standard operating procedures to keep people safe and safeguarded from abuse, using local safeguarding procedures as necessary.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe and staff shortages were responded to quickly and adequately.
- Monitoring and reviewing performance activity enabled staff to understand risks and gave a clear, and current picture of safety. Lessons were learned and communicated widely to support improvement in other areas where relevant, as well as services that are directly affected.
- Patients' care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and technologies. This was monitored to ensure consistency of practice.
- There was participation in relevant local and national clinical audits and other monitoring activities such as quality improvement projects including ward accreditation and bench marking.

# Medical care (including older people's care)

- The needs and preferences of different people were considered when delivering and coordinating services. Systems were in place to identify those who needed extra support.
- The leadership, governance and culture promoted the delivery of high-quality person-centred care.

However:

- Some of the equipment on the wards was overdue for replacement.
- Early warning scores were not always responded to in a timely manner.

## Is the service safe?

**Good** 

We had not previously rated this service. We rated it as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection and audits were regularly undertaken.
- The service had suitable premises and looked after them well. Areas we visited were visibly clean and tidy.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Records were securely locked away when not in use.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection and audits were regularly undertaken.
- The service had suitable premises and looked after them well. Areas we visited were visibly clean and tidy.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Records were securely locked away when not in use.
- Avoidable harm such as pressure ulcers and falls were monitored and performance was displayed on the wards. Where opportunities for improvement were identified, staff were pro-active with making changes.

# Medical care (including older people's care)

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Wards were mostly well-staffed and where there were shortfalls, actions were in place to mitigate the risks to patient safety. Staff had the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

However,

- Equipment maintenance and replacement was not always carried out in a timely manner. This meant some staff were using temporary equipment which was not as efficient as newer equipment.
- Mandatory training for the medicine division was not always meeting the trust target. Actions were in place to address this. Recording of mandatory training was not always up to date and accurate.
- Response to early warning scores was not always in line with the trust policy. This had been audited and recognised, but no clear actions were in place to improve performance.

## Is the service effective?

**Good** ●

We had not previously rated this service. We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Clinical guidelines were easily accessible on the trust intranet. 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. Completion of nutrition assessments was good.
- Patients' pain was managed well. Pain assessments were undertaken and documented appropriately.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. There was a comprehensive audit calendar in place.
- 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 monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. There was a wide range of specialist nurses and link nurses in place and we observed good team discussions between medical, nursing and therapy staff.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

However,

- Recording of competencies was not always up to date and accurate.
- Staff knowledge of their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 was inconsistent. Although staff knew how to support patients experiencing mental ill health, information about consent for patients who lacked the capacity to make decisions about their care was not always documented.
- Action plans were not always in place to address issues identified through audit activity.

# Medical care (including older people's care)

## Is the service caring?

**Good** ●

We had not previously rated this service. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Patients we spoke with were happy with the care they received and described staff as wonderful.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients we spoke with said staff explained their care and treatment in terms they understood.
- Staff provided emotional support to patients to minimise their distress. We saw evidence that staff were considering patient's emotional wellbeing and this formed part of the information discussed at handover and board rounds.

## Is the service responsive?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. Changes had been made to the remit and location of the wards to improve services and adapt to the needs of the patient population.
- The service was working hard to improve access and flow. We saw good, innovative work being undertaken to improve the discharge process. Regular bed meetings were held and there was a medical outliers team to help manage patients who were being cared for outside of their specialty area.
- The service took account of patients' individual needs. There were good systems in place to identify patients with particular needs and provide extra support where necessary.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However,

- Some referral to treatment times were below the England average. Work was being undertaken to improve these.

## Is the service well-led?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Staff felt supported by their managers who were visible on the wards we visited. We received some very positive comments about the leadership which was described as accessible with an 'open door' culture.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action. Staff knew about these and they worked to achieve this at a local level. There were good quality improvement initiatives in place across the service.

# Medical care (including older people's care)

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke with were proud to work at the hospital and felt there was more of a cohesive identity following the changes to the structure.
- The service had effective systems for identifying and monitoring risks. A risk register was in place and updated with plans to mitigate or reduce them.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. There was some good use of technology, for example the electronic observations system used for early warning scores and the electronic board round process.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Staff feedback was sought and acted upon and there was a focus on staff well-being.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Surgery

Requires improvement 

## Key facts and figures

The Division of Surgery manages the main theatre complex for Manchester Royal Infirmary which includes the elective treatment centre and day-case unit. The service also manages the main outpatients department for hospital (outpatients is reported on separately), the decontamination and sterilisation department for the trust, and the transplant laboratory.

The service has 18 theatres across three areas (main theatres 1st and 2nd floor of the hospital, and the elective treatment centre) including one 24 hours a day, seven days a week emergency theatre, one trauma theatre and one 8.30am-6.30pm, Monday to Saturday second emergency/transplant theatre. Also included are two hybrid theatres which are used for vascular and endo-vascular surgery such as angioplasty, endovascular aneurysm repair, lower limb bypass and amputation.

There are three recovery areas and in the elective treatment centre, and a pre-operative assessment department. There are ten surgical wards with a total of 221 beds.

The service also includes cardiac surgery including elective major aortic surgery and adult congenital heart disease and major trauma. Manchester Heart Centre is the cardiac surgery trauma component of the major trauma centre facility provided.

The surgical division is separated into seven directorates: transplant; vascular; general; urology; ear, nose and throat; maxilla facial; and theatres. They provide the following specialties:

- General surgery
- Hepatobiliary surgery
- Colorectal
- Upper GI (although complex cases and cancer cases moved to another trust in September 2018 as part of the wider Greater Manchester reconfiguration work).
- Vascular surgery
- Cardiac surgery
- Urology
- Transplant & endocrine surgery
- Ear, nose & throat
- Maxillofacial surgery

The trust had 84,622 surgical admissions from October 2017 to May 2018. Emergency admissions accounted for 21,368 (25.3%), 49,133 (58.1%) were day case, and the remaining 14,121 (16.7%) were elective.

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

We inspected the division of surgery between 22 and 24 October 2018. Our inspection was announced. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

# Surgery

During the inspection the inspection team visited most of the wards and departments including:

- Ward 1 (Emergency Surgical Trauma Unit)
- Manchester Vascular Centre
- Ward 3 and 4 (cardiac surgery – male and female wards)
- Ward 8 (hepatobiliary)
- Ward 9 and 10 (transplant, urology and maxillo-facial - male and female wards)
- Ward 11 and 12 (general surgery - male and female wards)
- Elective treatment Centre – pre-operative assessment
- Elective treatment centre – short stay
- Elective treatment centre – day case

We visited both theatre levels and the recovery areas, and observed an evening ward handover.

The inspection team spoke with seven patients and carers who were using the service, and 60 members of staff including managers, consultants, nurses, healthcare assistants and administrative staff. We reviewed 22 patient records (13 inpatient files, four operation notes, and five prescription charts), seven WHO checklists, ten complaint files and five incident investigations. We observed staff interactions with patients, team meetings and huddles.

We have not previously inspected this service.

## Summary of this service

We had not previously rated this service. We rated it as requires improvement because:

- The service was not consistently complying with the surgical safety checklist which meant that opportunities to minimise or prevent harm could be missed. The services risk assurance systems were not sufficiently robust to identify areas of concerns surrounding the surgical safety checklist.
- Staff did not always manage infection prevention risk well.
- The service did not look after its equipment well and its premises were not always suitable.
- Staff did not consistently receive feedback on incidents they reported.
- The service was not performing consistently well with higher than average readmission rates, length of stays, and cancelled operations as a percentage of elective admissions.
- The service did not utilise its theatres as efficiently as it should have.
- Patients could not always access treatment when they needed do.
- The service took too long to investigate and close complaints and was not meeting the targets set out in its complaints policy.
- There was not a consistently positive culture and staff were not always open to change. There were low levels of staff satisfaction with some staff, and poor collaboration and cooperation between some teams.

# Surgery

- The management arrangements of the emergency surgery trauma unit were not clear and did not promote effective staff working.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- There were positive examples of multidisciplinary working.
- Staff cared for patients with compassion and kindness. We observed some excellent patient care particularly on the intestinal failure ward. Staff ensured that patients understood the care they would receive, and helped to minimise their distress.
- Staff provided pain relief and monitored its effectiveness.
- Staff had good knowledge of their responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005
- The service engaged well with staff and patients, and there were several staff recognition schemes.
- The service was committed to improving its services.

## Is the service safe?

**Requires improvement** ●

We had not previously rated this service. We rated safe as requires improvement because:

- Opportunities to prevent or minimise harm were missed. Staff did not always comply with the safer steps to surgery processes. Of the seven WHO checklists we observed, four were not carried out in accordance with the trust's own policy. Staff did not always pay attention, or some were not present during parts of the checklist.
- The service did not always manage infection prevention risk well. There was poor compliance with hand hygiene practices on the wards, and inconsistent infection control practices in theatres. This included a blood-stained table prop, a lack of sterile keyboards, and equipment with visible dust.
- The service did not always ensure its premises were suitable or that equipment was looked after. However, the service had recognised the issues and had begun to put steps in place to make improvements.
- Systems to manage and share care records were cumbersome and there were delays in sharing information about people's care between staff. We found that records were not always available for staff to do their jobs. This was especially so in the pre-operative assessment unit where staff told us, and we observed, that they often had to conduct assessments without full medical records.
- Medicines were not always stored safely or securely. The service was aware of these issues and had started to take steps to try and mitigate the risks.
- When concerns were raised or things went wrong, the approach to reviewing and investigating causes were insufficient or too slow. We were not assured that staff who reported incidents were consistently receiving feedback.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most nursing and medical staff were up to date with safeguarding training and could describe to us what a safeguarding incident was.

# Surgery

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service had a high number of vacancies within the emergency surgical trauma unit, and other wards were busy. However, the leadership team had plans to improve recruitment.
- Staff knew how to report incidents, and we saw evidence of these being discussed at team meetings.
- We found evidence that the service prescribed, administered and recorded medicines appropriately.
- The service used safety monitoring results well and discussed these in the monthly Harm Free Care meetings. They discussed good practice and any lessons learned.

## Is the service effective?

**Requires improvement** ●

We had not previously rated this service. We rated effective as requires improvement because:

- Outcomes for people who used the service were below expectations when compared to other services. Readmission rates were higher than the England averages, and audit data showed that staff were not always completing appropriate assessments or meeting targets.
- Staff did not consistently provide patients with sufficient time to give informed consent for surgical procedures.

However:

- The service provided care and treatment based on national guidelines, and staff knew how to access them.
- The service monitored audit data to plan services.
- Staff ensured that patients received appropriate and timely pain relief and monitored its effect.
- 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 took account of patients religious, cultural and other beliefs and adjusted their diets accordingly.
- The service made sure that staff were competent in their roles. There were procedures in place for assessing staff competencies, and support to help staff develop their skills and experience.
- Staff of different kinds worked together as a team to benefit patients. There was regular multidisciplinary care from admission through to discharge planning.
- Most services were available 24 hours a day, seven days a week.
- There were good examples of health promotion, including detailed information to help patients gain fitness for surgery and recovery.
- Staff we spoke to understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked capacity to make decisions about their care.

## Is the service caring?

**Good** ●

# Surgery

We had not previously rated this service. We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We saw evidence of some staff going the extra mile, including providing additional support for homeless patients.
- The service's friends and family test scores were consistently high across all wards, including those that were busy.
- Staff provided emotional support to patients to minimise their distress. The therapeutic activities coordinator on the emergency surgical trauma unit was positive and provided excellent support to patients and staff.
- Staff in the elective treatment centre had introduced a "what matters to me" round each day that gave patients the time to discuss any issues or concerns they had.
- Staff involved patients and those close to them in decisions about their care and treatment. The service ran a surgery school that allowed patients and carers the opportunity to talk to staff and understand what would happen before, during and after surgery.
- Patients were given iPads to give real time feedback on the care they received.

However:

- The layout of the pre-operative testing room which included the storage area for the elective treatment centre, was not conducive to maintaining patients' privacy and dignity.
- We observed staff using their beepers in loudspeaker mode in public areas of the hospital which allowed patients and visitors to overhear sensitive discussions.

## Is the service responsive?

**Requires improvement** ●

We had not previously rated this service. We rated responsive as requires improvement because:

- Theatre utilisation rates for the six months prior to the inspection were low. Utilisation was used as the principle marker of theatre performance in the NHS.
- The service took too long to investigate and close complaints and was not meeting the targets set out in its complaints policy.
- Patients could not always access the service when they needed it. The cancelled operation rate was higher than the England average, the service was not meeting the 62 day cancer target, and there were a number of breaches of the 52 week target.
- Summary data showed patients stayed in hospital longer than the England average.
- There could be delays in transferring patients from extended recovery to the high dependency unit.
- There was no centralised booking system in the pre-operative assessment unit, and paper records were not always available. We saw this cause delays in assessments.

However:

- Patient's religious and cultural beliefs were considered when delivering the service.
- The service planned and provided services in a way that met the needs of local people.

# Surgery

- The service treated complaints seriously, investigated them and learned lessons from the results which were shared with staff.

## Is the service well-led?

### Requires improvement

We had not previously rated this service. We rated well-led as requires improvement because:

- Some staff raised concerns that leaders had not been responsive to long terms issues in the emergency surgical triage unit or theatres.
- In parts of the service there were low levels of staff satisfaction and high levels of stress. Some staff did not feel supported or appreciated, and there was poor collaboration and cooperation between teams and high levels of conflict. The service had acknowledged, in its business plan, that there were issues with culture and that some consultants were not as engaged as others in changing the service. The service had plans in place to address these issues, albeit that it was too early to say how effective these changes would be.
- There were issues with the governance of the emergency surgical trauma unit; the reporting structures were unclear, as was the process for the management of the long-standing risks on the unit. Plans were in place to address this.
- The trust's systems were not always effective at identifying risks. Whilst the service had an audit programme that reviewed the implementation of the steps to safer surgery including the WHO checklist, it had failed to identify significant issues of non-compliance with the checklist and the trust's own policy.

However:

- Managers at all levels in the service had the right skills and abilities to run the service.
- The service had a clear governance structure in most areas, and there were several meetings and committees to review how services could be improved, including reviews of mortality data.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The service's plan was aligned with the wider trust strategy.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The service had several staff recognition schemes. It had also put plans in place to try and address some of the concerns raised in the most recent staff survey.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. The service had implemented several initiatives and projects to improve the experience and outcomes for patients.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Critical care

**Outstanding** ☆

## Key facts and figures

Patients were treated in the intensive care unit (ICU) which had 20 beds, or the high dependency unit (HDU) which had 20 beds. There are 14 consultants, 17 doctors in training, 180 critical care trained nurses, and a team of physiotherapists, technicians, pharmacists and dieticians caring for patients in both units.

The intensive care unit is mainly for patients with established organ failure such as respiratory, cardiac, hepatic, renal or neurological failure. The high dependency units admit patients who are less acutely ill, such as post-operative elective surgical patients, or emergency medical patients.

The service also provided cardiac critical care there is a cardiac high dependency unit which had four beds and a cardiac intensive care unit with twelve beds.

Following discharge from the intensive care unit and the high dependency units, patients are cared for on the wards by nursing and physiotherapy staff specially trained in critical care. This service extends into outpatients.

*(Source: Trust website)*

Manchester University NHS Foundation Trust was formed in October 2017. This is our first inspection of the newly formed trust and so there are no previous ratings of the service. We carried out a comprehensive inspection of the trust and we inspected critical at the Manchester Royal Infirmary site on the 22 to 24 October 2018.

During our inspection we spoke with five patients and three patient relatives. We spoke to twenty-three members of nursing staff of varying grades, twelve members of medical staff of varying grades, three members of pharmacy staff and four allied health professional staff members. We reviewed fifteen patient records and ten prescription charts.

## Summary of this service

This is the first time we have inspected and rated the service since the trust was formed in October 2017.

We rated it as outstanding because:

- Staff had a strong patient centred approach to patients and cared for them with compassion. Feedback from patients and those close to them was continually positive, they felt that all staff went the extra mile and the care and support exceeded their expectations.
- Patients emotional and social needs were seen as being as important as their physical needs and emotional support was given to patients to minimise their distress. Staff were committed to working in partnership with patients and those close to them in decisions about their care and treatment and were seen as active partners.
- Leaders demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care. The strategy was fully aligned with plans in the trust and wider health economy and the service aimed to be recognised as a centre of excellence within the region, nationally and internationally.
- Leaders across the service had a shared purpose and were motivated and enthusiastic. They promoted a positive culture that supported and valued staff. There was a focus on teamwork across all functions with a common purpose to improve patient care and the quality of the service.

# Critical care

- The service had effective systems for identifying risks, and demonstrated a commitment to planning to eliminate or reduce them. Improved patient care was a focus and there was a proactive approach to seeking out and embedding new working processes and innovation was encouraged within the teams.
- The service ensured that there were enough staff in the right areas to keep people safe. Staff had received mandatory training, knew what to do to protect patients from abuse and how to report an incident if things went wrong.
- The service had suitable premises and equipment and were compliant with the Department of Health Building Note 04-02 for critical care units. The environment was visibly clean and tidy.
- Staff completed and updated risk assessments for patients and kept clear records of their care. The service managed medicines well and adhered to antimicrobial prescribing policies.
- The service provided care and treatment based on national guidance. The Intensive Care National Research and Audit Centre demonstrated the service was performing better than the national average for patient outcomes.
- The service assessed and monitored patients' nutritional and pain needs effectively.
- The service made sure staff were competent for their roles. The number of staff with the post graduate critical care qualification met the national core standards for critical care.
- Staff of different kinds worked together as a team to benefit patients and patients were empowered to take an active role in their care and take control of their recovery.
- The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs.
- People could access the service when they needed it, the service used a 'go ahead' system to manage flow through the unit.

However

- The service did not always ensure that equipment was tested within the re-test dates and staff could not be assured it was fit for use.
- We found that delirium assessments were not always being completed in line with the trust policy.
- The service did not provide a full seven-day service to patients which included dietetics, speech and language therapy, occupational therapy and pharmacy. This did not meet with the national core standards for critical care.
- Elective surgical procedures were cancelled and staff told us patients were nursed in the theatre recovery areas due to beds not being available on the critical care unit.

## Is the service safe?

**Good** 

This is the first time we have inspected and rated the service since the trust was formed in October 2017.

We rated safe as good because:

- The service provided mandatory training in key skills to all staff. Compliance rates for nursing staff were in line with the trusts target of 90%.

# Critical care

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff were aware of how to raise concerns and had access to a safeguarding team.
- The service controlled infection risk well. They used control measures to prevent the spread of infection. Areas were visibly clean and tidy and we observed staff adhering to bare below the elbow and hand hygiene requirements.
- The service had suitable premises and equipment. The intensive care units were compliant with the Department of Health Building Note 04-02 for critical care units and staff had access to equipment when they needed it.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. The electronic patient record flagged patients identified as high risk and staff knew when to escalate patients whose condition had deteriorated.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Nursing care was provided on a one to one basis for patients on the intensive care unit and a 1:2 basis for patients on the high dependency units.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Consultant cover and ward rounds were carried out twice a day in line with national core standards.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Records were electronic and secured by password entry.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. The service had a pharmacy team Monday to Friday and antimicrobial audit results were good.
- 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. We observed comprehensive route cause analysis investigations for the serious incidents reported for the service.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service. Safety performance was good and reviewed monthly through harm free care meetings.

However

- The service did not always ensure that equipment was tested within the re-test dates and staff could not be assured it was fit for use.
- We found that delirium assessments were not always being completed in line with the policy. This meant patients who were suffering from delirium were not always identified.
- Consultant ward rounds were undertaken twice daily and we saw that the second ward round was not formally documented.

## Is the service effective?

**Good** 

This is the first time we have inspected and rated the service since the trust was formed in October 2017.

# Critical care

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. The service was part of the Manchester Critical Care Network and the recent peer review was positive.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences. The electronic patient record generated automatic referrals to dieticians to provide nutritional support.
- 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. Pain was assessed using a scoring system.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. The service had good results on the interim data for the Intensive Care National Audit and Research Centre audits and in most indicators, were performing better than the national comparison.
- 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 monitor the effectiveness of the service. The service had a comprehensive training programme in place for nursing staff who were new to the department and met the standards for nursing staff having the additional critical care post graduate course at 51%.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. We saw multidisciplinary ward rounds and staff had a team approach to patient care.
- The service promoted healthy lifestyles, staff could refer patients to smoking cessation services. Staff made referrals to other teams to provide follow up care for patients and encouraged self-management of their conditions.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. However, patients who were acutely unwell were not given deprivation of liberty safeguard assessments.

However

- Appraisal rates for medical staff were low against the trust target the service reported 6.7% against the trust target of 90%.
- The service did not provide a full seven-day service to patients this included dietetics, speech and language therapy, occupational therapy and pharmacy. This did not meet with the national core standards for critical care. The service had identified this as an area for improvement and we saw that these services were on the risk register.

## Is the service caring?

**Outstanding** 

This is the first time we have inspected and rated the service since the trust was formed in October 2017.

# Critical care

We rated it as outstanding because:

- Staff had a strong patient centred approach to patients and cared for them with compassion. Feedback from patients and those close to them was continually positive, they felt that all staff went the extra mile and the care and support exceeded their expectations.
- Staff recognised and respected patients personal, cultural, and social needs, and found innovative ways to meet them. Patients told us staff made them feel special and we were given examples of staff going the extra mile for patients such as organising a staff member to watch a soap opera each night with a patient and making arrangements for a patient's dog to visit the unit.
- Patients emotional and social needs were seen as being as important as their physical needs. All staff provided emotional support to patients to minimise their distress and support their wellbeing. Patient diaries were used to document what had happened to patients whilst they were unconscious, the service identified the positive impact the diaries had on patients' emotional wellbeing.
- Patients who used the service and those close to them were active partners in their care. Staff were committed to working in partnership with patients and those close to them in decisions about their care and treatment. The service was taking part in a national scheme to enable carers to assist with patient care whilst they were admitted to the units.

## Is the service responsive?

**Good** 

This is the first time we have inspected and rated the service since the trust was formed in October 2017.

We rated it as good because:

- The trust planned and provided services in a way that met the needs of people who used the service. The service worked with commissioners to design and develop services.
- The service took account of patients' individual needs. There were link nurses for patients who had a learning difficulty or dementia. Staff had access to communication aids to help patients.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice. The service used a 'go ahead' approach to bed management and planned admissions a day in advance taking into account planned admissions and expected emergency admissions.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Complaints were low and patients told us they were aware of the procedure to raise concerns.

However

- We saw that elective surgeries were cancelled and we were told patients were nursed in the theatre recovery areas due to beds not being available on the critical care unit.
- The service did not always respond to complaints in a timely manner.

# Critical care

## Is the service well-led?

**Outstanding** 

This is the first time we have inspected and rated the service since the trust was formed in October 2017.

We rated it as outstanding because:

- Leaders demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care. Leaders were compassionate, inclusive and effective at all levels. There was a strong leadership structure, leaders were visible and promoted the development of staff underneath them.
- The strategy and supporting objectives and plans were challenging and innovative, whilst remaining achievable. Strategies and plans were fully aligned with plans in the trust and wider health economy and developed with the involvement of key groups of stakeholders. The overall aim was to be recognised as a centre of clinical excellence within the region, nationally and internationally.
- Leaders across the service had a shared purpose and were motivated and enthusiastic. They promoted a positive culture that supported and valued staff. There was a focus on teamwork across all functions with a common purpose to improve patient care and the quality of the service. Excellent patient care and experience was a shared focus for leaders and staff members. Alongside patient care staff wellbeing was a priority and there were initiatives in place to support staff.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. There was an effective governance structure in place and we saw that incidents and quality performance were reviewed.
- The service had effective systems for identifying risks, and demonstrated a commitment to planning to eliminate or reduce them. The leadership team were aware of the risks to the service and these were recorded on the divisional risk register. The service took a positive and proactive approach to risks identified and improvement plans were in place to address these.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Patient records were electronic and the system meant data could be pulled to monitor quality and performance.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Patients feedback was collected monitored and acted on through the 'you said we did' initiative. The surgery school engaged with patients and encouraged patients to take an active role in their recovery. It took a holistic approach considering nutrition, activity and social support.
- The service was committed to improving patient care by learning from when things went well and when they went wrong and there was a systematic approach to improvement., There was a proactive approach to seeking out and embedding new working processes and training, research and innovation was promoted. The link nurse groups were leading on a number of projects including nurse lead sedation holds. Morbidity and mortality meetings were an embedded practice and took a multidisciplinary approach to improving patient care, the standardised agenda for the meetings had been adopted across the other sites within the group.

However

- The cardiac critical care unit had been aligned to the Clinical Support Services division in September 2018 and so at the time of our inspection was still in its infancy as one team.

# Critical care

## Outstanding practice

*We found areas of outstanding practice in this service. See the outstanding practice section above.*

## Areas for improvement

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

# End of life care

Good 

## Key facts and figures

The Specialist Palliative Care Team - Adults (SPCT) maximise the quality of life of adult patients with any life-limiting illness cared for within the Trust, providing leadership and direction to support the delivery of palliative and end of life care. It delivers a service that achieves continuity of expert clinical practice in balance with education, clinical audit, research and the wider governance agenda.

This is facilitated through:

- The provision of a specialist clinical service to adult patients and carers with defined complex palliative care needs encompassing a holistic approach to all patient interactions, both inpatient and outpatient.
- Partnership working across the Trust to provide expert advice, support and resources empowering all staff to deliver evidence-based palliative care.
- The promotion of and advice on Trust-wide audit activity to monitor the quality and effectiveness of the delivery of palliative care.
- Engagement with local, network and national agenda to promote innovation and excellence in palliative care.
- Regular team meetings addressing operational, strategic and governance issues.

The Specialist Palliative Care Team is a 7 day a week Trust-wide service and provides services to patients within the Oxford Road Campus as well as those in the Trafford Division. Out of hours support is via the St Ann's Hospice 24h advice line which is also staffed by the SPCT consultants.

The SPCT links with numerous services within the Trust including representation at the Cancer Nurse Forum and the Macmillan Cancer Information Centre and links with external local, regional and national networks.

The inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk with was available and the inspection took place between 22 and 24 October 2018.

We inspected the whole core service and looked at all five key questions. To make our judgement, we visited clinical areas, these included ward 45, ward 46, ward 6, Manchester ward, the heart failure unit, porters room, critical care unit, accident and emergency, AM1, multi-faith centre, the mortuary, the specialist palliative care team offices, the renal team, the bereavement office and the specialist palliative care team resource room. We spoke with four patients and relatives and 37 staff from different disciplines including doctors, nurses, service managers, porters, Chaplin's and discharge team.

Before and after our inspection, we reviewed performance information about the trust and information provided by the trust in making our decisions about the service.

## Summary of this service

We had not previously inspected this service. We rated it as good because:

- The service provided mandatory training in key skills to all staff who worked within the Specialist Palliative Care Team.

# End of life care

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had systems and procedures for responding to patient risk. Staff identified and responded appropriately to patients on the end of life care pathway. Comfort observations were used when needed to deliver relevant and appropriate care needs for patients.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received medication when required and anticipatory prescribing was used effectively.
- The service made sure staff were competent for their roles. Staff were given annual appraisals and received training and support dependent on their job role.
- The Specialist Palliative care team worked together with other healthcare professionals to benefit patients and support them accessing their chosen place of death. End of life care champions took on extra duties to liaise with the palliative care team and ward staff.
- The Specialist Palliative care team worked together with other healthcare professionals to benefit patients and support them accessing their chosen place of death where possible.
- Staff provided emotional support to patients and relatives throughout the journey and sign posted patients and relatives to appropriate supporting services when needed.
- We found an open and honest culture within the specialist palliative care team. Staff on the wards told us they felt supported by the specialist palliative care team and were easily contactable. Staff we spoke to were passionate about their role in the end of life journey for patients.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However,

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. However, the ReSPECt documents were not completed appropriately in line with trust policy.
- Following the merger and formation of Manchester University NHS Foundation Trust the governance structure for end of life care was under review. There was no non-executive board member representation on the end of life care meetings.

## Is the service safe?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The service provided mandatory training in key skills to all staff who worked within the Specialist Palliative Care Team.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

# End of life care

- The service had systems and procedures for responding to patient risk. Staff responded appropriately to the changing needs of patients at the end of life.
- The service had enough nursing staff with the right qualifications, skills, training and experience to provide care and treatment for patients on the end of life pathway.
- The service had enough medical staff with the right qualifications, skills, training and experience to provide care and treatment for patients on the end of life pathway.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received medication when required and anticipatory prescribing was used effectively.
- The service managed patient safety incidents well. Incidents were investigated and learning was shared with staff.

However,

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. However, the ReSPECT documents were not completed appropriately in line with trust policy.
- Environmental improvements were in progress at the time of inspection to ensure the service had suitable premises and equipment.

## Is the service effective?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence for patients on the end of life pathway.
- Clinicians we spoke to were aware of the general medical council guidance for doctors in supporting nutrition and hydration in end of life care. We saw good documented evidence in patient records of nutrition and hydration assessments, which included monitoring fluid intake.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools to ensure prescribed pain relief was given to ease pain.
- The service participated in the north-west audit group covering Cheshire, Greater Manchester and Merseyside. This provided good bench marking and quality assurance within the region.
- The service made sure staff were competent for their roles. Staff were given annual appraisals and received training and support dependent on their job role.
- The Specialist Palliative care team worked together with other healthcare professionals to benefit patients and support them accessing their chosen place of death.
- Seven-day services were available to support end of life care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

## Is the service caring?

**Good** ●

# End of life care

We had not previously rated this service. We rated it as good because:

- Staff cared for patients with compassion and treated them with dignity and respect.
- Staff provided emotional support to patients and relatives throughout the journey and sign posted patients and relatives to appropriate supporting services when needed.
- Staff involved patients and those close to them in decisions about their care, treatment and chosen place of death.

## Is the service responsive?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The service met the needs of people through the way services were organised and delivered.
- The service took account of patients' individual needs.
- People could access the service when they needed it and were supported in a timely way.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. April 2018 audit data showed 70% of patients died in their preferred place of death.

## Is the service well-led?

**Good** ●

We had not previously rated this service. We rated it as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care for patients on the end of life pathway.
- The trust had a vision for what it wanted to achieve and were harmonising plans to put into action with involvement from staff, patients and key groups representing the local community.
- We found an open and honest culture within the specialist palliative care team. Staff on the wards told us they felt supported by the specialist palliative care team and were easily contactable. Staff we spoke to were passionate about their role in the end of life journey for patients.
- The service has effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services for end of life care.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However

# End of life care

- Following the merger and formation of Manchester University NHS Foundation Trust the governance structure for end of life care was under review. There was no non-executive board member representation on the end of life care meetings.

## Areas for improvement

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

# Outpatients

**Requires improvement** ●

## Key facts and figures

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

The Manchester Royal Infirmary includes outpatient services for people in the central Manchester area as well as other areas of Manchester. It is also a tertiary centre for certain parts of the service providing care to people across the Northwest and the United Kingdom.

There are around 40 specialities that have provided outpatient services through approximately 1250 clinics per year.

There is a main outpatient department that provides care for patients with a wide variety of conditions. There is also a dedicated ear, nose and throat service located in the Peter Mount building.

Rheumatology, the Manchester heart centre, the diabetes centre and hepatology all provide outpatient services outside of the main outpatient area.

We visited the main outpatient area, fracture clinic, rheumatology, the Manchester heart centre and the Peter Mount building.

We plan our inspections based on everything we know about services.

We inspected the hospital as part of an announced comprehensive inspection between 22 and 24 October 2018. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We reviewed 10 patient paper records and other documentation specific to areas inspected. We spoke with 19 patients as well as observing a consultation and interactions in waiting areas.

We spoke with 32 members of staff including registered nurses, nursing assistants, apprentice nurse, clinic co-ordinators, doctors, specialist nurses, phlebotomists, laser protection advisor, decontamination staff, interpreter, student nurse and senior managers.

## Summary of this service

We had not previously inspected this service. We rated it as requires improvement because:

- Staff kept paper records of patients' care and treatment, however; in the records we reviewed, they were not always clear or completed fully.
- Confidential patient records were not securely stored, in the main outpatients, and easily accessible, to the public when not attended.
- The reception desks, in the main out patients were close to patient waiting areas which meant that conversations could be overheard when booking in for appointments.
- The service provided mandatory training to staff and monitored compliance rates. Mandatory training, for medical staff was below the trusts target in 9 out of 12 modules including resuscitation.
- Staff were required to complete level two safeguarding training. Compliance for medical staff was below the trust target.

# Outpatients

- Referral to treatment times were generally similar or better than the England average, however; cancer, patients receiving their first treatment within 62 days of an urgent GP referral, the trust performed below the standard for the end of 2017 and start of 2018.
- The service monitored the did not attend rates for patients, booked for the main-outpatient areas. Despite text reminders, the rates were between 11% and 15%.
- We observed patients that had waited in the main outpatient department, from time of booking to consultation for up to two hours.
- The service treated concerns and complaints seriously, however; the responses were not timely within trust policy guidelines.
- The service maintained an asset register for routine maintenance of equipment, however; there was equipment in most areas we visited that were past their due date as recorded on the equipment and the register.

However:

- Nursing and administrative staff received mandatory and safeguarding training that included recognising and reporting possible abuse and they knew how to raise any safeguarding issue.
- Staff kept themselves, equipment and most areas clean. They used precautions and protective equipment to help prevent the spread of infection.
- The service had recently recruited staff with the skills, training and experience to provide care and treatment.
- The service followed best practice when storing medicines. Processes were in place in each area.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and we were told that lessons were shared with the teams either at team meetings or daily staff huddles.
- The service provided care and treatment based on national guidance, such as the National Institute for Health and Care Excellence.
- Staff worked together to benefit patients. and understood how and when to assess whether a patient had the capacity to make decisions about their care.
- Staff cared for patients with compassion, provided emotional support to minimise their distress and involved those close to them in decisions about their care and treatment.
- The service took account of patients' individual needs, such as a sensory room was available away from the main waiting area and patients on trolleys were seen quickly.
- Clinical managers had the right skills and abilities to run a service providing high-quality sustainable care. Values were displayed in all areas visited and had systems for recording and reviewing risks
- Managers across the service promoted a positive culture with an open-door policy.

The service engaged with patients and staff to plan and manage appropriate services.

- The service was committed to improving services and promoted training, research and innovation.

## Is the service safe?

**Requires improvement**



# Outpatients

We had not previously rated this service. We rated it as requires improvement because:

- Staff kept paper records of patients' care and treatment, however in the records we reviewed, they were not always clear or completed fully.
- Confidential patient records were not securely stored, in the main outpatients, and observed to be easily accessible when not attended.
- Patient records were not always available to staff providing care. An audit of records availability showed that an average of 25% had not been available.
- The reception desks, in the main outpatients, were close to patient waiting areas which meant that conversations could be overheard when booking in for appointments.
- The service provided mandatory training to nursing and medical staff and monitored compliance rates. Data received prior to inspected indicated that compliance was below trust target for medical staff in 9 out of 12 modules that included resuscitation.
- Staff were required to complete training in safeguarding level 2. The compliance was below the trust target for medical staff.
- The service maintained an asset register for routine maintenance of equipment, however there was equipment in most areas we visited that were past their due date as recorded on the equipment and the register.

However:

- The main outpatients maintained records that showed mandatory training compliance for nursing and administrative staff.
- Staff, we spoke with, understood how to protect patients and the service worked with other agencies if needed. Nursing staff received safeguarding training that included recognising and reporting possible abuse and they knew how to raise any safeguarding issue.
- The service controlled infection risk well. Staff kept themselves, equipment and most areas clean. They used precautions and protective equipment to help prevent the spread of infection. There were decontamination processes for specialist equipment.
- The service had recently recruited staff with the skills, training and experience to provide care and treatment. Some staff were awaiting start dates, although any shortfalls were filled with bank staff.
- The service followed best practice when storing medicines. Processes were in place in each area, including for specialist medicines.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and we were told that lessons were shared with the teams either at team meetings or daily staff huddles.

## Is the service effective?

- The service provided care and treatment based on national guidance, such as the National Institute for Health and Care Excellence. Clinicians monitored that staff followed guidance.
- Staff assessed and monitored patients to see if they were in pain. Analgesia was available if required.

# Outpatients

- Managers told us they monitored outcomes, with key performing outcomes, to check the effectiveness of care and treatment and used the findings to improve them. Results were compared to National averages and other similar services to ensure providing appropriate care and treatment.
- Staff worked together to benefit patients. Doctors, nurses and other healthcare staff supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent following the Mental Capacity Act guidance.

However

- Managers appraised staff's work performance, however; competencies, at the time of inspection, were not in place for some specialised treatments such as pre-cleaning of scopes.

## Is the service caring?

**Good** ●

We had not previously rated this service. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed staff treating patients with respect and responsiveness to individuals and those close to them.
- Staff provided emotional support to patients to minimise their distress. We observed staff comforting patients and responding sensitively when distressed.
- Staff involved patients and those close to them in decisions about their care and treatment. Nursing assistants were available to chaperone consultations and examinations, although patients could also be accompanied by those close to them if preferred.

## Is the service responsive?

**Requires improvement** ●

We had not previously rated this service. We rated it as requires improvement because:

- The service planned clinics for the local people, however appointments were sometimes overbooked when one doctor was available.
- For cancer, patients receiving their first treatment within 62 days of an urgent GP referral, the trust performed below the standard for the end of 2017 and start of 2018.
- Waiting times from referral to treatment and arrangements to treat and patients were generally in line with good practice, however we observed patients that waited in the main outpatient department for up to two hours.
- The service treated concerns and complaints seriously, however the responses were not timely within trust policy guidelines.

However

- For referral to treatment times, the trust generally performed similarly or better than the England average.

# Outpatients

- The service took account of patients' individual needs, such as a sensory room was available away from the main waiting area and patients on trolleys were seen quickly.

## Is the service well-led?

**Good** ●

We had not previously rated this service. We rated it as good because:

- Clinical managers had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve. Values were prominently displayed in all areas visited.
- The service had systems for recording and reviewing risks.
- Managers across the service promoted a positive culture with an open-door policy. Staff felt supported by their managers.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services and promoted training, research and innovation.

However:

- We did not receive a strategy for the service during this transitional period.

## Outstanding practice

We had not previously inspected this service.

## Areas for improvement

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

# Royal Manchester Children's Hospital

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Manchester  
M13 9WL  
Tel: 01612761234  
www.mft.nhs.uk

## Key facts and figures

The Royal Manchester Children's Hospital provides general, specialist and tertiary services for children from Manchester and beyond. The hospital has approximately 370 paediatric beds including 15 paediatric intensive care and 12 paediatric high dependency unit beds.

Between 1 October 2017 and 31 May 2018, a total of 61,469 children (aged 17 and under) attended the emergency departments at the trust, including the Royal Manchester Children's Hospital. This is approximately 250 children a day.

The hospital was previously part of the Central Manchester University Hospital NHS Trust; on 1 October 2017 the trust merged with the University Hospital of South Manchester University NHS Trust to become a new organisation, Manchester University NHS Foundation Trust. Royal Manchester Children's Hospital is one of the hospitals that is part of the new trust. It is co-located on the Oxford Road campus alongside the adult hospitals.

During our announced inspection we spoke with over 200 members of staff of all grades. We also spoke with 78 patients and their relatives about the care they received and observed direct care and treatment being delivered. We reviewed 79 sets of patient records. We reviewed information that was provided by the trust before and after the inspection.

## Summary of services at Royal Manchester Children's Hospital

**Good** 

We had not previously rated this hospital. We rated it them as good because:

- The services mostly had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff cared for patients with compassion and provided emotional support to patients to minimise their distress. This was child- centred and age appropriate. There were some outstanding examples of caring provided at the hospital.

# Summary of findings

- There was a strategy and hospital-wide agreed framework for transition to adult services with aspirations for better coordination linked to the overarching “our family caring for yours” values approach. Some clinical areas, for example oncology, burns, diabetes and respiratory medicine, had already developed robust transition pathways.
- Staff understood their role in recognising and preventing potential abuse.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. All the areas we visited were clean and tidy.
- The service made the most of the premises available to them and all areas were bright and welcoming, with a variety of child-friendly decorations in every part of the hospital.
- The services had systems in place that ensured that medicines were administered and stored safely.
- The services took account of patient’s individual needs. Young people’s education was delivered at the well-equipped hospital school. There were play leaders and play specialists who worked alongside nurses, doctors and other members of the multi-disciplinary team to ensure that children received the interventions needed in the most appropriate and child-friendly way, whilst also being fully aware of the child’s needs.
- We saw examples where the service took a proactive approach to understanding the needs of patients’ individual needs. They treated all children in their care as individuals and adopted individualised plans of care and treatment using tailor made packages of care.
- The services had experienced leadership who ensured a quality service was delivered and was sustainable.

However;

- Nursing records within the children’s clinical decision unit were not completed in line with required standards. Risk assessments for child and adolescent mental health patients were not completed in line with the departments referral pathway.
- The emergency department premises were not suitable for the number of patients attending the department. A plan to redesign and increase the size of the department had been agreed and was due to commence in 2019.
- We found that although staff could access other members of staff for advice or support, there was no regular, formal safeguarding supervision for staff at the hospital.
- The trust did not have a nurse on each shift on each medical ward that was APLS/EPLS trained, so this did not meet the standards set out by the Royal College of Nursing (2013). Plans were in place to address this.

# Urgent and emergency services

Good 

## Key facts and figures

Royal Manchester Children's Hospital paediatric emergency department is a purpose-built type 1 consultant led 24-hour emergency department for children and young people up to the age of 16, or older if still in the process of transitioning to adult services. It has full resuscitation and stabilisation facilities and is a designated major trauma centre for children, receiving seriously injured children from across the region as part of the North-West children's major trauma network.

The paediatric emergency department acts as a single point of access for non-elective paediatric admissions, including GP referrals for secondary and tertiary paediatric specialties. Walk-in patients with minor and moderate illness and injury are also seen within the paediatric emergency department.

The department has a six-cubicle assessment area, a three-bay resuscitation area and an eight bedded children's clinical decision unit allowing multidisciplinary short stay admission and observation to prevent unnecessary hospital admissions.

The Care Quality Commission (CQC) carried out an announced inspection (the trust knew we were coming) between 2 October to 4 October 2018. We visited all areas of the paediatric emergency department including the waiting room and triage areas, resuscitation area, children's clinical decisions unit and the assessment area.

During our inspection we spoke with 41 members of staff, which included leads, managers, senior nurses, registered nurses, consultants, middle grade doctors, junior doctors, student nurses, play specialists, reception staff, ambulance staff, domestics and housekeepers. We spoke with 10 patients and their relatives about the care they received and observed direct care and treatment being delivered.

We reviewed 24 sets of patient records, including emergency department record cards, prescription charts, discharge records, assessment and observation charts. We reviewed information that was provided by the trust before and after the inspection.

## Summary of this service

We had not previously rated this hospital. We rated it as good because:

- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff cared for patients with compassion and provided emotional support to patients to minimise their distress.
- The service took account of patient's individual needs, wherever possible. Individual care plans were completed for those with complex needs and a play specialist was available to help children to understand the process of their visit to the department.
- The hospital performed consistently well for admissions, discharges and transfers within four hours against the England average for accident and emergency services, although they were below the 95% standard.

# Urgent and emergency services

- The service had experienced leadership who ensured a quality service was delivered and was sustainable. There was a vision for the service and an improvement plan. There was a clear governance structure and risks were managed.

However;

- Nursing records within the children's clinical decision unit were not completed in line with required standards. Risk assessments for child and adolescent mental health patients were not completed in line with the departments referral pathway.
- The premises were not suitable for the number of patients attending the department and there were no isolation facilities within the department. A plan to redesign and increase the size of the department had been agreed and was due to commence in 2019.
- The room used for child and adolescent mental health patients was unsuitable and had a high number of ligature points. This had been risk assessed and was being addressed.

## Is the service safe?

**Requires improvement** ●

We have not previously inspected this service. We rated it as requires improvement because:

- Nursing records within the children's clinical decision unit were not complete in line with the required standards.
- The premises were not suitable for the number of patients attending the department and there were no isolation facilities within the department. A plan to redesign and increase the size of the department had been agreed and was due to commence in 2019.
- Areas which were clearly marked "staff only" were unlocked.
- The room used for child and adolescent mental health patients was unsuitable and had a high number of ligature points. This had been risk assessed and an action plan was in place to remove the ligature points by November 2018.
- Risk assessments for child and adolescent mental health patients were not completed in line with the departments referral pathway.
- The department were unable to supply audits of the early warning system which was in use, meaning that we were not assured that the department reviewed how well they were managing deteriorating patients.
- The Royal College of Emergency Medicine's recommended target time for patients receiving an initial assessment from time of arrival of 15 minutes was only met in twice within a 12-month period, for non-ambulance patients.
- The average waiting time from arrival to initial assessment for the remaining 10 months was 20 minutes however, average times were reduced by quieter periods and we observed the average waiting time during busy periods to be in excess of 50 minutes.
- There was no escalation policy or procedure specifically for patients waiting in excess of 15 minutes from time of arrival to initial assessment.
- The Royal College of Emergency Medicine's recommended target time for patients receiving treatment from arrival of 60 minutes was only met once within a 12-month period.

However;

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

# Urgent and emergency services

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable equipment and maintained both premises and equipment well.
- The service made the most of the premises available to them and all areas were bright and welcoming, with a variety of child-friendly decorations and characters around the department.
- The service had enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medicines at the right dose at the right time.
- 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.

## Is the service effective?

**Good** ●

We had not previously rated this hospital. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff gave pain relief to patients when required on most occasions. Staff supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The department provided full emergency, secondary and tertiary services for children and young people, seven days a week.
- The service provided health promotion advice as appropriate to patients and families.

# Urgent and emergency services

- Staff understood the process of gaining consent. They knew how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However;

- Although staff managed patients pain well there were occasions when patients in the children's clinical decision unit told us they did not receive appropriate reassessment of their pain following initial pain relief given. We also found pain reassessments were not always conducted in a timely manner, in line with national standards.

## Is the service caring?

**Good** 

We have not previously inspected this service. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Throughout our inspection, we saw all staff interacting with patients and their parents, carers and family members in a very caring, polite and friendly manner.
- Staff provided emotional support to patients to minimise their distress. During our inspection we observed the family of a burns patient being comforted and escorted to the burns ward in order to help them settle in.
- Staff involved patients and those close to them in decisions about their care and treatment. During our inspection we observed a patient with complex needs being shown picture cards to help them understand what would happen during their time in the department.

## Is the service responsive?

**Good** 

We had not previously rated this hospital. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. The service provided a 24 hr-service for babies, children and young people of the local population.
- The service managed the cultural diversity of the local population well, providing translation services, leaflets in a variety of languages, multi-faith prayer facilities and specific dietary requirements as needed.
- The service took account of patient's individual needs, wherever possible. Individual care plans were completed for those with complex needs and a play specialist was available to help children to understand the process of their visit to the department.
- Patients could access the service when they needed it, escalation plans were in place to attempt to minimise patient waiting times and facilitate flow through the department.
- The service performed well consistently for admissions, discharges and transfers within four hours, against the England average for accident and emergency services, achieving an average of 92% over a 12-month period.

# Urgent and emergency services

- The service treated concerns and complaints seriously and investigated them thoroughly.

However;

- During our inspection, staff were unable to recall receiving any feedback specifically from complaints.

## Is the service well-led?

**Good** ●

We have not previously inspected this service. We rated it as good because:

- Leadership at all levels had the experience, capability and integrity to ensure that a quality service was delivered and sustainable.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action in conjunction with the paediatric improvement plan.
- There was a clear governance structure and staff members were clear about their roles, responsibilities and accountabilities and promoted a quality service that met patient needs.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had a comprehensive process to identify, understand, monitor and address risks. Risks were monitored and reviewed, to maintain a high quality of care to patients and were fully understood by staff.
- Information systems supported quality patient care and treatment. Information was shared widely in the organisation promoting improvements. The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- There was a positive focus on continuous learning and improvement for all staff.

However;

- Staff were unaware of any “Freedom to Speak up Guardians’ within the trust or local champions within the Royal Manchester Children’s Hospital.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Medical care (including older people's care)

Good 

## Key facts and figures

The medical care service at Royal Manchester Children's Hospital (RMCH) provides care and treatment for allergy, immunology, oncology, haematology, dermatology, gastroenterology, respiratory, metabolic diseases, cystic fibrosis, endocrinology, rheumatology, neurology and cardiology. RMCH also accommodates a bone marrow transplant unit and has dedicated isolation beds. The department provides care to children and young people up to the age of 16 years old from regions across the United Kingdom and overseas.

The Royal Manchester Children's Hospital has 104 medical beds located across four wards as shown below:

Ward	Specialties	Total number of beds
Ward 75	<b>General paediatrics, gastroenterology, tertiary care specialities.</b>	<b>28</b>
Ward 83	<b>Long term ventilation, neuro-rehabilitation, overnight sleep assessments.</b>	<b>11</b>
Ward 84 – inpatients	<b>Oncology and haematology.</b>	<b>24</b>
Ward 84 – day case	<b>Day case service from Monday to Friday for oncology and haematology patients.</b>	<b>6 day beds and 9 chairs</b>
Ward 84 – bone marrow transplant unit (BMTU)	<b>The BMTU on ward 84 provides care to children and young people up to the age of 16 years old from regions across the UK and overseas. BMTU is an isolation unit for patients currently undergoing treatments and transplantation associated with cancer and blood disorders.</b>	<b>7</b>
Ward 85	<b>Cardiology, respiratory, cystic fibrosis, metabolic conditions, endocrinology, rheumatology, immunology.</b>	<b>28</b>

The medical services at Royal Manchester Children's Hospital were managed by Clinical Service Units (CSU) two and three, as well as secondary paediatric services, who together, covered the four wards we inspected and each had their own clinical lead. The inspection we undertook was announced (the trust knew we were coming) and during inspection between 2nd to the 4th October 2018, we inspected medical wards 75, 83, 84 and 85. The inspection team looking at medical services was comprised of an inspector, two specialist advisors and a pharmacy inspector.

During our inspection we spoke to 52 members of staff, which included leads, managers, specialist nurses, other nursing staff, medical staff, allied health professionals, pharmacists, trainee nursing associates, health care assistants, play specialists, teachers, domestics and 9 parents/carers and patients.

We observed care and treatment and looked at 12 patient records and 21 prescription charts, as well as looking at service performance data.

# Medical care (including older people's care)

## Summary of this service

We had not previously rated this service. We rated it as good because: -

- Staff understood their role in recognising and preventing potential abuse. There were systems in place to ensure that patients were appropriately protected.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. All the areas we visited were clean and tidy.
- The service had suitable premises and equipment and looked after them well. The service made the most of the premises available to them and all areas were bright and welcoming, with a variety of child-friendly decorations in every part of the hospital.
- Risks to patients were assessed, planned for and managed effectively and staff understood how to seek support from senior staff when the risks to patients changed.
- Staff kept detailed records of patient's care and treatment.
- The service had systems in place that ensured that medicines were administered safely all of the time.
- The service managed patient safety incidents well. There was an incident reporting policy in place and staff knew how to access this.

However:

- We found that although staff could access other members of staff for advice or support, there was no regular, formal safeguarding supervision for all appropriate staff.
- There was no clearly identified area within the records for staff to immediately find information in relation to vulnerable children, or those with safeguarding concerns.
- Although the hospital had clinical co-ordinators with a minimum of one staff member on duty at all times who had been trained in advanced life support, the trust did not have a nurse on each shift on each ward that was APLS/EPLS trained, so this did not meet the standards set out by the Royal College of Nursing (2013). The hospital had plans in place to address this.
- Compliance with mandatory training was low in some areas.
- The nursing records were kept in folders, which were then stored in holders along the side of the main ward area, meaning they could potentially be picked up by someone other than a staff member.

## Is the service safe?

**Good** ●

We had not previously rated this service. We rated it as good because:-

- Staff understood their role in recognising and preventing potential abuse. There were systems in place to ensure that patients were appropriately protected.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. All the areas we visited were clean and tidy.

# Medical care (including older people's care)

- The service had suitable premises and equipment and looked after them well. The service made the most of the premises available to them and all areas were bright and welcoming, with a variety of child-friendly decorations in every part of the hospital.
- Risks to patients were assessed, planned for and managed effectively and staff understood how to seek support from senior staff when the risks to patients changed.
- Staff kept detailed records of patient's care and treatment.
- The service had systems in place that ensured that medicines were administered safely.
- The service managed patient safety incidents well. There was an incident reporting policy in place and staff knew how to access this.

However:

- We found that although staff could access other members of staff for advice or support, there was no regular, formal safeguarding supervision for all appropriate staff.
- There was no clearly identified area within the records for staff to immediately find information in relation to vulnerable children, or those with safeguarding concerns. Although the hospital had clinical co-ordinators with a minimum of one staff member on duty at all times who had been trained in advanced life support, the trust did not have a nurse on each shift on each ward that was APLS/EPLS trained, so this did not meet the standards set out by the Royal College of Nursing (2013). The hospital had plans in place to address this.
- Compliance with mandatory training was low in some areas.
- The nursing records were kept in folders, which were then stored in holders along the side of the main ward area, meaning they could potentially be picked up by someone other than a staff member.

## Is the service effective?

**Good** ●

We had not previously rated this service. We rated it as good because:-

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service adjusted for patient's religious, cultural and other preferences, with various choices available and meal times were protected.
- Staff gave pain relief to patients when required. There was an effective process to ensure patients' pain relief needs were met and pain was well managed by the service.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles and managers appraised staff's work performance and held supervision meetings with them to provide support and monitor effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other health care professionals supported each other to provide good care.
- The hospital delivered a full inpatient service for children and young people over seven days with on-site consultant paediatrician availability seven days per week.
- There was a comprehensive range of information and support available for patients and their families and carers.

# Medical care (including older people's care)

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

**Good** ●

We had not previously rated this service. We rated it as good because:-

- Staff cared for patients with compassion. Throughout our inspection, we saw all staff interacting with patients and their parents, carers and family members in a very caring, polite and friendly manner.
- All the people we spoke with during the inspection were very happy with the care and treatment provided by the service.
- There was a dedicated play team, comprising of play specialists and play leaders who worked very closely with doctors, nurses and other staff members, to incorporate play into clinical interventions
- During inspection, we saw that privacy and dignity was respected and maintained at all times and on one of the wards we visited, we saw that the staff were very respectful to a family, following a bereavement, closing the curtains in the empty room, ready for the parents to come to collect belongings when they felt they could do so.
- Staff provided emotional support to patients to minimise their distress. One family we spoke to had only recently received their child's diagnosis and they could not praise the staff enough for the emotional support they had been given during that time.
- We observed doctors, nurses and students working in partnership with parents and families.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Good** ●

We had not previously rated this service. We rated it as good because:-

- The service planned and provided services in a way that met the needs of local people. The service provided a 24-hour service for the babies, children and young people of the local population.
- The service took account of patient's individual needs. We were told about a telephone translation service available for non-English speaking families, as well as being able to obtain leaflets in other languages, for those who needed it.
- During inspection, we were told about the therapy dogs that came to see children in the hospital and that they would visit different wards each time.
- Staff would ensure that any child celebrating their birthday in hospital, would receive banners and a present.
- Patients could access the right care at the right time. Waiting times were minimal and managed in a manner that met patients' needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

# Medical care (including older people's care)

However:-

- From October 2017 to May 2018, 61 patients moved wards at night within medicine, excluding those from the paediatric assessment unit.
- The doors to the wards were not automatic, which meant that those using wheelchairs would potentially need assistance to navigate through them.

## Is the service well-led?

**Good** ●

We had not previously rated this service. We rated it as good because:-

- Leaders had the experience, capacity, capability and integrity to make sure that a quality service was delivered and risks to performance were addressed.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose, based on shared values.
- There was a clear governance structure and staff members were clear about their roles, responsibilities and accountabilities and promoted a quality service that met patient' needs.
- The service had a comprehensive process to identify, understand, monitor and address risks. Risks were monitored and reviewed, to maintain a high quality of care to patients and were fully understood by staff.
- Information systems supported quality patient care and treatment. Information was shared widely in the organisation promoting improvements.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- There was a positive focus on continuous learning and improvement for all staff.

However:-

- On asking staff about awareness of any 'Freedom to Speak up Guardians' or champions, the response was mixed, with staff generally unaware of who undertook the role and how to contact them,

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Surgery

**Outstanding** ☆

## Key facts and figures

Royal Manchester Children's Hospital (RMCH) has 10 main operating theatres and 21 recovery beds covering general childhood surgery and a wide range of specialist tertiary paediatric surgery services such as complex neonatal surgery, thoracic surgery, oncological surgery and complex upper and lower gastrointestinal surgery.

RMCH has 126 surgical beds located across five wards as shown below:

Ward	Description of services provided	Total number of beds
Ward 76 - day case	<b>Day case surgical and medical elective treatment.</b>	<b>16</b>
Ward 76 - short stay	<b>Elective surgical treatment centre.</b>	<b>24</b>
Ward 77	<b>Urology, ENT, nephrology maxillofacial &amp; Dialysis</b>	<b>28</b>
Ward 78	<b>Neurosciences, trauma and orthopaedics, spinal surgery, complex ENT.</b>	<b>32</b>
Ward 81	<b>Burns and plastic surgery.</b>	<b>12</b>
Ward 84 - haematopoietic stem cell transplantation unit (HSTC)	<b>The HSCT on ward 84 provides care to children and young people up to the age of 16 years old from regions across the UK and overseas. HSCT is an isolation unit for patients currently undergoing stem cell transplant treatments including the specialised services of HSCT and gene therapy.</b>	<b>4</b>

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

The surgical teams at RMCH deliver a wide range of children's emergency, secondary and regional tertiary surgical services to the local population of central Manchester and for children across the North of the UK and beyond. Specialist paediatric services are provided for nephrology, transplant, neurosurgery, complex spines, orthopaedics, paediatric and neonatal surgery, urology, maxillofacial, ENT, dental, burns and plastics, cleft lip and palate.

A number of specialities (including nephrology and paediatric surgery) offer specialist support in peripheral hospitals to ensure expert advice and treatment can be delivered to patients and families closer to home.

Outreach services (clinics and theatre sessions) are provided at Trafford Hospital, Wythenshawe Hospital, Stepping Hill Hospital and Royal Bolton Hospital. Surgery is commissioned to provide a number of highly specialist commissioned services including for example, bladder exstrophy – one of only two centres in the UK commissioned to deliver this service, which attracts patients both nationally and internationally.

(Source: Acute Routine Provider Information Request (RPIR) – Context acute tab)

# Surgery

The surgical services at The Royal Manchester Children's Hospital were managed by clinical service units one and two which worked very closely together. The clinical lead and the operational leads had responsibility for both clinical service units; there was a matron for each unit. The surgical service included the operating theatres, the surgical wards and the pre-operative assessment clinic.

The Care Quality Commission (CQC) carried out an announced inspection between 2 September to 4 October 2018. During this inspection we visited surgical ward 76 (day surgery and short stay), ward 77 (urology, ear, nose and throat, nephrology, maxillofacial and dialysis), ward 78 (neurosciences, trauma and orthopaedics, spinal surgery, complex ear, nose and throat), ward 81 (burns unit) and the pre-operative assessment clinic.

We spoke to 23 patients, parents and care givers. We also spoke with 60 members of staff including senior managers, specialist nurses, registered nurses, student nurses, health care assistants, play therapists, consultants, middle grade doctors, junior doctors, medical students, allied health professionals including physiotherapists, occupational therapists, dietitians, pharmacists, domestics, ward clerks, housekeepers and nursing agency staff.

We observed care and treatment and looked at 27 patient care records. We reviewed comments from staff focus groups, patient feedback cards and we looked at the service performance data.

## Summary of this service

We have not previously inspected this service. We rated it as outstanding because:

- Staff within the service demonstrated outstanding levels of commitment to patient care and the adopted holistic patient and family centred care. Patients and families believed the care provided was excellent. Feedback was consistently positive.
- The service took a proactive approach to understanding the needs of patients' individual needs. They treated all children in their care as individuals and adopted individualised plans of care and treatment using tailor made packages of care.
- The service had effective strategies for identifying, managing and reducing risk, learning and improving when things went wrong.
- There were sufficient numbers of competent and experienced staff to reduce the risk of harm to patients. They controlled infection and maintained equipment and premises well
- The service used best practice guidance to inform the delivery of care and ensured treatment was based on evidence based practice. Nutrition and pain was managed well.
- The service was well led by effective and enthusiastic managers, who were aware of risks to the service and were capable of tackling difficult issues head on, of making advancements and gaining staff commitment to improvement.

However:

- The wards did not always have a nurse on each shift on each ward that was trained in advanced paediatric life support, so this did not meet the standards set out by the Royal College of Nursing (2013). There was a plan in place to ensure one nurse per shift in each surgical ward would be trained in advanced paediatric life support by the end of December 2019.

## Is the service safe?

**Good** 

# Surgery

We have not previously inspected this service. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

However,

- The wards did not always have a nurse on each shift on each ward that was trained in advanced paediatric life support, so this did not meet the standards set out by the Royal College of Nursing (2013). There was a plan in place to ensure one nurse per shift in each surgical ward would be trained in advanced paediatric life support by the end of December 2019.
- We found that although staff could access other members of staff for advice or support, there was no regular, formal safeguarding supervision for appropriate staff.
- Although staff kept records of patients' care and treatment, there were incidences where papers were not secured within files posing a risk they may be lost, there were some lapses in record keeping such as stating names, designation and registration numbers which was contrary to trust policy. Some nursing files were at risk of access by unauthorised individuals as they were not stored securely.

## Is the service effective?

**Good** ●

We have not previously inspected this service. We rated it as good because:

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

# Surgery

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- 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.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service had a seven day service action plan and was working towards this.
- The service provided health promotion advice as appropriate to patients and families.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

## Is the service caring?

**Outstanding** 

We have not previously inspected this service. We rated it as outstanding because:

- Staff put patients at the centre of everything they did and treated patients, their parents and carers with exceptional kindness and consideration. They went out of their way to ensure that their needs were met and to make patients and families feel they had received the best care on offer.
- Staff provided emotional support to patients to minimise their distress and demonstrated a strong commitment to their emotional needs. We saw staff directed their conversation towards the child rather than the parents or caregivers, displaying sensitivity and respect for the needs of the child.
- There was a strong emphasis in ensuring emotional and psychological needs were considered and they developed inventive ways to meet those needs. Staff treated patients and their families as individuals and ensuring that a solid relationship was formed to enable them to support the family fully. They used a range of techniques to meet the needs of all patients in ways that were meaningful and appropriate to the children and young people they cared for. We observed multiple examples of staff supporting nervous and anxious patients and were comforting and supportive in their approach. We saw that staff were also supportive to worried and anxious parents and caregivers.
- Feedback from patients, parents and caregivers who used the service was without exception positive and there was mutual respect between them and staff members of all grades. There was a clear belief that staff went above and beyond in the way they undertook their roles.

# Surgery

- Staff involved patients and those close to them in decisions about their care and treatment. They used innovative ways to ensure children of all age groups understood their treatment and facilitated ways of enabling children to express their views in ways that suited them. This information was used to enable individual preferences to be central to care delivery.

## Is the service responsive?

**Outstanding** 

We have not previously inspected this service. We rated it as outstanding because:

- The service took a proactive approach to understanding the needs of patients' individual needs. They treated all children in their care as individuals and adopted individualised plans of care and treatment using tailor made packages of care.
- The service provided bespoke packages of individualised care to patients to ensure that they received care in age appropriate ways, based on their specific condition and in a way that was meaningful and understood by them. They considered the understanding of the child and their family and responded with packages to meet those needs.
- The hospital planned and provided services in a way that met the needs of people, based on active understanding of the needs of the communities and partner organisations it served. The service used innovative approaches to understanding patient's individual needs and these were central to the planning and delivery of the services. They considered the needs of different groups and celebrated diversity, ensuring these were integral to the pathways they established.
- The service managed the cultural diversity of the local population well, providing translation services, leaflets in a variety of languages, multi-faith prayer facilities and specific dietary requirements as needed.
- The service sought and undertook an active review of concerns and complaints, they investigated them and learned lessons from the results produced changes across and beyond the service. They were shared with all staff and staff were involved in solutions to issues raised.

## Is the service well-led?

**Good** 

We have not previously inspected this service. We rated it as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

# Surgery

- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Critical care

Good 

## Key facts and figures

Royal Manchester Children's Hospital (RMCH) is a lead centre for paediatric intensive care in the North West and a recognised centre for paediatric intensive care nurse training.

Royal Manchester Children's Hospital (RMCH) paediatric critical care is a lead centre in the North West with trauma centre status. The hospital provides 15 PICU beds (future-proofed for 21) and 12 paediatric high dependency unit beds (future-proofed to 15 beds). The paediatric high dependency unit (PHDU) has a fast patient turnover providing care to children requiring non-invasive ventilation, invasive monitoring and complex pain management.

The unit provides care to children from nought to 16 years with 40% of admissions being after specialist surgery e.g. neurosurgery/spinal/oncology and the remaining 60% are acute admissions from the paediatric emergency department, hospital wards or the North West region (via the North West transport service (NWTS)). The service accepts admissions for all acute conditions with the exception of post-operative cardiac surgery.

The paediatric critical care unit supports regionally or nationally commissioned specialist services such as metabolic disorders, bone marrow transplantation and gene therapy, burns, epilepsy surgery, congenital hyperinsulism and bladder extrophy. RMCH hosts the regional paediatric critical care transport service, NWTS, which provides for rapid discharge to home, district general hospitals or other facilities. The transport team undertakes PICU level retrievals.

The inspection was announced and we inspected critical care and looked at paediatric intensive care and paediatric high dependency units.

During our inspection we spoke to 35 members of staff which included; consultants, doctors, clinical managers, ward managers, transport services, nurses, play lead, dietitian, pharmacist, electro biomedical engineers, practice educators, family liaison nurse, health care assistants, psychologists and domestics. We also spoke to two patients and nine parents/carers.

## Summary of this service

We had not previously rated this service. 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. All nursing staff in critical care were trained in safeguarding and knew how to recognise and report abuse and they knew how to apply it.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- 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 cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Patients were well supported during referral, transfer between services and discharge.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

# Critical care

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were actively encouraged to participate in the annual paediatric intensive care society conference and were constantly thinking of new ways to communicate with staff.

## Is the service safe?

**Good** ●

We had not previously rated this service. We rated safe as good because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. All nursing staff in critical care were trained in safeguarding and knew how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The medical handover was a very thorough written handover and topics were discussed, teaching from the handover was a good addition and reinforced medical issues on individual patients.
- 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 detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve

However;

- The ventilation system should be designed to provide simultaneous source and protective isolation. The unit had side rooms but did not have any ventilated rooms.
- The service had suitable premises and equipment and looked after them well, however due to the building design the PICU (Paediatric intensive care unit) unit did not conform to current building regulations, as there were not hand washing basins next to each bedside.

## Is the service effective?

**Good** ●

We had not previously rated this service. We rated effective as good because:

# Critical care

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- 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.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

## Is the service caring?

**Good** ●

We had not previously rated this service. We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. The unit had a family liaison team, who provided emotional support for families and assisted staff in the unit.
- 'Afternoon tea' sessions were held twice a week in the family room on the unit and were attended by parents and families who interacted with each other, gaining a temporary emotional release.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Good** ●

We had not previously rated this service. We rated responsive as good because:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs. The play leader dressed the bed space for patient's birthdays and other milestones for babies were also celebrated.
- People could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice.
- Patients were well supported during referral, transfer between services and discharge.

# Critical care

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Areas for improvement

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

# Transition services

Good 

## Key facts and figures

Transition is the planned transfer of young people with long-term conditions and/or complex needs from child-centred to adult-orientated health and social care systems.

There are two clinicians leading on transition in the Royal Manchester Children's Hospital and Manchester University Foundation Trust (MFT). Currently young people, under the care of Manchester University NHS Foundation Trust, transition into adult services at 18 years old.

One of the clinicians is the transition clinical lead for the Greater Manchester and Eastern Cheshire strategic clinical network and is part of a working group developing a single shared transition protocol across the 11 Greater Manchester clinical commissioning groups. The other clinician has been working with the clinical network promote dialogue amongst service users, child and adult providers and commissioners about strategies to ensure smooth transition.

The Care Quality Commission (CQC) carried out an announced inspection between 2 September to 4 October 2018. During this inspection we visited clinical areas across the Royal Manchester Children's Hospital. We spoke with 27 staff members including the consultant nurse for transition and the clinical lead for transition.

We spoke with two patients. We looked at six patient records. We reviewed data we hold about the organisation and data related to transition.

## Summary of this service

We had not previously rated this service. We rated it as good because:

- There was a newly established, but stable leadership team for transition. Appropriate leaders were involved in the development of transition pathways including child and adolescent mental health services leadership.
- There was a strategy and hospital-wide agreed framework for transition with aspirations for better coordination linked to the overarching "our family caring for yours" values approach.
- Although the pan hospital transition strategy was still in the early stages of development, some clinical areas, for example oncology, burns, diabetes and respiratory medicine, had developed robust transition pathways.
- The care of young people transitioning to adult services was assessed and delivered in line with legislation, standards and evidence-based guidance. A transition board and group had been developed to roll out improved transition services for young people in the hospital.
- Privacy and dignity were seen as very important to the lives of young people in hospital and the staff we spoke with were very aware of the specific needs of this group of patients.
- Young people were provided with a range of emotional support. We saw that throughout the hospital that staff had adopted a patient-centred approach which encouraged the young person and family members to take an active role in their and their child's healthcare.
- The service, facilities and premises were designed to meet the needs of young people, including their social and emotional needs.

However:

# Transition services

- There was no 'flag' on the records system to identify young people on a transition pathway. This meant there was a risk that young people on the pathways would not be immediately identified.
- Transition to adult services was identified as a risk on the children's hospital risk register. It was recognised that whilst there were good areas of practice in transition, this was not consistent across the specialities. Actions had been identified to mitigate the risk; we saw some of the actions had been put into place and others were planned.

## Is the service safe?

**Good** ●

We had not previously rated this service. We rated it as good because:

- Safeguarding arrangements were in place for children including those transitioning to adult services.
- The care environment of Manchester children's hospital was very bright, clean and child friendly. All of the children's and young people's clinical areas we visited within the hospital were visibly clean and clutter free. This included the purpose built teen zone, the therapeutic and specialized play service accommodation and outside play area.
- The hospital had recently, over the previous six months, implemented a hospital-wide "you're welcome" transition initiative which had been designed to ensure the optimum health and safety of young people about to leave children's services and to enter adult services.
- There were two clinicians, a consultant nurse and a medical consultant, leading on transition in the Royal Manchester Children's Hospital and Manchester University Foundation Trust (MFT). They were supported by "you're welcome" transition champions and a part-time nurse practitioner.
- Although the pan hospital transition strategy was still in the early stages of development, some clinical areas, for example oncology, burns, diabetes and respiratory medicine, had developed robust transition pathways.
- We saw that patient notes were compliant with national expectations for transition planning. All children undergoing transition had a bespoke care plan.

However:

- There was no 'flag' on the records system to identify young people on a transition pathway. This meant there was a risk that young people on the pathways would not be immediately identified.

## Is the service effective?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The care of young people transitioning to adult services was assessed and delivered in line with legislation, standards and evidence-based guidance. A transition board and group had been developed to roll out improved transition services for young people in the hospital.
- The hospital was using NICE guideline entitled 'transition from children to adult services for young people using health or social care services.' The transition group, were also using a toolkit designed to support all staff working in the NHS about how healthcare can be tailored to young people's needs as they develop and change through adolescence into young adulthood.

# Transition services

- The hospital was in the process of rolling out a hospital-wide transition initiative. A pan children's hospital NICE transition standard gap analysis audit had been completed.
- The hospital had developed and implemented a number of transition initiatives within burns, oncology, cystic fibrosis, and diabetes. Some of these had been audited to monitor their effectiveness.
- The hospital had a range of staff who were competent in transition. The hospital had appointed range of clinical nurse specialists for a full range of clinical specialities who had significant transition experience. There were established plans for transition education for staff. This included a new multidisciplinary certificated four-day module which was scheduled to commence in December 2018.
- There was multidisciplinary working both within the hospital, trust and with other adult hospitals throughout the region. Joint multidisciplinary transition clinics were held with parallel adult services both within and without Manchester.
- Staff we spoke with were aware of the Children's Act and understood Gillick competence. Young people were able to speak to a clinician without their parents being present.

## Is the service caring?

**Good** ●

We had not previously rated this service. We rated it as good because:

- Privacy and dignity were seen as very important to the lives of young people in hospital and the staff we spoke with were very aware of the specific needs of this group of patients. We saw examples of staff going the extra mile for young people, such as taking them to an outdoor centre and conducting body image work.
- There was a young person forum and members were enabled to visit other wards to meet and talk with young person inpatients where issues such as privacy and dignity could be discussed.
- Young people were provided with a range of emotional support. Child and adolescent mental health services were integral to the children's hospital, young people on the oncology unit were supported by a team of psychologists and a clinical psychologist, who had strong links with the hospital burns unit and had developed a 16-25 year old support group.
- We saw that throughout the hospital that staff had adopted a patient-centred approach which encouraged the young person and family members to take an active role in their and their child's healthcare. For example, a range of young person friendly case studies enabled young people with cystic fibrosis to plan their own bespoke transition with the help of their carers and the multidisciplinary team.

## Is the service responsive?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The service, facilities and premises were designed to meet the needs of young people, including their social and emotional needs. There were bays on wards designed for teenagers and a teen zone within the play service.

# Transition services

- Young people with additional health care transition needs, such as autism or learning disabilities, had access to and support from dedicated care teams. Within paediatric oncology a youth co coordinator was available to help in the transition process.
- Young people's education was delivered at the well-equipped hospital school. Access to education for young people within the children's hospital and the Manchester Royal Infirmary was facilitated through the school and bedside teaching was available. Young people could take examinations, such as GCSEs, within the hospital environment.
- There were minimal complaints relating to transition processes at the hospital.

However:

- There was no established system to consistently identify patients on a transition pathway; this limited understanding of access and flow relating to young people on transition pathways.

## Is the service well-led?

**Good** 

We had not previously rated this service. We rated it as good because:

- There was a newly established, but stable leadership team for transition. Appropriate leaders were involved in the development of transition pathways including child and adolescent mental health services leadership.
- There was a strategy and hospital-wide agreed framework for transition with aspirations for better coordination linked to the overarching "our family caring for yours" values approach.
- There was an inclusive and constructive working culture within the transition service. We found dedicated staff who were very positive, knowledgeable and passionate about the progress to implement a hospital-wide transition service.
- There was a clear governance structure emerging for transition.
- The transition team were fully engaged with all staff involved with transition across all areas of the hospital. The refocused youth forum was fully inclusive and facilitated the voice of young people in the overall plans for improving transition across the whole hospital.

However:

- Transition to adult services was identified as a risk on the children's hospital risk register. It was recognised that whilst there were good areas of practice in transition, this was not consistent across the specialities. Actions had been identified to mitigate the risk; we saw some of the actions had been put into place and others were planned.
- There was a need for further information management systems regarding the transition of children to adult services to support service development. This had been identified and actions were being considered.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# End of life care

Good 

## Key facts and figures

The trust provides end of life care at Royal Manchester Children's Hospital (RMCH). End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in the hospital. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

A team of Macmillan nurses support oncology services and provide an on-call service, 24 hours a day and seven days a week, across the region for this group of children. RMCH receive support from the palliative care consultant from Manchester community palliative care team and are currently recruiting to a part time palliative care Matron post.

The palliative end of life care for babies, children and young people strategy was developed in 2017 and this now forms the framework of work within this service.

The inspection was announced and we looked at end of life care across paediatric intensive care, paediatric high dependency unit, oncology wards, medical wards, mortuary services, chaplaincy services and bereavement services.

During our inspection we spoke to 15 members of staff which included; consultants, doctors, clinical managers, ward managers, nurses, Macmillan nurses, liaison nurse, health care assistants, mortuary staff, chaplaincy staff and bereavement counsellors. We also spoke to the family of a child that had recently been placed on an end of life care pathway.

## Summary of this service

We had not previously rated this service. We rated it as good because:

- Staff delivered end of life care in the hospital setting that was caring, compassionate and supportive of patients and their families.
- The end of life care team worked effectively and engaged with other professionals to ensure patients received the required level of care and support.
- When we talked with patients and staff and observed care, we found that staff were passionate and committed to providing good end of life care. All staff we spoke to across the hospital wanted to do the best they could for children and their families.
- Feedback from the parents we spoke with was very positive. They felt fully informed and involved in the care and decisions.
- We found that care and treatment was safe, evidenced based and followed accepted standards and professional guidance. There were clear care pathways for children being cared for in the hospital and community and all parties involved in the child's care were included in these plans.
- There was excellent multidisciplinary team working in palliative and end of life care services which included chaplaincy, after death care by mortuary staff and dedicated psychological and social support teams.
- Children and their families were given the choice as to whether they wished to receive end of life care at the hospital, at home or in a hospice. The hospital considered individual circumstances and needs and supported them in their decisions without judgement.

# End of life care

- The trust had appointed a board member with a specific lead role for end of life care and staff were aware of whom this executive lead was.
- The team were passionate about continually improving the service, which included training programmes for nurses and other staff across the hospital.

## Is the service safe?

**Good** ●

We had not previously rated this service. We rated it as good because:

- Staff within the palliative care Macmillan team and oncology wards told us that they felt that staffing levels were good and that they had enough time to care for patients.
- Staff worked together to cover unexpected absences and holiday periods.
- We found that staff were aware of how to safely maintain and use equipment used in end of life care such as syringe drivers.
- Staff received training and updates as needed in relation to the use of syringe drivers.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. All nursing staff we spoke to were trained in safeguarding and knew how to recognise and report abuse and they knew how to apply it.
- The trust had developed a comprehensive care document, which was used when patients were receiving end of life care. We found this document was comprehensive and patient centred. This document was easy to understand and follow.
- On the wards we visited and the mortuary there were adequate arrangements in place for the handling, storage and disposal of clinical waste, including sharps.
- The trust had an Infection Prevention and Control policy in place which was accessible to staff. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- We saw evidence in patient records that risks were identified on an individual patient basis and appropriate action was taken by staff in response to these risks.

## Is the service effective?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The service provided care and treatment based on national guidance. There was evidence of the guidance being implemented and managers checked to make sure guidance was followed.
- Members of the specialist palliative care team knew what was in the National Institute for Health and Care Excellence guidance (NICE) guidance and documentation seen reflected current standards.
- Staff gave patients enough food and drink to meet their needs and manage their health. They used special feeding and hydration techniques when necessary. Pain relief was managed well and documented appropriately.

# End of life care

- The service monitored the effectiveness of care and treatment and used the findings to improve them. We saw evidence of local audit activity and of actions taken to improve practice following audits. Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Good links with other services and teams were evident. There was close liaison with local community teams, local hospices, GPs and consultants from other specialities. We also saw reference to multidisciplinary working with social workers, community staff and the safeguarding team. There was input on the wards from different disciplines and services including play specialists and educational psychologists.
- We reviewed three records relating to patients who had a do not attempt cardio pulmonary resuscitation (DNACPR) forms present. The DNACPR records were completed fully and correctly. The records contained sufficient detail regarding the decision to complete the form and there was evidence that the decision had been discussed with the patient and family.

## Is the service caring?

**Outstanding** 

We had not previously rated this service. We rated it as outstanding because:

- All staff were observed providing care to patients with kindness, compassion and dignity.
- Staff told us how care was taken when moving a deceased child from the ward to the mortuary. Ward staff told us if relatives were leaving the ward, the trolley would remain outside until it was appropriate to go onto the ward. Student nurses could leave the ward if they wished and nursing staff would form a “nurse salute” along the ward to say goodbye.
- Feedback from families of children who used the service was very positive. They thought that staff went the extra mile and their care and support exceeded their expectations. We saw several “thank you” cards expressing thanks for the support the Specialist Palliative care and Macmillan team had given. One card said, “I can’t thank you enough for all your great support, love, encouragement, sharing of tears and patience”.
- All staff we spoke to involved with end of life care were found to be compassionate, caring and considerate and wanted to do the best they could for children and their families. They told us about specific examples of end of life care that demonstrated their commitment and how the needs of the child were at the forefront of any decisions regarding treatment and care. For example, we were told about a child who wanted to visit the seaside and how their medical condition was managed, drugs were provided and links with medical staff in the emergency department and ambulance services were put in place to allow this to happen. The care records for this child reflected the commitment of staff and a positive outcome for the child and their family.
- Staff provided emotional support to patients to minimise their distress. The critical care unit had a family liaison team, who provided emotional support for families and assisted staff in the unit. They acted as an advocate and provided practical advice, such as arranging accommodation for families. They had an essential role in with end of life care and played a big part in supporting the families and staff. As part of their role in end of life, the family liaison team invited all bereaved families to an annual candle service held in remembrance of loved ones.
- Mortuary staff were committed to providing sensitive and supportive care to bereaved families. Mortuary staff had excellent links with the wards and chaplaincy services. The mortuary facilitated visits and training sessions for ward staff to help them understand what happened to a child once they left the ward and how important continued support was to bereaved families.

# End of life care

- There was a separate lift for families and undertakers to use so they could access the mortuary independently from the rest of the hospital. Visiting rooms in the mortuary were furnished and decorated like a bedroom or nursery and bereaved families could visit and spend as much time with their loved one as they wished.

## Is the service responsive?

**Good** ●

We had not previously rated this service. We rated it as good because:

- Arrangements for urgently admitting children back into hospital in the final stages of life were excellent. Ward staff coordinated a rapid return to hospital for any child in their care whose decision was to return to hospital as they approached end of life. Arrangements for rapid discharge home was co-ordinated by ward staff with the help of the Macmillan and end of life care teams.
- Families could contact staff on the wards at any time if they were worried about a child being cared for at home following discharge from hospital.
- Chaplaincy services were available to patients and families across a range of faiths and could be contacted via bleep or mobile phone. Requests from nursing or medical staff for chaplaincy support were responded to within the hour. Leaflets and posters about chaplaincy services were available on the wards we visited.
- Chaplaincy staff could attend multi-disciplinary team meetings when discussions were held about end of life care. This was particularly relevant to people of a religious faith who struggled with the religious implications of withdrawing treatment.

However:

- Only Christian chaplaincy services were available for a full 24hours a day.
- Access to the mortuary after 8pm was limited and although staff on the critical care unit had access if needed, taking a nurse away from the unit to accompany bereaved relatives was not always possible.

## Is the service well-led?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The hospital had managers at all levels with the right skills and abilities to run a service providing high-quality end of life care.
- Managers responsible for co-ordinating end of life care promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust had appointed a board member with a specific lead role for end of life care and staff were aware of whom this executive lead was.
- The children's hospital had an end of life care strategy that was linked to the trust's overall end of life care strategy. There was a commitment to training for all staff in end of life care.
- Most staff spoken to made positive comments about the recent changes to the senior leadership team.

# End of life care

However:

- Some staff in the mortuary felt that the changes had added more tiers of management; they felt less engaged or felt their role was not always fully understood.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Outpatients

Good 

## Key facts and figures

The paediatric outpatient department (PODP) is situated on the ground floor and provides new and follow up outpatient appointments for secondary paediatrics, endocrine, respiratory & cystic fibrosis, cardiology, rheumatology, gastroenterology, neurology, nephrology, general surgery, urology, neuro surgery, orthopaedic, spinal, ENT and plastics. In addition, there are clinics led by nurse specialists and allied health professionals.

The paediatric outpatients department at the Royal Manchester Children's Hospital sees approximately 170,000 children a year.

*(Source: Acute Routine Provider Information Request (RPIR) – Context acute context tab)*

Our inspection was announced (staff knew we were coming) because this was the first time an inspection of this service had been inspected for this new trust.

During this inspection, we:

- Visited the outpatients departments at the Royal Manchester Children's Hospital
- Spoke with one ward manager
- Spoke with one administrative manager
- Spoke with one ward matron
- Spoke with 22 staff members including nursing staff, healthcare support workers,
- Reviewed ten care records
- Spoke with 17 carers
- Spoke with ten patients
- Reviewed the policies of the trust

## Summary of this service

We had not previously rated this service. We rated it as good because:

- The outpatients department was clean, tidy and well-maintained. We saw evidence of regular quality care rounds undertaken by the manager to assess the environment, patient privacy and cleanliness.
- Safeguarding policies and procedures were in place. These were available electronically for staff to refer to. Staff were aware of their roles and responsibilities and knew how to raise matters of concern appropriately.
- We saw evidence of evidence-based treatment practice and staff told us of examples where they used guidelines approved by the National Institute for Health and Care Excellence (NICE).
- The feedback we received for outpatients was excellent. Children, parents and carers were continually positive about the care that the services provided and the way that staff treated them. They were involved in discussions about treatment and care options and able to make decisions. There was strong patient-centred culture.
- Staff members had developed a 'social story' leaflet to explain the clinics and procedures in a child-friendly way.

# Outpatients

- The ward manager and matron had a good knowledge about the service and understood the risks and challenges to the service.
- There were opportunities for leadership development and managers felt supported in being able to carry out their roles effectively.

However:

- Staffing did not always meet the planned levels for the department. The manager and matron tried to address this with cover by bank and agency staff, but this did not always reach the planned level of staff.
- Most of the clinics ran late and the waiting times for patients were often over 30 minutes. The management team were aware of the issue and had tried to reduce waiting times by moving busy clinics to quieter weekdays.
- Systems were in place to aid communication with patients however, not all of these were working effectively.

## Is the service safe?

**Good** 

We had not previously rated this service. We rated safe as good because:

- The outpatients department was clean, tidy and well-maintained. We saw evidence of regular quality care rounds undertaken by the manager to assess the environment, patient privacy and cleanliness.
- The outpatients department was child-friendly, with a bright and airy atrium and colourful decorations that made it more appealing and less intimidating to children and young people.
- The department took a proactive approach to infection control. We were informed of the plaster room being difficult to clean due to the plaster sticking to the floor. The ward had purchased a specialised cleaning machine to ensure that the floors remain clean to a high standard and to maintain good infection control.
- Safeguarding policies and procedures were in place. These were available electronically for staff to refer to. Staff were aware of their roles and responsibilities and knew how to raise matters of concern appropriately.

However:

- Staff informed us that patients' care records were not always available in a timely manner. Sometimes, clinicians did not have access to patients' records in time for an outpatient appointment. This was primarily due to the trust-wide system of storing and recalling documents from a central location.
- Staffing did not always meet the planned levels for the phlebotomy department within paediatric outpatients. Staff from other departments were used to provide cover. This was being addressed.

## Is the service effective?

We had not previously rated this service. We inspect but do not rate effective for outpatients.

- Staff had easy access to the trust's policies and guidelines through the trust's intranet.
- We saw evidence of evidence-based treatment practice and staff told us of examples where they used guidelines approved by the National Institute for Health and Care Excellence (NICE).

# Outpatients

- We saw evidence to show that all the areas we visited conducted both corporate and local audits and that learning from these was shared and actioned.

## Is the service caring?

**Outstanding** 

We had not previously rated this service. We rated caring as outstanding because:

- The feedback we received for outpatients was excellent. Children, parents and carers were continually positive about the care that the services provided and the way that all staff treated them. People told us that they felt that staff went the extra mile when they provided care and we saw examples of this during our inspection.
- There was strong patient-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. We observed staff assisting patients in the department, approaching them rather than waiting for requests for assistance. Staff members had developed a 'social story' leaflet to explain the clinics and procedures in a child-friendly way.
- Relationships between people who use the service, those close to them and staff were strong, caring, respectful and supportive. Staff members had received specific training in supporting very young children during appointments. This was appreciated by parents who said that they could focus on the clinicians and ensure they understood treatment plans. Parents felt safe leaving their children under the supervision of staff and playgroup workers.
- We observed staff using distraction with children during treatment. Four parents said that staff had supported their child during an injection, and managed to make the patient laugh using play acting. One child had gone from 'tears to giggles' in a matter of moments.
- Staff were committed to empowering young people through providing them with appropriate information and support to enable them to make decisions around the care they received. We saw staff spent time with patients, explaining care pathways and treatment plans. All patients we spoke with told us they fully understood why they were attending the hospital and had been involved in discussions about their care and treatment.

## Is the service responsive?

**Good** 

We had not previously rated this service. We rated responsive as good because:

- There were provisions in place for patients who had enhanced needs and staff were able to relate how they would effectively support patients with these needs.
- The waiting areas had a range of leaflets and literature available for patients to read about a variety of conditions and support services available.
- There was a multi-faith room opposite the main entrance with access for patients from across the hospital, including outpatients.
- Staff gave examples of learning from complaints and concerns and where they had improved the service as a result.
- The trust performed better than the operational standard for people being seen within two weeks of an urgent GP referral and for patients waiting less than 31 days before receiving their first treatment following a diagnosis.

# Outpatients

However:

- Most of the clinics ran late and the waiting times for patients were often over 30 minutes. The management team were aware of the issue and had tried to reduce waiting times by moving busy clinics to quieter weekdays.
- Support for patients with communication difficulties was limited. This included easy-read communication tools.

## Is the service well-led?

**Good** ●

We had not previously rated this service. We rated well-led as good because:

- The outpatients manager and matron had a good knowledge about the service and understood the risks and challenges to the service.
- We observed that staff members had a good rapport with the local managers and staff informed us that they found the managers to be approachable and supportive.
- There were opportunities for leadership development and managers felt supported in being able to carry out their roles effectively.
- Staff members were happy to be working in this department and proud of the service they offered.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Wythenshawe Hospital

Southmoor Road  
Manchester  
Lancashire  
M23 9LT  
Tel: 01619987070  
[www.mft.nhs.uk/](http://www.mft.nhs.uk/)

## Key facts and figures

Wythenshawe Hospital provides district general hospital services for the local population and specialist tertiary services. The hospital has approximately 910 inpatient beds with 47 day case beds. There are 54 wards and 23 operating theatres. These provide a wide range of medical and surgical acute care services.

The hospital has an emergency department which sees approximately 270 patients a day; this includes children. The department was being extended at the time of inspection.

There are adult intensive care units at the hospital; this includes an acute intensive care unit which provides care for up to 17 patients, a cardiothoracic critical care unit provides intensive care for up to 31 patients and a burns unit which includes two intensive care beds and two high dependency beds.

The hospital provides maternity services. Between October 2017 and May 2018 there were 3,272 births in the maternity unit at Wythenshawe hospital. 15.8% of the births were midwife led and 84.2% were obstetric led births.

The hospital was previously part of the University Hospitals of South Manchester NHS Trust; on 1 October 2017 the trust merged with the Central Manchester University NHS Trust to become a new organisation, Manchester University NHS Foundation Trust.

Within the new structure, Wythenshawe Hospital was managed alongside Trafford Hospital, Withington and Altrincham Hospitals. However, within Wythenshawe hospital, children's services, critical care, maternity and neonatal services were managed by other hospital or managed clinical services teams.

During our announced inspection we spoke with over 330 members of staff of all grades. We also spoke with approximately 100 patients and their relatives about the care they received and observed direct care and treatment being delivered. We reviewed 155 sets of patient records. We reviewed information that was provided by the trust before and after the inspection.

## Summary of services at Wythenshawe Hospital

**Good** 

We had not previously rated this hospital. We rated it them as good because:

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

# Summary of findings

- Staff kept themselves, equipment and the premises clean.
- We saw evidence that staff prescribed, administered, recorded and stored medicines appropriately.
- There were some outstanding example of staff caring for patients and their families, particularly in the critical care units and for patients receiving end of life care.
- The services took account of most patients' individual needs. For example, there were systems in place to support vulnerable patients within surgical services, including a 'theatre buddy' system, cognitive impairment trollies, communication aids and activity boxes.
- The service planned and provided services in a way that met the needs of local people. People could mostly access the service when they needed it.
- Managers across the services had the right skills and abilities to run a service providing high-quality sustainable care.
- There was a positive culture across the hospital and most staff were positive about the leadership changes.

However:

- Planned staffing levels were not consistently achieved particularly in the emergency department.
- The hospital consistently failed to meet the standards for waiting times from referral to treatment and arrangements to admit, treat and discharge patients within four hours and the trust's monthly median total time in the department for all patients was consistently longer than the England average.
- The service did not always have sufficiently robust procedures in place to meet the needs of patients with additional support needs. We saw examples of where staff were not responsive to ensuring the patients' needs were documented and followed.
- Although, the service treated concerns and complaints seriously as well as investigating them, the response time to complaints was not timely and did not meet the trust's policy.
- Capacity assessments and Deprivation of Liberty Safeguard applications were not always fully completed particularly in medical wards and the emergency department.

# Urgent and emergency services

Requires improvement 

## Key facts and figures

The emergency department (ED) at Wythenshawe Hospital had over 100,000 attendances in 2017/18. The department includes a co-located paediatric emergency department. Approximately 20% of attendances are children. The first phase of a new ED redevelopment was opened in May 2018, with the second phase due for completion in early 2019.

As part of the redevelopment, the trust was undertaking a review to re-design their patient pathways and models of care to enhance the patient experience.

The ED is supported by a 12 bedded and six chaired Clinical Decision Unit which admits patients on pathways from the department who usually require a short stay.

The 56-bedded ambulatory care unit provides capacity for patients admitted under medical specialties that can be treated in an ambulatory capacity and is staffed by a dedicated team of medical and advance nurse practitioners. The majority of these patients are discharged the same day and do not require an inpatient bed. The unit has proved successful in reducing length of stay and facilitating early supported discharge. The number of patients using the service is increasing.

The ambulatory care unit includes up to 14 beds for frail patients managed by a dedicated geriatrician and therapy staff. In addition, older people's assessment and liaison (OPAL) in ED provides dedicated in-reach into the department for frail patients in order to avoid admissions.

The hospital treats patients with cardiothoracic, burns and plastics and vascular injuries, including tertiary referrals from surrounding trusts.

Our inspection took place between 9 October and 11 October 2018. We spoke with 35 staff members from various professional groups including nurses, administration, therapists and doctors. We spoke with 12 patients and checked 15 records.

## Summary of this service

We rated it as requires improvement because:

- Planned staffing levels were not consistently achieved. Staff reported concerns about staffing levels. The department had robust plans in place to improve staffing levels.
- Assessment documentation for safeguarding information for both adults and children was not consistently completed by staff. This was also the finding of a recent trust audit.
- During our inspection, we saw paper records left unattended on a work station which could be accessed by patients. We also found several computers in the department which had not been locked by the previous user and patient information was visible when the screens were activated.
- The service managers were aware they needed to improve patient outcomes. Action plans were in place based on audit results and recommendations.
- Staff did not always ensure patients had food and drink to meet their needs.
- The departments unplanned re-attendance rate within seven days was consistently worse than the national standard and worse than the England average.

# Urgent and emergency services

- Capacity assessments and Deprivation of Liberty Safeguard applications were not always fully completed.
- The trust consistently failed to meet the standards for waiting times from referral to treatment and arrangements to admit, treat and discharge patients within four hours and the trust's monthly median total time in the department for all patients was consistently longer than the England average.
- Although, the service treated concerns and complaints seriously as well as investigating them, the response time to complaints was not timely and did not meet the trust's policy.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Although the service was undergoing building work, the service controlled infection risk well.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- 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 of different kinds worked together as a team to benefit patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Feedback from patients confirmed that staff treated them well and with kindness. At all times during the inspection, we observed staff to be polite, respectful, professional and non-judgmental in their approach to patients.
- Staff provided emotional support to patients to minimise their distress. We observed staff providing effective emotional support to several patients who were anxious.
- Managers in the department had skills and abilities to run a sustainable service. They promoted a positive culture that supported staff and most staff felt valued.
- The department had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff.
- Managers were aware of the risks to the service and were taking a pro-active approach to addressing these, for example staff recruitment.

## Is the service safe?

**Requires improvement**



This was our first inspection of this service since the trust registered with us. We rated safe as requires improvement because:

- Planned staffing levels were not consistently achieved. Staff reported concerns about staffing levels. Four staff nurses reported, due to staffing levels, comfort rounds were not completed consistently. We confirmed this during our inspection. The department had robust plans in place to improve staffing levels.
- The department did not achieve the trust target for safeguarding children's level 3 or safeguarding adults level 3.

# Urgent and emergency services

- Assessment documentation for safeguarding information for both adults and children was not consistently completed by staff. This was also the finding of a recent trust audit.
- During our inspection, we saw paper records left unattended on a work station which could be accessed by patients. We also found several computers in the department which had not been locked by the previous user and patient information was visible when the screens were activated.
- Hazardous substances were not always stored safely.

However;

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Although the service was undergoing building work, the service controlled infection risk well.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

## Is the service effective?

**Requires improvement** ●

This was our first inspection of this service since the trust registered with us. We rated effective as requires improvement because:

- The service managers were aware they needed to improve patient outcomes. Action plans were in place based on audit results and recommendations.
- Staff did not always ensure patients had food and drink to meet their needs.
- The departments unplanned re-attendance rate within seven days was consistently worse than the national standard and worse than the England average.
- Capacity assessments and Deprivation of Liberty Safeguard applications were not always fully completed.

However:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- 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 of different kinds worked together as a team to benefit patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.

## Is the service caring?

**Good** ●

This was our first inspection of this service since the trust registered with us. We rated caring as good because:

- Feedback from patients confirmed that staff treated them well and with kindness.

# Urgent and emergency services

- At all times during the inspection, we observed staff to be polite, respectful, professional and non-judgmental in their approach to patients.
- Staff provided emotional support to patients to minimise their distress. We observed staff providing effective emotional support to several patients who were anxious.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives said they had felt involved in their care and were helped to make informed decisions. This included parents being involved in their child's care.

## Is the service responsive?

**Requires improvement** ●

This was our first inspection of this service since the trust registered with us. We rated it as requires improvement because:

- The trust consistently failed to meet the standards for waiting times from referral to treatment and arrangements to admit, treat and discharge patients within four hours.
- There was no pathway to streamline patients who had been physically checked by a GP.
- Over the eight months from October July 2017 to June 2018 the trust's monthly median total time in the department for all patients was consistently longer than the England average.
- Although, the service treated concerns and complaints seriously as well as investigating them, the response time to complaints was not timely and did not meet the trust's policy.
- Patients was not kept informed of expected waiting times.

However:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs

## Is the service well-led?

**Good** ●

This was our first inspection of this service since the trust registered with us. We rated it as good because:

- Managers in the department had skills and abilities to run a sustainable service.
- The department had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff.
- Managers across the department promoted a positive culture that supported staff and most staff felt valued.
- Managers were aware of the risks to the service and were taking a pro-active approach to addressing these, for example staff recruitment.
- The department managed to ensure ongoing improvement in performance, by collecting, analysing, and using information to support its activities.

# Urgent and emergency services

- The department was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However

- The department did not always record that a systematic approach was used to continually improving the quality of its services.

## Areas for improvement

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

# Medical care (including older people's care)

Good 

## Key facts and figures

Manchester University NHS Foundation Trust (MFT) was formed on 1st October 2017 following the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM). The previous organisations have been inspected separately, however this will be the first inspection of the new registered provider.

At the Wythenshawe hospital site, medical care was provided across complex health, elderly medicine and 13 specialities. The service offered an acute assessment service of older people via a 5-day consultant delivered service within the emergency department and a 7-day service on ambulatory medical unit at Opal House.

The trust had 102,192 medical admissions from June 2017 to May 2018. Emergency admissions accounted for 41,017 (40.1%), 6,169 (6%) were elective, and the remaining 55,006 (53.8%) were day case. The trust reported the top three medical admissions were from: general medicine 25,212. Gastroenterology: 24,173 and Clinical haematology: 11,850.

We visited the acute medical unit, wards F15, F16 F14, F12, F7 (North and South), F4 (North and South), The Pearce unit and Doyle ward. We spoke with 30 patients and carers, 45 staff (including medical and nursing staff) and reviewed 51 records of patients, 34 prescription charts and 10 appraisals.

## Summary of this service

We had not previously inspected medical care services at this site under this trust.

At this inspection, we rated the services as good because:

- Staff used national tools to monitor and assess patients so that they could keep patients safe from avoidable harm.
- Staff knew how to report incidents to ensure the service could learn from any errors or poor practice. Actions and improvements from identified themes were displayed across the service.
- Staff ensured records were stored securely.
- Staff followed national guidance when providing care and treatment, we that the service actively audited their compliance to national guidance to ensure that staff complied with it.
- Patients' pain, food and hydration was managed appropriately, staff used tools to record food and hydration and pain, these were evident in patients' records.
- New staff received inductions and took part in a preceptorship programme, we also saw staff training was offered to all staff to ensure they were competent.
- Staff cared for patients with kind, compassionate and respectful. They involved patients with care plans and offered a variety of support channels such as counselling, bereavement support and charities.
- The trust planned and provided services in a way that met the needs of local people. We saw that provisions were in place to support patients with dementia. Link nurses in the acute medical unit championed clinical subjects to become subject matter advisors on the ward.

# Medical care (including older people's care)

- Senior leadership team for the division had the right skills and abilities to run a service providing high-quality sustainable care. The leadership team were new in post, but staff across all wards reported they were visible, approachable, and receptive to patient and staff needs.
- There were clear governance processes in place to oversee patient safety. Senior management met regularly to review and monitor the division's performance.
- The division was continuously looking at innovative ways to improve the service. We heard of examples of where patient safety had improved because of the ongoing learning and innovative projects underway at the trust.

However

- The service did not always have sufficiently robust procedures in place to meet the needs of patients with additional support needs. We saw examples of where staff were not responsive to ensuring the patients' needs were documented and followed.
- We found that not all patients had decision specific capacity assessments completed for care and treatment decisions. Information in assessments did not always record if staff had considered advocacy involvement, patients individual needs and if care and treatment was in the patient best interests.
- Although the service had systems in place to manage safe staffing, there were challenges particularly during the day times, to deploy the planned number of registered nurses.
- Staff did not always keep accurate records in accordance with trust policy for controlled drugs.
- Not all staff had received an appraisal at the time of inspection.
- At the time of the inspection the medical division had no escalation wards available; this meant there was no temporary ward that patients could be placed on if the hospital received a high number of inpatients.
- The service was not responsive to completing and closing complaints; at the time of inspection the reported taking an average of 46 days to close a complaint.

## Is the service safe?

**Good** 

We had not previously rated this service. We rated it as good because:

- The service managed patient safety incidents well. Staff knew what incidents to report and could demonstrate how to use the electronic reporting system. Managers gave feedback to all staff after investigating incidents to prevent them happening again.
- Staff completed and updated risk assessments for each patient. We saw that patients had a full risk assessment that staff regularly reviewed from admission to discharge and staff monitored changes in patients' condition using nationally recognised systems.
- Staff followed trust policy for waste management processes. Waste was appropriately labelled and segregated.

However

- Although the service had systems in place to manage safe staffing, there were challenges particularly during the day times, to deploy the planned number of registered nurses.
- Staff did not always keep accurate records in accordance with trust policy for controlled drugs.

# Medical care (including older people's care)

## Is the service effective?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff provided care and treatment based on national guidance the effectiveness of these pathways were monitored through continuous local and national audits.
- Patients were given enough food and drink to meet their needs and improve their health. Staff used tools to monitor and record nutrition and hydration intake.
- The service made sure staff were competent for their roles by providing induction programmes, preceptorships to new starters, appraisals and supervision. There was a strong focus on ensuring newly qualified staff were supported through the preceptorship process so they were confident in their role.
- Staff worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide care. Multi-disciplinary meetings (MDT) to determine the treatment pathways for patients on all wards we visited incorporated the input from all aspects of the patient's journey.

However:

- Staff did not always understand the requirements of carrying out decision specific capacity assessments to evidence consideration to advocacy involvement, patient's individual needs and if care and treatment was in the patient's best interest decisions.

## Is the service caring?

**Good** ●

We had not previously rated this service. We rated it as good because:

- Staff cared for patients with compassion, treating them with dignity and respect Staff interactions between patient and staff was positive in all areas we inspected. Patients were respected and valued as individuals.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and those close to them told us they were involved in decisions about their care and treatment.
- Patients, families and carers gave positive feedback about their care. Staff introduced themselves and communicated well with patients to ensure they fully understood the treatment they were to receive.
- Staff provided reassurance and, we observed staff talking to patients about their family and loved ones whilst bed bathing them.
- Staff provided emotional support to patients to minimise their distress. They comforted to patients and their family or carers when they were distressed.

## Is the service responsive?

**Requires improvement** ●

# Medical care (including older people's care)

We had not previously rated this service. We rated it as requires improvement because:

- The service did not always meet the needs of patients with additional support needs. We saw examples of where staff were not responsive to ensuring the patients' needs were documented and followed.
- The service treated concerns and complaints seriously, however did not investigate in a timely way. At the time of inspection, the reported taking an average of 67.3 days to close a complaint.
- The service reported 8% of patients moved once or more within medicine at Wythenshawe Hospital between October 2017 to May 2018
- The medical division had no escalation wards available; this meant there was no temporary ward that patients could be placed on if the hospital received a high number of inpatients.

However

- The trust planned and provided services in a way that met the needs of local people. The service planning and delivery across the medical division was based on person-centred care and holistic approaches.
- Translation services were available to those who did not speak English; staff were able to pre-book translation services prior to their appointment.
- People could access the service when they needed it. There was a patient flow team which included discharge co-ordinators, patient flow co-ordinators and bed managers to ensure admission to wards and discharge arrangements were appropriate.

## Is the service well-led?

**Good** 

We had not previously rated this service. We rated it as good because:

- Managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Leadership across the medical division was positive, visible and proactive; this included ward managers, matrons and the executive team.
- The medical division shared the same vision as the trust, this was displayed in all areas that we visited. The local plans for the medicine division for Wythenshawe site were developing with the involvement from staff, patients, and organisations representing the local community
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The culture was open and there was evidence of strong team work ethic. Staff said that they enjoyed working at the hospital and many had been there for several years.
- There were effective governance systems in place to manage risk. Information and learning about governance was distributed through the division. The risk register was found to be fully completed with good control measures in place.
- There was a performance assessment framework in place to improve service delivery and quality standards. Self-assessments of clinical performance were carried out on each ward by completing different audits.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. Staff were actively encouraged to take part in innovation and encouraged to suggest new ways for improvement.

# Medical care (including older people's care)

## Areas for improvement

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

# Surgery

Good 

## Key facts and figures

Wythenshawe Hospital provides a range of elective and acute a range of surgical services, including trauma and orthopaedics, oral and maxilla-facial surgery, ear, nose and throat (ENT) surgery, breast surgery, ophthalmology, cardiothoracic surgery, plastic surgery and general surgery (such as colorectal and upper gastro-intestinal (GI) surgery).

The surgical services at Wythenshawe Hospital consist of 14 surgical wards. There are twenty four operating theatres across five theatre suites on the Wythenshawe site (two maternity theatres (managed via the "Managed Clinical Service" provided by Saint Mary's), four cardiothoracic / transplant theatres, three plastic surgery theatres, two hybrid theatres, 11 general theatres, one emergency theatre and one trauma theatre). The Acute theatre suite provides a 24 hour emergency surgery service.

The trust had 84,622 surgical admissions from October 2017 to May 2018. Emergency admissions accounted for 21,368 (25.3%), 49,133 (58.1%) were day case, and the remaining 14,121 (16.7%) were elective.

We visited Wythenshawe Hospital as part of our unannounced inspection during 9 to 11 October 2018. We visited all the surgical wards as part of the inspection. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Wythenshawe Hospital became registered as part of a new NHS trust following the formation of Manchester University NHS Foundation Trust on 1 October 2017. This was our first inspection following the formation of the new organisation.

As part of the inspection, we spoke with seven patients and the relatives of two patients. We observed care and treatment and looked at 31 care records. We also spoke with 72 staff across a range of disciplines including staff nurses, senior nurses, ward managers, theatre managers matrons, physiotherapists, occupational therapists, junior and middle grade doctors, registrars, consultants, anaesthetists, care support workers, domestic staff, housekeepers, theatre staff, the heads of nursing, the clinical audit lead for surgery, the clinical head of division for surgery, the clinical head of division for heart and lung, the divisional director for surgery and the divisional director for heart and lung.

## Summary of this service

We had not previously rated this service for this provider.

We rated it surgery as good because:

- Remedial actions and changes in practice had been implemented as a result of learning from two 'never events' that occurred between October 2017 and September 2018. The theatre teams followed the 'five steps to safer surgery' procedures and staff adherence was monitored through routine audits.
- Staff kept themselves, equipment and the premises clean. The service followed best practice when prescribing, giving, recording and storing medicines. Patient records were clear, up-to-date and easily available to all staff providing care.

# Surgery

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The surgical services performed in line with similar sized hospitals and performed within the England average for most clinical performance and patient outcome measures.
- The service took account of patients' individual needs. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- The service planned and provided services in a way that met the needs of local people. People could access the service when they needed it.
- Managers across the service had the right skills and abilities to run a service providing high-quality sustainable care. A significant proportion of divisional and departmental leads were new in post. However, most staff were positive about the leadership changes.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However,

- Appraisal completion for medical staff was below the hospital's internal target of 90% across some surgical specialties.
- The number of patients that had elective and non-elective general surgery or non-elective trauma and orthopaedic surgery and were readmitted to hospital following discharge was worse than the England average.
- The majority of staff had completed their mandatory training; however, training compliance in some topics (such as safeguarding adults and children, information governance and infection control) was below the hospital's internal 90% compliance target.
- The anaesthetic machine check log records were not always completed appropriately by theatre staff.
- There were 210 items of equipment beyond their routine maintenance due dates including 182 high risk items. This included 110 beds and 72 other items of equipment. The back-log had been identified as a risk on the risk register and there was an action plan in place to prioritise and complete servicing for these items.
- Divisional leadership and routine meeting structures were still being imbedded as a result of personnel changes and new reporting structures.
- Referral to treatment times for admitted patients were below the England average for five surgical specialties.

## Is the service safe?

**Good** 

We had not previously rated this service. We rated safe as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

# Surgery

- The surgical services reported two ‘never events’ between October 2017 and September 2018. Remedial actions and change in practice took place as a result of learning from these incidents. The theatre teams followed the ‘five steps to safer surgery’ procedures and staff adherence was monitored through routine audits.
- There had been no Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infections and four Clostridium difficile (C. diff) infections relating to surgery at the hospital between April 2018 and October 2018.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Emergency equipment was available and checked daily by staff.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Medicine fridge temperatures and clinic room temperatures were checked daily.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

However,

- The majority of staff had completed their mandatory training; however, training compliance in some topics (such as safeguarding adults and children, information governance and infection control) was below the hospital’s internal target of 90% for training completion.
- The anaesthetic machine check log records were not always completed appropriately by theatre staff.
- There were 210 items of equipment beyond their routine maintenance due dates including 182 high risk items. This included 110 beds and 72 other items of equipment. The back-log had been identified as a risk on the risk register and there was an action plan in place to prioritise and complete servicing for these items.

## Is the service effective?

**Good** ●

We had not previously rated this service. We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. The service participated in national and local clinical audits.
- The service performed in line with similar sized hospitals and performed within the England average for most clinical performance and patient outcome measures. Where these standards had not been achieved, actions had been taken to improve audit compliance, such as for the national emergency laparotomy audit.
- The service made sure staff were competent for their roles. Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff assessed and monitored patients regularly to see if they were in pain. Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However,

# Surgery

- Appraisal completion for medical staff was below the hospital's internal target of 90% across some surgical specialties.
- The number of patients that had elective and non-elective general surgery or non-elective trauma and orthopaedic surgery and were readmitted to hospital following discharge was worse than the England average.

## Is the service caring?

**Good** ●

We had not previously rated this service. We rated caring as good because:

- Staff cared for patients with compassion. We spoke with 11 patients and the relatives of two patients. They all spoke positively about the care and treatment they received.
- Feedback from patients confirmed that staff treated them well and with kindness. Feedback from the NHS Friends and Family Test between October 2017 and March 2018 showed the surgical wards consistently scored above 97%. This showed that most patients were positive about recommending the surgical services at the hospital to friends and family.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff provided emotional support to patients to minimise their distress.

## Is the service responsive?

**Good** ●

We had not previously rated this service. We rated responsive as good because:

- The trust planned and provided services in a way that met the needs of local people. People could access the service when they needed it.
- Actions were taken to improve compliance in the surgical specialties where referral to treatment standards had not been achieved, such as for the incomplete pathway standard for plastic surgery and general surgery.
- There were systems in place to facilitate patient discharge from hospital, including the use of early discharge planning tools, patient flow coordinators and routine meetings to discuss patient discharge. Most delayed discharges were due to patient awaiting care packages in the home or residential / nursing home placements.
- The average length of patient stay was better than the England average for the majority of surgical patients at the hospital. A divisional patient flow improvement delivery group had been established to improve patient of length of stay.
- The surgical services performed better than the England average for the number of patients whose operations were cancelled and were treated within the 28 days.
- The service took account of patients' individual needs. There were systems in place to support vulnerable patients, including a 'theatre buddy' system, cognitive impairment trollies, communication aids and activity boxes. Care plans and passport documents were in place to instruct staff on how to care for patients living with dementia or a learning disability.

# Surgery

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However,

- Complaints were not always responded to within the specified timelines.
- Referral to treatment times for admitted patients were below the England average for five surgical specialties.

## Is the service well-led?

**Good** ●

We had not previously rated this service. We rated well-led as good because:

- The hospital's vision and values had been cascaded across the surgical services and staff had a clear understanding of these. The scheduled care annual plan 2018/19 outlined the strategy for the surgical services. The divisional strategy for the division of heart and lung division was in development.
- Managers across the service had the right skills and abilities to run a service providing high-quality sustainable care. A significant proportion of divisional and departmental leads were new in post. However, most staff were positive about the leadership changes.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Most staff were enthusiastic about the new organisational and leadership structures in place.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However,

- The new divisional structures for the surgical services had only been in place for a short time with a number of newly appointed divisional and directorate leads. Divisional leadership and routine meeting structures were still being embedded as a result of personnel changes and new reporting structures.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Critical care

**Outstanding** 

## Key facts and figures

Critical care services are provided at Wythenshawe Hospital in three main areas; the acute intensive care unit, the cardiothoracic critical care unit, and the burns unit.

The acute intensive care unit provides care for up to 17 patients in nine intensive care beds, six high dependency beds, and two beds that can be used flexibly between intensive care and high dependency. The unit provides intensive and high dependency care to over 1000 patients per year.

The cardiothoracic critical care unit provides intensive care for up to 31 patients who have had heart surgery, lung surgery, heart and lung transplantation and to patients that need advanced support for severe heart and lung failure, and ongoing organ support. The unit provides care for over 1500 patients per year.

The cardiothoracic critical care unit includes two beds for the provision of extra corporeal membrane oxygenation (ECMO) support for patients experiencing acute respiratory failure. ECMO is used when a patient has a serious condition which prevents the lungs or heart from working normally. The unit is one of only five in the country commissioned to provide this treatment.

The burns unit is the main centre in the North West of England for complex surgical reconstruction for adults and children who have suffered severe burns, and includes two intensive care beds and two high dependency beds.

The critical care services are consultant-led and provide specialist and secondary care and treatment to adult patients with a range of serious life-threatening illnesses in Wythenshawe, Trafford and the wider Greater Manchester area. Patients could be admitted to the critical care services via the emergency department or from the wards and operating theatres across the trust. Patients transferred from other hospitals are accepted onto the intensive care unit as part of the critical care network. The cardiothoracic unit also accepts patients requiring ECMO treatment from other hospitals across the country.

We visited the units providing critical care services at Wythenshawe Hospital as part of our announced inspection between 9 and 11 October 2018. As part of the visit, we inspected the acute intensive care unit (AICU), cardiothoracic critical care unit (CTCCU) and the burns intensive care unit.

We spoke with five patients, relatives and carers. We observed care and treatment and looked at 13 care records. We also spoke with 45 staff at different grades including nurses, doctors, consultants, pharmacists, practice educators, physiotherapists, critical care outreach practitioners, the critical care matrons and the lead consultants for the units. We also reviewed a range of performance information about the services provided.

## Summary of this service

We had not previously rated this service. We rated it as outstanding because:

- The critical care services were provided in a safe way by sufficient numbers of passionate staff who had the appropriate skills, knowledge and training to deliver safe, effective and compassionate care to their patients. Staff understood how to protect patients from abuse, how to appropriately assess risks, and how to keep people safe from infection.

# Critical care

- Staff kept clear records about the care and treatment provided that ensured safe management of the prescription and administration of medicines. When things went wrong staff knew how to record incidents so that learning from incident investigations could be used to improve services.
- The care provided by the critical care services was evidence-based and delivered effectively by a multidisciplinary team of professionals. Patient outcomes were positive and the services benchmarked their performance against other similar units. There was a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, and staff sought consent from patients appropriate in line with these.
- Staff were outstanding in their delivery of compassionate and kind care and treatment to patients in their care. Patient-centred care was at the heart of all the critical care services, and staff went out of their way to support patients physical, emotional and spiritual needs, and to give patients a voice in decisions about their own care and treatment.
- The critical care services were outstanding in their proactive response to the understanding and meeting the needs of the local population, and to the wider regional needs, including patients that required treatment for burns, cardiac arrest and ventilation support. The services worked well with local and specialist commissioners, and other healthcare providers, to plan their services. Staff proactively took into account patients' individual needs, including those with protected characteristics and complex needs.
- There was a strong and visible leadership within the critical care services that had workable plans for the service and which promoted a positive culture for patients and staff. The leadership team supported its staff to deliver high-quality and safe care through an effective governance structure, that identified, monitored and mitigated risks to the services.
- There was effective engagement between the services, staff, patients and local support groups, with active involvement of the outreach teams. Learning and improvement through research was well supported by the service, its staff and its leaders.

However,

- New ways of working, including the development and implementation of new policies, procedures, and monitoring systems (such as mortality and morbidity reviews) were still embedding in the service. Some staff remained anxious about the future plans for and direction of their services within the newly merged organisation.

## Is the service safe?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The critical care services provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The critical care services assessed, monitored and managed people and provided care and treatment in a way that supported people to stay safe.

# Critical care

- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people 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 people safe from avoidable harm and to provide the right care and treatment.
- The service had enough allied health professional staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medicine at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learnt. When things went wrong staff apologised and gave patients honest information and suitable support.

However,

- Mandatory training completion rates were low for doctors and nurses on conflict resolution, moving and handling level two training, and in infection prevention level two for doctors.
- Safeguarding vulnerable children level two training completion rates for doctors was low.
- The time of the decision to admit to critical care services was not always recorded in patients' records.

## Is the service effective?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The critical care services provided care and treatment based on national guidance and evidence of its effectiveness. 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. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The critical care services made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

# Critical care

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However,

- The appraisal completion rate for doctors was low at the time of the inspection.

## Is the service caring?

**Outstanding** 

We have not previously rated this service. We rated it as outstanding because:

- All staff, including doctors, nurses, allied health professionals, administrative and domestic staff promoted a caring, compassionate and supportive environment in a culture of going the extra mile. People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
- There was a strong, patient-centred culture in the critical care units from all levels of staff. Staff were highly motivated and inspired to offer care for patients with kindness, compassion, dignity and respect through supportive relationships with patients and their families. Feedback from people who used the service, and those who were close to them was continually positive about the way staff treat people.
- Staff saw patients emotional and social needs as being as important as their physical needs. Staff continually provided emotional support to patients to minimise their distress and understood the impact a person's care and treatment had on their wellbeing and those close to them. People's privacy and dignity was consistently embedded in everything that staff did.
- Staff empowered patients to have a voice, to realise their potential, and involved patients and those close to them in decisions about their care and treatment. Staff recognised that patients need to have access to, and links with, their advocacy and support networks in the community and they supported people to do this

## Is the service responsive?

**Outstanding** 

We had not previously rated this service. We rated it as outstanding because:

- The critical care services planned and provided their services in a way that were tailored to and met the individual needs and preferences of local people. The services had developed approaches to providing care to patients that involved their patients as partners in care and other healthcare providers, which ensured continuity of care.
- The critical care services took a proactive approach to understanding the needs and preferences of different groups of people, including those with protected characteristics or complex needs, and delivered care in a way that met those needs
- People could access the critical care services when they needed it. Access to care was managed to take account of people's needs, including those with urgent and complex needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

# Critical care

## Is the service well-led?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The critical care services had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The critical care services had a vision and strategy for what they wanted to achieve and workable plans to turn it into action developed with involvement from staff and key groups of stakeholders.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The critical care services used a systematic approach to continually improve the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The critical care services had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The critical care services collected, analysed, managed and used information to support their activities, using secure electronic systems with security safeguards.
- The critical care services engaged well with patients, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The critical care services were committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However,

- New ways of working were still embedding, including the implementation of new and updated policies and procedures, and there was some staff uncertainty and anxiousness about the future.
- Mortality and morbidity meetings had only just started on the cardiothoracic critical care unit and were due to start imminently on the acute intensive care unit. Learning and improvement from these meetings was therefore still to be embedded.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Maternity

Good 

## Key facts and figures

The maternity services at Manchester University NHS Foundation Trust comprises of two maternity units which are part of the Saint Mary's Hospital Obstetrics Managed Clinical Service (MCS). The maternity units are located in Saint Mary's Hospital (Oxford Road Campus) and Wythenshawe Hospital.

The maternity unit at Wythenshawe is comprised of a day care assessment unit, maternity triage, midwifery led birth centre, antenatal ward, consultant led delivery unit and postnatal ward.

The maternity unit is supported by a group of Specialist Midwives, including; Governance, mental health, safeguarding, antenatal screening, teenage pregnancy and infant feeding.

Between October 2017 and May 2018 there were 3,272 births in the maternity unit at Wythenshawe hospital. 15.8% of the births were midwife led and 84.2% were obstetric led births.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We inspected maternity services at Wythenshawe Hospital between 09 to 11 October 2018 and spoke to 45 members of staff including; midwives, medical staff, maternity assistants and students, five women using the service and their relatives and reviewed 10 sets of clinical records.

## Summary of this service

We had not previously inspected this service. We rated maternity services as good because:

- Staff received the necessary training and updates to provide safe care and treatment. Simulation was used as part of emergency skills training which took into account the various settings staff were likely to encounter.
- Staff regularly assessed risk with respect to each of the women in their care, put appropriate care plans in place and made onward referrals when necessary.
- There were sufficient staff to provide safe care and treatment. We were assured that women were provided one to one care in labour.
- The multidisciplinary team worked well together with a focus and drive towards providing evidence-based care which centred around the needs of women and their families.
- Staff working within the service were caring and treated women and their families with kindness and compassion.
- Staff within the service supported women to make decisions regarding their care and treatment and place of birth. There was a focus across the service to provide women and their families with up-to-date and evidence-based information they needed to make informed decisions.
- Staff we spoke with were proud to work within the service. There was an open and honest culture which fostered an environment in which the service could learn from incidents and make improvements to service provision.

However;

- We found portable electronic equipment which had passed its review date for servicing. This was an issue across the trust and any equipment which had passed review had been escalated by the service although remained in use.

# Maternity

- Fridge and room temperatures were not consistently recorded where medicines were stored. This meant that the service could not be assured that those medicines were suitable for use.
- Compliance with level three safeguarding was low among staff working within the postnatal ward although staff we spoke to were aware of safeguarding processes and how to raise any safeguarding concerns.

## Is the service safe?

**Good** ●

We had not previously rated this service. We rated safe as good because:

- There was a robust system in place to ensure all staff received and attended all mandatory training appropriate to their role
- Staff understood how to protect women and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- The service had suitable premises and any equipment needed was available.
- Staff completed and updated risk assessments for each woman in their care. These were clearly recorded and staff asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service had measures in place to ensure there were enough midwives to safely run the maternity triage which had previously been under-staffed.
- Staff kept detailed records of women's care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service followed best practice when prescribing, giving and recording the use of medicines. Women and babies received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, women and visitors. Managers used this to improve the service.

However;

- The service did not always monitor room and fridge temperatures where medicines were stored. Therefore, the service could not always be assured that medicines were stored in line with manufacturers guidelines. We found that in antenatal clinics and day case assessment unit temperatures were not consistently monitored and recorded.
- Equipment was not always serviced regularly and by the date for next review. This had been noted and escalated by staff prior to our inspection and during our inspection there was found to be a delay in equipment servicing across the trust.
- The service had worked to improve compliance with level three safeguarding training however, compliance remained low for staff working on the postnatal ward. The service had plans to further improve compliance.

# Maternity

## Is the service effective?

**Good** ●

We had not previously rated this service. We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service made adjustments for patients' religious, cultural and other preferences. Staff ensured women had enough food and drink to meet their needs. Women had access to infant feeding support when needed.
- Staff assessed and monitored women in their care regularly to see if they were in pain and gave additional pain relief when needed.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The multidisciplinary team worked together to benefit women and their families. Doctors, midwives and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support women experiencing mental ill health and implemented individualised care plans when needed.

## Is the service caring?

**Good** ●

We had not previously rated this service. We rated caring as good because:

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

## Is the service responsive?

**Good** ●

We had not previously rated this service. We rated responsive as good because:

- The service planned and provided services in a way that met the needs of local people.
- The service took account of women's individual needs.

# Maternity

- People could access the service when they needed it. There was a triage service open 24/7 and waiting times from attendance to assessment were monitored.
- Women could be referred to obstetric care when needed and would be seen in a timely manner for a plan of care to be put in place.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

**Good** ●

We had not previously rated this service. We rated well-led as good because:

- Managers at all levels in the service provided appropriate leadership. Leaders had good visibility within the service and staff we spoke to felt that leaders were approachable.
- The service had a vision for what it wanted to achieve and staff within the service were aware of the trust vision and values. The service was working to align policies, guidelines and service pathways across the managed clinical service. At a local level, the service was working towards achieving the standards set out in Better Births.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually monitor and improve the quality of its services. The governance team worked hard to engage with staff and nurtured a culture of openness and honesty.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities.
- The service had engaged well with staff to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and new ideas.

However;

- The service did not routinely engage with the public, women and their families to plan and improve service provision. At the time of our inspection there were plans in place to improve engagement however this practice had not yet been implemented.

## Areas for improvement

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

# Services for children and young people

Good 

## Key facts and figures

Paediatric services at Wythenshawe hospital are provided by the managed clinical service from the Royal Manchester Children's Hospital (RMCH). The service looks after children from birth to 16 years of age.

The children's Starlight unit at Wythenshawe includes a 24 bed inpatient area, with one high dependency bed (increased to two if required); a ten bed paediatric observation assessment unit (POAU), open 24 hours a day; and a day unit with eight beds. Each area within the Starlight unit has access to the parents' room (with kitchen), adolescent room, play room, school and an outside play area.

The Paediatric outpatient unit is a child only clinic area, downstairs from the ward, with a separate entrance and reception area. General paediatric and neonatal clinics are provided, with a range of other specialist clinics, including cystic fibrosis, diabetes, epilepsy, neurology, cardiology, murmur clinic, urology and plastic surgery. General and specialist paediatric clinics are run by both local consultants with specialist skills, and visiting consultants from RMCH.

The neonatal unit provides level two neonatal care, with two intensive care cots, two high dependency cots and 15 special care cots and two isolation rooms. The unit has two rooms where parents can stay with their babies before discharge, a parents' room (with kitchen), breast feeding/expressing room and milk kitchen.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We inspected children and young people's services, incorporating neonatal services, at Wythenshawe Hospital between 09 to 11 October 2018. During the inspection we spoke with 19 staff including children's and neonatal nurses, medical staff, allied health professionals, play specialists, administrative and other clinical and non-clinical staff. We spoke with five children and young people, parents and carers using the service and reviewed 11 clinical records.

## Summary of this service

We had not previously rated this service. We rated it as good because:

- The hospital provided mandatory training for staff and managers ensured this was completed. Local records we reviewed of mandatory training showed high levels of compliance.
- Staff had good understanding of safeguarding issues and followed trust procedures correctly when needed.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean and implemented control measures to prevent the spread of infection.
- Staff ensured equipment was appropriately maintained and kept records of equipment cleaning.
- Managers monitored staffing levels to ensure sufficient staff were available to keep children safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of care and treatment and ensured these records were securely stored.
- Staff were aware of the types of incident which could occur and reported these if they occurred. Managers completed incident investigations and there were systems for sharing this learning with staff.

# Services for children and young people

- The service planned for emergencies and staff understood their roles if one should happen. Staff followed escalation plans during periods of high patient demand.
- The service made sure staff were competent for their roles and staff appraisals were completed.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff worked well together in an extensive multidisciplinary team approach
- We consistently saw staff taking time to communicate with children in ways which they would understand, providing support and reassurance for patients, relatives and carers.
- Staff had good awareness of assessing children's capacity to understand and make decisions regarding their treatment and care.
- The service had undertaken wide development in providing appropriate support for children and young people with mental health needs.
- Patients we spoke with were full of praise for the staff and treatment they received.
- The service took account of children's needs, with numerous examples of individually tailored plans to support patients.
- Children's services were inherently child-focussed and routinely considered the child's holistic experience of care.
- The service responded to concerns at an early stage and there were low numbers of complaints in the service overall
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Managers had access to data to monitor performance and identify improvements.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The neonatal service had completed communications training to focus support for mothers who may be at risk from domestic violence.

However

- Actions had not been followed up when fridge temperatures went out of range on the neonatal unit.
- There was a risk that medicines stored on resuscitation trolley in the outpatient department could be accessed by children or members of the public.
- Trolleys used to transfer children to theatre for surgery did not have paediatric resuscitation equipment available. This was addressed at the time of inspection.
- There were vacant posts and challenges to recruitment for medical and nursing staff in neonatal services.
- Out-of-hours medical cover was dependent on one clinician to cover two services in case of emergency.
- Some guidelines in reference folders were significantly out of date and staff were unable to direct us to current guidance for paediatric head injury and neonatal jaundice.
- Results for the national neonatal audit programme indicated breastfeeding rates were significantly below the national average.
- Although nursing assessments were comprehensive in identifying additional needs, there was limited use of hospital passports and electronic patient records did not always flag patients who had complex needs.

# Services for children and young people

- Whilst managers had the skills to lead high quality and sustainable service, the leadership structures lacked clarity in some areas and strategy development was at an early stage.
- Systems for governance and managing risk were not yet fully integrated across the managed clinical services and local managers of the neonatal service were not involved in the service wide process.
- We observed a mixed culture in different parts of the services, with very different experiences of the trust change for some staff. Although managers across the trust promoted a positive culture to support and value staff, there was a variation in staff outlook regarding future developments.
- Information technology systems were not fully aligned across the trust and staff continued to use pre-existing IT systems for some processes.

## Is the service safe?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The hospital provided mandatory training for staff and managers ensured this was completed. Local records we reviewed of mandatory training showed high levels of compliance.
- Staff had good understanding of safeguarding issues and followed trust procedures correctly when needed. Safeguarding leads were available to support staff when required.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean and implemented control measures to prevent the spread of infection.
- Staff ensured equipment was appropriately maintained and kept records of equipment cleaning.
- Managers monitored nurse staffing levels to ensure sufficient staff were available to keep children safe from avoidable harm and abuse and to provide the right care and treatment.
- An acuity tool was used and staffing was flexed in response to changing levels of patient care needs.
- Staff kept appropriate records of care and treatment and ensured these records were securely stored.
- Staff were aware of the types of incident which could occur and reported these if they occurred. Important safety information was shared in daily safety huddles. Managers investigated more serious patient safety incidents and shared this learning with staff.
- The service planned for emergencies and staff understood their roles if one should happen. Staff followed escalation plans during periods of high patient demand.
- Systems for medicines management were effective. Staff followed procedures for correct storage, prescription, recording and administration of medicines.

However

- There was no paediatric resuscitation equipment on trolleys used to transfer children to theatre for surgery, although the trust identified actions when we raised this during inspection.
- There were vacancies in neonatal nursing and challenges in recruitment for the service, although there had been no incidents of harm resulting from this.

# Services for children and young people

- Out-of-hours medical cover was provided by a single medical registrar, who was required to work across both children's and neonatal areas, although there had been no incidents of harm resulting from this.
- There were two vacant posts for medical senior house officers and recruitment challenges in neonatal services.

## Is the service effective?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The service made sure staff were competent for their roles and staff completed their appraisals.
- Link nurses were available to provide support and expertise for colleagues in different clinical areas.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff gave children enough food and drink to meet their needs and improve their health. Menus were varied and snacks were available.
- Staff assessed and monitored children's pain and provided treatment promptly for this.
- Staff worked well together in an extensive multidisciplinary team approach. Specialist nursing teams were available for children with specific conditions.
- Staff had good awareness of assessing children's capacity to understand and make decisions regarding their treatment and care.
- The service had undertaken wide development in providing appropriate support for children and young people with mental health needs.

However

- Guidelines in reference folders were significantly out of date and staff were unable to direct us to current guidance for paediatric head injury and neonatal jaundice.
- Results for the national neonatal audit programme indicated breastfeeding rates were significantly below the national average.
- Although nursing assessments were comprehensive in identifying additional needs, there was limited use of hospital passports and electronic patient records did not always flag patients who had complex needs.

## Is the service caring?

**Good** ●

We had not previously rated this service. We rated it as good because:

- We saw throughout the inspection that staff provided compassionate care for children, their parents and carers, and families. Staff had an inherently child-centred approach in their care of children and families.
- Staff took time to communicate with children in ways they could understand, showing understanding and support for each individual patient.

# Services for children and young people

- Children, young people, parents and carers, were provided with emotional support and encouragement when they were anxious or needed help.
- Play specialists worked extensively in the service, providing individually tailored support for children to enhance their experience of care.
- Children and young people were listened to and appropriately supported to be involved in decisions about their care.
- Parents we spoke with were overwhelmingly positive about the caring attitude of all staff and the experience they and their child had received.

## Is the service responsive?

**Outstanding** 

We had not previously rated this service. We rated it as outstanding because:

- All staff focused on the child and families' individual circumstances in every aspect of providing care
- Services were planned to meet the needs of children and young people and were provided in appropriate child-friendly environments.
- Services routinely considered the holistic experiences of children, their families and carers, when providing care.
- Children and young people were supported and encouraged to communicate their views and closely engaged in various service developments.
- The children's service was inherently child focussed in all its approaches. Children's experiences of treatment and care were a primary consideration for staff.
- Services worked flexibly and in innovative ways to provide highly individualised and responsive care.
- Services provided informed choice wherever this was possible and systems were established to ensure continuity of care.
- Teenagers had a separate room on the ward for their own use and where possible would be provided with their own room or in a ward with others of similar age.
- Relatives and carers had access to a kitchen sitting area on the children's ward and the neonatal service provided comfortable facilities for parents.
- Concerns were responded to at an early stage and complaints were at a very low level in neonatal and children's services. The service consistently acted on feedback to improve services.

## Is the service well-led?

**Requires improvement** 

We had not previously rated this service. We rated it as requires improvement because:

- The service had managers with the right skills and abilities to run a service providing high quality care but leadership arrangements were unclear above ward level in both services.

# Services for children and young people

- There was evidence of a mixed culture amongst staff in both services, with low morale at times and experiences of frustration and lack of support throughout the process of change.
- Strategic development in both services was at an early stage and systems were not currently in place for overall progress in this. Staff were vague about the overall trust strategy.
- Governance and risk systems continued as previously to the trust merger and trust-wide systems for the services were not yet fully established. The neonatal manager was not involved in the overall processes for risk management at the Wythenshawe site.

However

- Leadership at ward level was clear and effective in both children's and neonatal services. Staff felt supported by managers and were clear about their roles.
- There was strong teamworking in practice and all staff worked to their best for the benefit of children, babies and families.
- The neonatal service had completed communications training to focus support for mothers who may be at risk from domestic violence.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# End of life care

Good 

## Key facts and figures

Manchester University NHS Foundation Trust was established on 01 October 2017 and this is the first inspection of this service. The specialist palliative care team at the Wythenshawe hospital is within the unscheduled care division, complex health directorate. It serves the population of South Manchester.

There is on-site consultant and clinical nurse specialist presence between 8:30am and 5:00pm Monday to Friday. Clinical nurse specialists were on site between 08:00 and 4:00pm on Saturdays, Sundays and bank holidays. There was a twenty-four hour advice line staffed by the SPCT consultants provided by a local hospice.

There were 1,291 inpatient referrals to and seen by the specialist palliative care team (SPCT) between October 2017 and August 2018.

The inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk with was available and the inspection took place between 09 and 11 October 2018. We spoke with 49 members of staff including doctors, nurses, healthcare assistants, porters, service managers, administrative staff, chaplaincy, pharmacist and dietitians. We also spoke with 14 patients and relatives and looked at 15 sets of patient records. We visited eight different specialty wards, the chaplaincy service and multi-faith room, the mortuary and the bereavement office. We reviewed and used information provided by the trust in making our decisions about the service.

## Summary of this service

We rated it as good because:

- There were end of life care link nurses and healthcare assistants on every ward.
- There was good understanding of infection prevention and control.
- The service followed appropriate processes for the prescription, administration, recording and storage of medicines.
- There was a comprehensive audit programme and evidence that outcomes were acted upon and used to improve practice.
- A wide variety of training took place across the trust in relation to end of life care.
- There was evidence of multidisciplinary working.
- Staff demonstrated a high level of caring and compassion towards patients.
- Staff gave several examples of the extreme lengths they went to in order to facilitate a dying person's wishes.
- Patients and carers were very complimentary about the care they received and staff attitude towards them.
- The cultural and religious needs of the deceased and their family were respected.
- The specialist palliative care team treated all palliative care patients and not just those with cancer.
- The multi-faith room provided a place of worship, quiet time and prayer for people of all faiths and none.
- There were robust governance systems in place for identifying risk and monitoring quality against national standards.

# End of life care

- End of life care was well represented at trust board level which was reflected throughout the hospital.
- All staff spoken with were positive about the divisional leadership team and the local SPCT.
- Staff told us they felt listened to, their opinions were valued and they got recognition for their work. There was general consensus amongst managers and staff about what the departmental top risks were.

However:

- Nursing staff were not fully compliant with some components of their mandatory training, including infection prevention levels 1 and 2 and dementia awareness level 2.
- Medical staff were not fully compliant with infection prevention level 2 and dementia awareness level 2.
- There was inconsistent documentation of patient capacity to reach a decision about resuscitation.
- Patients did not always get pain-relieving medication when they needed it.
- Audit results showed that patients at end of life did not always have their hydration assessed.
- Rapid discharges were occasionally delayed due lack of capacity in the local hospice where that was the patient's preferred place of death.

## Is the service safe?

**Good** ●

We had not previously rated this service. We rated it as good because:

- There were end of life care link nurses and healthcare assistants on every ward.
- Medical and nursing staff demonstrated a good understanding of infection prevention and control, even though not all had completed their training. Mortuary staff and portering staff followed standard operating procedures that were aligned with Health and Safety guidance about safely handling the deceased.
- The room where family members viewed the deceased was recently refurbished and well maintained.
- Equipment, including syringe drivers and airflow mattresses were readily available.
- The service followed appropriate processes for the prescription, administration, recording and storage of medicines.
- An early warning system (EWS) was used by staff to identify if escalation of care was required.
- 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.

However:

- Nursing staff were not fully compliant with some components of their mandatory training, including infection prevention levels 1 and 2 and dementia awareness level 2.
- Medical staff were not fully compliant with infection prevention level 2 and dementia awareness level 2.

## Is the service effective?

**Good** ●

# End of life care

We had not previously rated this service. We rated it as good because:

- There was a clinical auditor in post who ensured that national and local audit requirements were met.
- There was a comprehensive audit programme and evidence that outcomes were acted upon and used to improve practice.
- Staff considered adequate pain relief for end of life care patients to be a priority and demonstrated an awareness of symptom control and the use of anticipatory medication.
- Comfort observations were introduced to assess and record the comfort of dying patients. These provided a relevant assessment of patients in their last days of life.
- A wide variety of training took place across the trust in relation to end of life care. The end of life care facilitator organised training on recently introduced end of life care documentation and was available to ward staff to provide training on request.
- All members of the specialist palliative care team were expected to do additional training to enhance their skills.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and allied healthcare professionals supported each other to provide good care. There was evidence of good working relationships with external agencies.
- The chaplaincy team worked closely with the SPCT and attended a range of multidisciplinary meetings including the end of life steering group, which helped them to maintain a high profile as a service across the hospital.

However:

- We found there was no summary of discussion with patients, relatives or friends about the patient's capacity to reach a decision about resuscitation on four out of nine records we reviewed.
- Nursing staff told us there were times when it was not possible to administer pain-relieving medication to patients when they required it due to staffing levels.
- An audit of quality standards of QS144 (to address the clinical care of patients in the last two or three days of life) carried out between October and December 2017 showed that only 53% of patients had documentation to show their hydration status was assessed daily. Measures were put in place to address this.

## Is the service caring?

**Outstanding** 

We had not previously rated this service. We rated it as outstanding because:

- Feedback from patients and their carers found that staff treated patients with dignity and respect, explained what was happening and were caring towards the relatives of patients.
- Patients and their relatives told us how kind and caring all members of staff were to them. They told us how bad news was broken to them in such a way as to make it easier to accept.
- A relative told us how their elderly relative was treated for their illness rather than an elderly patient with not long to live.
- Staff cared for patients with compassion. We saw several examples of staff from all disciplines being supportive and kind to patients and their relatives.

# End of life care

- Several members of staff told us it was their privilege to offer good end of life care to the dying patient and to ensure their relatives did not have a poor experience at this difficult time.
- Staff gave several examples of the extreme lengths they went to in order to facilitate a dying person's wishes. For example, staff arranged that a dying grandparent could see an ultrasound image of their first as yet unborn grandchild in a scan by their hospital bed.
- All members of staff were trained in communication skills. We were told by several how this gave them confidence to engage with patients and relatives in a sensitive manner and address their emotional concerns in whatever way they could.
- People identified to be approaching the end of life were given the opportunity to create an advanced care plan.
- Patients and their relatives felt included in their plan of care. Staff involved patients and those close to them in decisions about their care and treatment.
- The bodies of the deceased were treated with great respect in relation from the time they left the ward and were transferred to the mortuary and then discharged into the care of a funeral director.
- The cultural and religious needs of the deceased and their family were respected. Staff attended to documentation in order to release bodies for burial as quickly as possible.
- The chaplaincy team offered support to patients of all faiths and none. They were available to patients 24 hours a day.
- An annual memorial service was arranged by members of the chaplaincy to remember and commemorate babies who died during the year.

## Is the service responsive?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The SPCT treated all palliative care patients and not just those with cancer.
- There was an action plan in place to review the needs of patients considered as 'frequent attenders'.
- Side rooms were provided for the dying patient to give them privacy with their families.
- The multi-faith room provided a place of worship, quiet time and prayer for people of all faiths and none. Prayer mats and religious texts were available for Christians, Jewish, Hindu, Sikh, Buddhist and Muslim religions
- The service took account of patients' individual needs. All staff had training in equality and diversity and there was guidance available to support staff with providing care in accordance with peoples' religious and cultural preferences.
- The SPCT facilitated rapid discharge to a patient's preferred place of care or death in most cases.
- There had been no formal complaints relating to end of life care in the 12 months before our inspection.

However:

- Rapid discharges were occasionally delayed due lack of capacity in the local hospice where that was the patient's preferred place of death.

# End of life care

## Is the service well-led?

**Good** ●

We had not previously rated this service. We rated it as good because:

- There were robust governance systems in place for identifying risk and monitoring quality against national standards. Local audits informed actions required to continuously improve the end of life care standards.
- End of life care was well represented at trust board level which was reflected throughout the hospital.
- All staff spoken with were positive about the divisional leadership team and the local SPCT. They told us their biggest strengths were their passion for good service delivery, their transparency and visibility.
- Staff told us they felt listened to, their opinions were valued and they got recognition for their work.
- There was consensus amongst managers and staff about what the departmental top risks were. These included ensuring there was an adequate number of appropriately trained staff and lack of hospice bed provision.
- The trust had managers at all levels with the right skills and abilities to run a service which provided high-quality sustainable care.
- The service engaged well with patients and staff and local organisations to plan and manage appropriate services.
- There were palliative care and bereavement resource boxes on each ward which contained the most up to date forms and guidance on end of life care for staff.

However:

- Not all process and strategies in relation to end of life patient care were fully embedded since this was a newly formed trust.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Outpatients

Good 

## Key facts and figures

Outpatient services provided by the trust are provided at Manchester Royal Infirmary, Wythenshawe Hospital, Royal Manchester Children's Hospital, Manchester Royal Eye Hospital, Saint Mary's Hospital, University Dental Hospital of Manchester, Withington Community Hospital, Trafford General Hospital and Altrincham Hospital.

Outpatients includes all areas where people undergo physiological measurements, diagnostic testing, receive diagnostic testing results and receive care and treatment without being admitted as an inpatient or day case.

We inspected outpatient services at Wythenshawe Hospital in October 2018, as a part of our routine inspection process. The inspection was announced (staff knew we were coming).

Before the inspection, we reviewed information we held about the department from patients, national audits and through discussions with stakeholders.

During the inspection we visited the main outpatient departments, the Nightingale and Genesis Centre, the fracture clinic and the lung centre for chest patients.

During the inspection visit, the inspection team:

- reviewed nine sets of patient notes
- spoke with 21 patients
- spoke with 26 members of staff of all levels
- Observed two hand-over meetings at the start of shifts
- Observed four patient consultations

## Summary of this service

We had not previously rated this service for this provider. We rated it as good because:

- We rated safe, caring, responsive and well-led as good; effective is not rated for outpatients.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. 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.
- The service had suitable premises and equipment and looked after them well.
- Risk at service level was monitored and acted upon.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- Staff cared for patients with compassion.
- People could access the service when they needed it.

# Outpatients

- Managers had the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However:

- Although staff kept detailed records of patients' care and treatment, not all patients' records were available for appointments.
- The department did not always measure the outcomes of patients' care and treatment.

## Is the service safe?

**Good** 

We had not previously rated this service. We rated it as good because:

- Most staff had completed the mandatory training relevant to their role.
- Staff completed training on recognising and responding to patients with mental health needs and learning disabilities.
- Most staff had completed safeguarding training relevant to their role.
- All areas we visited were visibly clean and tidy.
- A system was in place to review patients who missed their appointments or had waited longer than expected to be seen.
- Staffing levels had been reviewed and were pre-planned for each clinic.
- A trust wide incident reporting system was in place and staff received training in how to use it.

However:

- Patient's records were not always available for their appointment.

## Is the service effective?

We had not previously rated this service. We inspect but do not rate effective for outpatients.

- A process was in place to monitor and implement best practice guidance.
- We observed guidelines from the National Institute for Health and Care Excellence (NICE) being used to inform treatment.
- Some departments were actively engaged in research to improve patients experience and outcomes.

However:

- Audit was mainly carried out within the services that were providing outpatient clinics. Leaders were not able to describe local audits that had been performed to improve patient outcomes.

# Outpatients

## Is the service caring?

**Good** ●

We had not previously rated this service. We rated it as good because:

- Staff respected patient's privacy and dignity while they were in the department. Privacy and dignity signage was present on each clinic room door, reminding staff to knock or not to enter when doors were shut. Patients could speak to a receptionist without being overheard.
- We observed staff interacting with patients in a respectful and considerate way. Staff were thoughtful, considerate and spoke to patients in a clear manner they could understand. Staff comforted and offered support to patients and their relatives when appropriate.
- Patients were involved in making shared decisions about their treatment. In the consultations we observed doctors took time to set out time scales and treatment plans. Appointments were not rushed and patients were given enough time to ask questions about their condition and treatment.

## Is the service responsive?

**Good** ●

We had not previously rated this service. We rated it as good because:

- Systems were in place to notify staff to patients who had enhanced needs. We saw that patient notes had an alert form as the first document. These forms highlighted if the patient would require any special assistance during their visit to the department.
- Staff could describe the steps they would take to support patients living with dementia or a learning disability within the department. Staff could describe the steps they would take to make a patient with dementia or learning disabilities feel more comfortable within the department.

However:

- Systems were in place to aid communication with patients however, not all of these were working effectively. Hearing loops were not available in all departments; where we saw one was available, staff were unsure of how to use it.

## Is the service well-led?

**Good** ●

We had not previously rated this service. We rated it as good because:

- Local leadership teams worked well and were informed about their service. Managers were aware of the performance, risks and challenges to their services.
- Leadership development initiatives were in place. The trust had a trust wide compassionate leadership called 'Bee Brilliant' in place, supported by an external provider.

# Outpatients

- Plans were in place to continually improve the service. The department had two main strategic developments ongoing; the implementation of a single patient identifier and the full implementation of the Electronic Patient Record.
- Staff were happy working within the department. The majority of staff we spoke with described a positive and open culture where staff got on well and had good relationships with the leadership teams.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Dental Hospital Manchester

University Dental Hospital Of Manchester  
Higher Cambridge Street  
Manchester  
Lancashire  
M15 6FH  
Tel: 01613937730  
[www.cmft.nhs.uk](http://www.cmft.nhs.uk)

## Key facts and figures

The Dental Hospital Manchester provides routine dental care, specialist treatment and advice to the population of Manchester and the surrounding region. The dental hospital admits patients electively following referral by a healthcare professional. They also provide emergency dental care to those who do not have their own dentist. Specialities include oral surgery, paediatric dentistry, restorative dentistry, oral medicine and orthodontics.

A dental team of around 300 staff work in the hospital.

## Summary of services at Dental Hospital Manchester

**Outstanding** 

We had not previously rated this hospital. We rated it them as outstanding.

# Surgery

**Outstanding** ☆

## Key facts and figures

The Dental Hospital Manchester is one of the major teaching hospitals in the UK, undertaking the training of postgraduate and undergraduate dental students, student dental nurses and hygienist therapists. Outreach training is carried out at clinics across the Greater Manchester area.

The Dental Hospital Manchester provides routine dental care, specialist treatment and advice to the population of Manchester and the surrounding region. The dental hospital admits patients electively following referral by a healthcare professional. They also provide emergency dental care to those who do not have their own dentist. Specialities include oral surgery, paediatric dentistry, restorative dentistry, oral medicine and orthodontics.

We received feedback from 11 patients and spoke with 25 members of staff. We looked at dental care records for 10 people.

Our inspection between 2 and 4 October 2018 was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

## Summary of this service

This service has not been inspected before. We rated it as outstanding because:

- People were protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things went wrong. Patient and staff safety was at the heart of the service.
- A proactive approach to anticipating and managing risks to people who use services was embedded and was recognised as the responsibility of all staff.
- Innovation was encouraged to achieve sustained improvements in safety and continual reductions in harm.
- The whole team were engaged in reviewing and improving safety and safeguarding systems.
- The dental hospital provided a lead role for patient safety at the Association of Dental Hospitals (ADH). The dental hospital hosts an annual patient safety conference with the ADH.
- Staff provided treatment in line with nationally recognised guidance including the National Institute for Health and Care Excellence, British Orthodontic Society, British Society of Periodontology and the Faculty of General Dental Practice.
- All staff were actively engaged in activities to monitor and improve quality and outcomes. Patient outcomes were actively monitored and reported regularly through the clinical safety dashboard.
- Multidisciplinary team working was at the heart of the service. The dental hospital had a dedicated hypodontia clinic. This involved restorative, orthodontic and oral surgery consultants. Patient outcomes from this clinic were actively monitored and repeatedly showed high patient satisfaction.
- Staff were compassionate and caring towards patients.
- The service was responsive to patients' individual needs. The dental hospital had a dedicated special care dentist.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Quality assurance was embedded within the culture of the service to continually improve quality and safety.

# Surgery

- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There was a well-defined vision and strategy.
- Patient and staff safety were part of the culture of the service and this was palpable through discussion with staff. Staff were proud to work and the dental hospital and spoke passionately about the work which they did.

However:

- The general anaesthetic waiting list for children was excessive. As of June 2018, there were 958 children on the waiting list for a general anaesthetic, 596 (89%) of these had been on the waiting list for more than 18 weeks.
- Processes did not always maintain patient privacy and dignity whilst they were in the waiting room mid-treatment.
- The lift was not always fully working which impacted on the arrangements for patients with limited mobilities.

## Is the service safe?

**Outstanding** 

This service has not been inspected before. We rated it as outstanding because:

- People were protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things went wrong. Patient and staff safety was at the heart of the service.
- A proactive approach to anticipating and managing risks to people who use services was embedded and was recognised as the responsibility of all staff. The dental hospital played a lead role for patient safety at the Association of Dental Hospitals. They developed the Safer Surgery Check List for Dentistry and had shared this with their colleagues nationally via the Association of Dental Hospitals. Staff working at the dental hospital had been involved in the publication of several articles in nationally recognised journals about patient safety.
- Innovation was encouraged to achieve sustained improvements in safety and continual reductions in harm. Examples of safety initiatives included the use of the Risk Assessment Tool for Sharps (RATS). This is a simple process whereby high-risk situations were highlighted to staff to help prevent sharp injuries. In addition, several senior members of staff had been heavily involved in the research and publication of several articles in nationally recognised journals about patient safety.
- The whole team were engaged in reviewing and improving safety and safeguarding systems. Staff developed and maintained good links with local organisations involved in the safeguarding of children and vulnerable adults. The links with these organisations reflected the needs of the local population.
- Equipment and medicines to deal with medical emergencies were readily available and staff had completed training in how to deal with a patient who became acutely unwell.
- Premises were clean and hygienic. There were processes in place to monitor the cleanliness and ensure the safe transfer of contaminated instruments to the offsite decontamination facility.
- There were sufficient numbers of suitably qualified staff with the correct skills, training and experience to keep staff safe.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

# Surgery

- All staff were open and transparent, and fully committed to reporting incidents and near misses. Learning was based on a thorough analysis and investigation of things that go wrong. All staff were encouraged to participate in learning to improve safety as much as possible.
- The systems to manage and share the information that was needed to deliver effective care treatment and support, were coordinated and provided real-time information to staff. The service produced a monthly clinical safety dashboard which was readily available to all staff. This helped them monitor the quality and safety of treatment within the dental hospital.

## Is the service effective?

**Outstanding** 

This service has not been inspected before. We rated it as outstanding because:

- Staff provided care and treatment based on national guidance and service policies reflected this.
- All staff were actively engaged in activities to monitor and improve quality and outcomes. Patient outcomes were actively monitored and reported regularly through the clinical safety dashboard. For example, the hospital has award winning gold standard outcomes for apicectomy services. Several audit cycles have been undertaken showing the apicectomy success rate had increased to 100% since adopting a gold standard technique.
- Staff, teams and services were committed to working collaboratively and have found innovative and efficient ways to deliver more joined-up care to people who use services. The service had a dedicated hypodontia clinic involving restorative, orthodontic and oral surgery consultants. Patient outcomes and experience were collected and analysed to ensure the quality of the clinic was continuously improved. This clinic also used the ready steady go transition programme to assist children with the transitioning from child to adult services.
- Staff were consistent in supporting patients to live healthier lives, including identifying those who need extra support, through a targeted and proactive approach to health promotion. They took a holistic approach to providing health promotion to patients. This involved working with the “Children Health and Monitoring Programme” (CHAMP). This work had recently been discussed at two national conferences and was due to be published. Staff were involved in the “Mouthcare Matters” initiative. This involves staff visiting wards at the main hospitals and assessing the oral health needs of the patients. This work had been shown to reduce the incidence of pneumonia on the paediatric critical care ward.
- Staff had a good awareness of the importance of gaining and recording consent. They understood their roles and responsibilities under the Mental Capacity Act 2005.

## Is the service caring?

**Good** 

This service has not been inspected before. We rated it as good because:

- We observed staff treating patient with kindness and compassion. We received feedback from 11 patients. They told us that staff were excellent, very helpful, friendly and kind.
- Staff were aware of the importance of maintaining confidentiality especially with regards to the issues relating to the use of open plan clinics. We observed staff maintain patient confidentiality on these clinics.

# Surgery

- Staff provided emotional support to patients. The dental hospital had a dedicated special care dentist who helped patients with medical, physical or social issues access dental care who could not be seen in a primary dental care setting.
- Staff involved patients in decision about treatments. We observed staff discussing treatments with patients. They used different adjuncts to assist patients with understanding treatments.
- From October 2017 to June 2018 the overall percentage of patients that would recommend the service was 97%.

However:

- Patient dignity was compromised if they were in the waiting room mid-way through treatment waiting for an X-ray to be taken.

## Is the service responsive?

**Requires improvement** ●

This service has not been inspected before. We rated it as requires improvement because:

- The general anaesthetic waiting list for children was excessive. As of June 2018, there were 958 children on the waiting list for a general anaesthetic, 596 (89%) of these had been on the waiting list for more than 18 weeks.
- Staff were not always fully aware of the arrangement for patients with limited mobility when the lift was not in operation.

However:

- People's individual needs and preferences were central to the delivery of tailored services. The dental hospital was a specialist referral centre for Greater Manchester and the surrounding region.
- Staff had worked with a local youth forum to provide guidance on the design, layout and colour schemes of the departments as they were refurbished.
- The dental hospital was accessible for patients for wheelchair users and those with limited mobility. There were also facilities for nursing mothers. There was good access to both telephone and face to face interpreter services for patients who did not have English as a first language.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which is accessible and promotes equality. This included people with protected characteristics under the Equality Act or who have complex needs. The hospital has a Special Care Consultant who leads the service for patients with additional needs (for example, phobias and learning disabilities). The services link with cardiac colleagues on the main site to be able to facilitate a holistic approach to treatment for this patient group.
- Appointment waiting times were actively monitored. The referral to treatment time target was met in 94.7% of cases. Where waiting times were excessive, actions were put in place to help reduce these. For example, the paediatric general anaesthetic waiting list.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

# Surgery

## Is the service well-led?

**Outstanding** 

This service has not been inspected before. We rated it as outstanding because:

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Quality assurance was embedded within the culture of the service to continually improve quality and safety.
- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- The service had a well-defined vision and strategy. This was in line with health and social priorities across the region. There was a five-year business plan in place to help support the vision and strategy.
- Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process.
- There was a commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. They provided a monthly clinical safety dashboard which provided staff with data about mandatory training, compliance with NICE guidance for extraction of wisdom teeth, hand hygiene audits, compliance with the trismus checklist, accuracy and clarity of orthodontic extraction letters and the use of the safer surgery checklist.
- There were consistently high levels of constructive engagement with staff and people who use services, including all equality groups. Examples included the use of virtual patient listening events and working with the youth forum about the design of the orthodontic department. Staff feedback was gathered through the pulse survey, staff forums and the “what matters to me” survey. Staff going above and beyond were celebrated and received an excellence report from the chief executive.
- Improvement methods and skills were available and used across the organisation, and staff were empowered to lead and deliver change. Regular SHINE newsletters were sent to staff covering topics such as the accessible information standard, the Mental Capacity Act 2005, the dental laboratories, the dental hospital risk register, national smile week and dementia action week. The dental hospital held Audit and Clinical Effectiveness (ACE) days four times a year. These provided staff with training and updates about topics such as clinical governance, patient safety, safeguarding and clinical updates.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Trafford General Hospital

Moorside Road  
Urmston  
Manchester  
Lancashire  
M41 5SL  
Tel: 01617484022  
www.cmft.nhs.uk

## Key facts and figures

The hospital provides district general health services to the local population.

The service includes the urgent care service at Trafford general hospital and the minor injuries service at Altrincham. These services were staffed mainly by advanced nurse practitioners and emergency nurse practitioners providing services for adults and children with non-life-threatening injuries.

The hospital provided a range of day case and in-patient surgery for a range of conditions including dental surgery, urology, ear nose and throat. There were also orthopaedic beds with 20 in-patient beds and 25-day case beds.

Medical care is provided across five wards at Trafford Hospital, including three dedicated rehabilitation wards (neurological rehabilitation, complex rehabilitation and stroke) plus an acute medical unit incorporating an ambulatory care unit.

The neurological rehabilitation unit provided care for patients from across Greater Manchester including patients from Wigan, Bolton and Salford.

There were also outpatient services, a children's ward and services for people at end of life.

## Summary of services at Trafford General Hospital

**Good** 

We had not previously inspected this service. We rated it them as good because:

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- There were infection control processes in place and the environment and equipment were kept clean.
- The services followed best practice when prescribing, giving, recording and storing medicines.
- There were good examples of multi-disciplinary team working across all areas of the hospital.
- There were good examples of staff caring for patients and supporting them and their carers.

# Summary of findings

- The service planned and provided services in a way that met the needs of local people. People could mostly access the service when they needed it.
- Managers across the services had the right skills and abilities to run a service providing high-quality sustainable care.
- There was a positive culture across the hospital and most staff were positive about the leadership changes.
- The service planned and provided services in a way that met the needs of local people. People could mostly access the service when they needed it.

However

- Staff had not always completed mandatory training and at the appropriate level to safeguard adults and children. Appraisals should also be completed for all staff.
- The World Health Organisation checklist was not always fully completed in surgical services
- Although the service had systems in place to manage safe staffing, there were challenges particularly during the day times, to deploy the planned number of registered nurses.
- Documentation for patients at end of life was not always fully completed and there were staff who had not completed appropriate competency training for some equipment in end of life care.
- Risk registers in end of life care were not always fully completed.

# Urgent and emergency services

Requires improvement 

## Key facts and figures

The urgent care centre at Trafford general hospital and the minor injuries unit at Altrincham hospital are provided by Manchester University NHS Foundation Trust.

Both the urgent care centre at Trafford and the minor injuries unit at Altrincham form an urgent care department and sit within the division of medicine under Wythenshawe, Trafford, Withington and Altrincham hospital board. There is cross-management between the departments.

The Urgent Care Centre based within Trafford general hospital is open daily from 8am – 8pm and is staffed predominantly by a team of advanced and emergency nurse practitioners. It provides treatment for adults and children who present with non-life-threatening injuries.

Altrincham minor injuries unit is situated seven miles from the urgent care centre at Trafford hospital and is staffed solely by emergency nurse practitioners.

During our inspection of the department we spoke to advanced nurse practitioners, healthcare assistants, unit managers, receptionists and mental health nurses.

We observed two patients and their relatives.

We reviewed 22 sets of patient records, looked at six internal incident reports, 21 days of staffing rotas and 28 clinical pathways.

## Summary of this service

We had not previously inspected this service. We rated it as requires improvement because:

- There were no 'flagging systems' within the department to immediately alert staff to look after children, children who had previously been highlighted at risk or children with repeated presentations of injury.
- We saw an inconsistency in the completion of clinical risk assessments and records. We observed one patient that did not have any nursing documentation or risk assessments undertaken whilst being in the department for five hours.
- There was no suitable designated cubicle for patients with mental health needs, although this was in the process of being completed.
- Care and treatment within the department did not always reflect current evidence-based guidance and implementation of departmental guidance was variable.
- It was unclear whether the service monitored the effectiveness of care and treatment and used the findings to improve them. Managers told us the department was undertaking various audits, but were unable to obtain information relating to these audits.
- Managers and staff were unsure of the leadership and governance structure beyond the matron and nurse consultant. There was a lack of overview of compliance with important issues such as mandatory and safeguarding training for the department.

However

# Urgent and emergency services

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Waiting times from arrival to triage and for treatment were better than national standards and England average.
- Staff were caring and compassionate to patients and understood the impact that a person's care could have on them. We saw staff ensured patients and their families understood the decisions about their care
- Staff were positive about their roles and the team working around them.
- A high percentage of staff within the department had received an annual appraisal.
- Staff of different kinds worked together as a team to benefit patients. advanced nurse practitioner's emergency nurse practitioners, and other healthcare professionals supported each other to provide good care.

## Is the service safe?

**Good** 

We had not previously inspected this service. We rated it as good because:

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Waiting times from arrival to triage were consistently better than the 15-minute national standard.
- Reliable systems were in place to prevent and protect people from healthcare-associated infections. Staff washed their hands before and after contact with patients and used gloves where appropriate.
- The department prescribed and gave medicines well. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors.

However:

- At Altrincham minor injuries unit, staff had not followed trust guidance in relation to fridge temperatures; this affected the storage of vaccines. This was addressed at the time of inspection.
- There was no suitable designated cubicle for patients with mental health needs, although this was in the process of being completed.
- There were no 'flagging systems' within the department to immediately alert staff to looked after children, children who had previously been highlighted at risk or children with repeated presentations of injury. Not all staff had completed the relevant safeguarding training for children.
- We saw an inconsistency in the completion of clinical risk assessments and records. We observed one patient that did not have any nursing documentation or risk assessments undertaken whilst being in the department for five hours.

# Urgent and emergency services

## Is the service effective?

**Requires improvement** ●

We had not previously inspected this service. We rated it as requires improvement because:

- Care and treatment within the department did not always reflect current evidence-based guidance and implementation of departmental guidance was variable. For example, the department used clinical review pathways. The pathways were implemented between December 2012 and September 2015. Of the 27 pathways all were outside of their review date. A manager within the department told us each of the pathways were not appropriate for the unit and were not used, yet an advanced nurse practitioner we spoke to showed us that they had used the head injury pathway for the patient they had seen immediately prior to talking to us.
- It was unclear whether the service monitored the effectiveness of care and treatment and used the findings to improve them. Managers told us the department was undertaking various audits, but were unable to obtain information relating to these audits.
- Pain scores and pain relief were not always fully recorded.

However

- Staff of different kinds worked together as a team to benefit patients. Advanced nurse practitioner's emergency nurse practitioners, and other healthcare professionals supported each other to provide care.
- A high proportion of staff within the department had received an annual appraisal and staff felt supported.

## Is the service caring?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- Staff provided emotional support to patients to minimise their distress, we saw an example of this when a member of staff supported and reassured a patient waiting for an ambulance.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness and we observed staff caring for patients with dignity, respect and empathy. The family and friends test consistently scored 96% or above between October 2017 and May 2018 except for October 2017 which scored 72.6%.
- Staff involved patients and those close to them in decisions about their care and treatment

## Is the service responsive?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- The department planned and provided services in a way that met the needs of local people. Information was displayed in a variety of languages within the department and access to face-to-face translation services were available.

# Urgent and emergency services

- People could access the service when they needed it. Waiting times from arrival to treatment were better than the national standard and the England average at both sites. Patients were admitted, transferred or discharge within four hours in over 98% of cases over a 12-month period.
- The department treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. The complaints we looked at were reviewed and investigated in line with trust policy except for the timeframe.

However

- There were no systems in place to aid the delivery of care to patients who required additional support such as a quiet area, colour contrasting signage or distraction aids for patients living with dementia.

## Is the service well-led?

**Requires improvement** ●

We rated it as requires improvement because:

- Managers and staff were unsure of the leadership structure beyond the matron and nurse consultant.
- There were different management arrangements for different groups of staff and managers we spoke to within the department did not have an overview of compliance with important issues such as mandatory and safeguarding training for the entire department.
- Managers within the department did not always have insight into issues such as winter escalation plans, trust strategy or aims and told us although trends were discussed at the clinical effectiveness meetings they were unsure of how they fed into the wider divisional board.
- Governance arrangements were not always effective, for example, 27 clinical pathways were beyond their review date.

However

- The service had a vision for what it wanted to achieve and workable plans to turn it into action. Altrincham minor injuries unit was developing a triage model, whilst at Trafford General Hospital urgent care centre, managers told us they were working towards an entire nursing model. The Wythenshawe, Trafford, Withington, and Altrincham business plan of 2018/19 highlighted the co-ordinated integration of Trafford and Altrincham as one of its key priorities.
- There was a positive culture where staff felt supported and valued with a sense of common purpose based on the shared values of the trust. Despite a large amount of change and uncertainty during the creation of the new trust, staff were positive about the department and were proud to work where they did.
- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

## Areas for improvement

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

•

# Medical care (including older people's care)

Good 

## Key facts and figures

At Trafford General Hospital medical care was provided across five wards including three dedicated rehabilitation wards (neurological rehabilitation, complex rehabilitation and stroke) together with an acute medical unit incorporating an ambulatory care unit.

We visited the acute medical unit incorporating the ambulatory care unit, and wards two, three, four, six and 11. We spoke with 14 patients, one carer, 51 staff (including medical and nursing staff) and reviewed 22 records of patients including prescription charts.

## Summary of this service

We had not previously inspected medical care services at this site. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The services were safe because there were systems to ensure staff completed mandatory training and safeguarding training. The trust had systems and processes to ensure staff completed training as the year progressed.
- The service controlled infection risk well. The ward environment was visibly clean with good infection control in all areas visited. The environment was clutter free, wheelchair accessible with enough equipment for staff to perform their role.
- Staff had access to records which were stored securely. Medicines, including intravenous fluids, were stored and managed safely. Staff knew how to report incidents and tools such as the safety thermometer were used to keep patients safe.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. The services were effective because processes were in place to ensure that guidance used by staff complied with national guidance, such as that issued by National Institute for Health and Care Excellence.
- Patients' food, hydration and pain management needs were met. The service used audits within the specialities we visited to improve patient outcomes. Staff received training to assess if they were competent. Staff worked effectively as a multi-disciplinary team and had good knowledge about consent and mental capacity.
- Staff cared for patients with compassion. The services were caring, with response rates in the friends and family test better than the England average. The inpatient score for recommending the service to friends and family from October 2017 to June 2018 was above 90%.
- Staff supported the emotional needs of patients and could, for example, arrange psychological support. Staff tried to understand and involve patients and their carers where it was safe to do so, such as in family meetings.
- The trust planned and provided services in a way that met the needs of local people. The services were responsive, with a process in place at hospital to trust level to plan services. Wards had link nurses to champion the needs of patients with additional needs. Wards used various approaches to respond to challenges with access and flow.
- The service was responsive to complaints and had made changes to services, such as changes to the endoscopy services.

# Medical care (including older people's care)

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. The senior leadership team running the specialities were new in post but staff reported they were visible, approachable, and responsive and worked as a cohesive team to promote a positive culture.
- The trust had clear governance processes in place to drive patient safety forward; these were implemented and monitored at division level.
- Staff and the public were engaged through meetings and surveys. The specialities we visited had access to division dashboards to help monitor patient sensitive indicators and act when necessary. The specialities we visited all had examples of innovation, learning and continuous improvement.

However

- Although the service had systems in place to manage safe staffing, there were challenges particularly during the day times, to deploy the planned number of registered nurses.

## Is the service safe?

**Good** ●

We had not previously inspected this service. 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. Link nurses on the ward could support staff with safeguarding matters in addition to a resource for staff to use on the trust's intranet, so that safeguarding was made personal.
- The service controlled infection risk well. The service was visibly clean, and the environment was clutter free, wheelchair accessible, with enough equipment for staff to carry out their role, including hoists. Access to ward areas were controlled using magnetic door locks and by use of reception areas staffed by nurses or ward clerks. Medicines, gases, and intravenous fluids were stored and managed safely.
- Staff completed and updated risk assessments for each patient. During handovers of patients and at safety huddles, staff identified risk and managed it, and in care records we viewed, they documented this, using nationally recognised tools. Staff had access to records which were part electronic and part paper.
- The service managed patient safety incidents well. Systems and processes were in place for staff to report incidents, review risks or serious incidents, and share any learning flowing from such reviews. To maintain oversight of key performance measures around patient safety, the service used a range of tools including a safety thermometer, dashboard and ward metrics.

However:

- Although the service had systems in place to manage safe staffing, there were challenges particularly during the day times, to deploy the planned number of registered nurses.

## Is the service effective?

**Good** ●

We had not previously inspected this service. We rated it as good because:

# Medical care (including older people's care)

- The service provided care and treatment based on national guidance and evidence of its effectiveness. The service ensured national guidelines were used in its published guidelines and there was an effective system in place to share any updates with staff.
- Staff gave patients enough food and drink to meet their needs and improve their health. Nutrition and hydration needs were met for patients with systems in place to monitor food and fluid intake and give support where needed. Patients reported no issues with management of their pain or fluids.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. The service had actioned many initiatives to improve patient outcomes including support with complex discharge for patients and their carers.
- The service made sure staff were competent for their roles. Staff were regularly appraised and given opportunities to develop their competencies.
- Staff worked effectively as a multi-disciplinary team, including attending multi-disciplinary ward rounds.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Patients were consented for treatment appropriately, and staff were aware of when patients needed to take additional action such as best interest decisions for patients unable to consent.

## Is the service caring?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- Staff cared for patients with compassion. We found that patients received compassionate care from staff which supported their privacy and dignity.
- Staff provided emotional support to patients to minimise their distress. Most patients we spoke with felt staff were attentive and took time to explain things.
- Staff had access to chaplaincy services for those with a faith or none. Staff could provide emotional support to patients by using on site psychology services.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff understood the needs of their patients and involved carers. For instance, staff had access, on some wards, to activity co-ordinators, to assist the patient and their family in their loved one's recovery, and many wards held family meetings. Carers were supported as much as possible to understand if they could look after the patient, using a room on a ward mocked up as a flat to assess all concerned.

## Is the service responsive?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. The trust had effective plans to ensure that its specialities were responsive to the needs of local people by working with commissioners, patient groups and redesigning pathways.

# Medical care (including older people's care)

- Patients' individual needs were met, with link nurses on each ward to champion dementia or learning disability.
- People could access the service when they needed it. The services had mechanisms in place to manage access and flow using various methods including redesigning pathways or carrying out audits to improve flow and working closely with social services and commissioners.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Systems and processes to respond to complaints were effective with learning and changes to the services being made in response to feedback from patients.

## Is the service well-led?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. The division for the site had a newly appointed, visible and approachable local leadership team.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. Medicine drew upon the trust's vision and strategy, but did not have its own business plan, there was a plan for further integration at site level.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff reported a positive culture, good team working, and various places in which to receive and share information and concerns.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. The governance structure was clear and the local leadership team had plans in place to address risks to the service, with access to information, such as monthly performance reports, to maintain quality.
- Staff engagement was encouraged with staff surveys, and awards, and patients and the public could feedback through multiple access points.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. There were examples of learning, improvement

## Areas for improvement

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

# Surgery

Good 

## Key facts and figures

Trafford hospital provides day case and inpatient surgical services for orthopaedics, day case ear nose and throat, general surgery, urology, dental, gynaecology, paediatric surgery and pain services. There is a 20 bedded day case unit with three general operating theatres and six laminar flow theatres.

The division of trauma and orthopaedics is managed by Wythenshawe Hospital across Trafford hospital and Manchester Royal Infirmary (MRI). The Manchester Orthopaedic Centre based at Trafford hospital delivers elective orthopaedic services across the trust and Salford Royal Foundation Trust; the centre consists of 20 inpatient beds and 25 day case beds. The centre also works in collaboration with an independent healthcare provider to provide pre-assessment for their patients on Wednesdays and to perform day case surgery at the weekend.

All other surgical specialities were provided as part of clinical services managed via the Manchester Royal Infirmary, Saint Mary's Hospital and Royal Manchester Children's Hospital.

Our inspection was announced; that is, staff knew we were coming, this was to ensure that the people we needed to talk to were available during the inspection. We visited the surgical wards of Trafford General Hospital between 9 and 11 October 2018. During the inspection we spoke with 23 staff including nurses, medical staff, support workers and directors. We spoke with 13 patients and one relative and looked at 12 records. The inspection team consisted of three CQC inspectors who were supported by three specialist advisers who were experts in their fields.

## Summary of this service

We had not previously inspected this service. We rated it as good because:

- The service provided mandatory training for staff and managers ensured staff completed this training. Staff had completed safeguarding training as part of their mandatory training and were aware of their responsibilities in safeguarding patients.
- The service had enough staff in most areas with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff maintained appropriate records of care and treatment both electronically and on paper. Both types of records were securely stored.
- The service had suitable premises and equipment and looked after them well.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural needs and other preferences.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

# Surgery

- Staff involved patients and those close to them in decisions about their care and treatment. The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However

- Not all staff had achieved the trust training target for resuscitation, safeguarding level 3 training or moving and handling level 2 training.
- The surgical safety checklist was not always being completed at the time of sign in.
- The recovery area accommodated both adults and children with only a curtain to separate the two groups of patients. This was a safeguarding concern.
- The trust had a vacancy rate of 16.9% for medical staffing in surgery.

## Is the service safe?

**Requires improvement** ●

We had not previously inspected this service. We rated it as requires improvement because:

- The surgical safety checklist was not completed in line with WHO guidance and this was observed on two occasions.
- The recovery area accommodated both adults and children with only a curtain to separate the two groups of patients. This was a safeguarding concern.
- Not all staff had completed the trust training targets for resuscitation, safeguarding level 3 and moving and handling level 2 training.

However;

- Each hospital site had their own group who monitored infection prevention and control. All areas were clean and staff followed hand hygiene practices.
- During this inspection, we examined 12 medical records and nursing records on the electronic and paper system. We found all these were fully completed, eligible, signed and dated with no gaps in the information.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had enough medical and nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.

# Surgery

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The audits of the WHO checklists from November 2017 to August 2018 showed that progress had been made during the year resulting in each of the standards either improving or remaining the same. By July and August 2018, the audits showed there was 100% compliance against all the standards being audited.

## Is the service effective?

**Good** ●

We rated it as good because:

- of its effectiveness. The service used an enhanced recovery programme which helped patients who were undergoing surgery to recover more quickly.
- The service followed venous thromboembolism procedures for patients at risk of developing blood clots and conducted risk assessments for such patients.
- Protected meal times were in place and during our inspection we observed that patients were provided with their meals on time. Staff completed a malnutrition screening tool to identify patients at risk of malnutrition. Patients had access to a dietician where required. There were a wide range of options on the menu and patients' religious and medical needs were catered for.
- Staff assessed and monitored patients regularly to see if they were in pain. Patients we spoke with were satisfied with the way staff responded quickly in dealing with their pain.
- There were multidisciplinary team meetings held each week where different specialities attended; for example, surgical and anaesthetic teams. Staff we spoke with informed us that all colleagues irrespective of grade worked together effectively and supported each other.

However;

- From April 2018 to May 2018, the appraisal completion rate for Qualified Scientific, Therapeutic and Technical staff was 75% compared against the trust target of 90% completion rate.

## Is the service caring?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. They said their privacy and dignity was respected and maintained; for example, staff used the bed curtains when conducting medical examinations.
- We spoke with 13 patients during our inspection. The majority of patients were satisfied with the level and type of care they were receiving. Patients we spoke with informed us that all staff were very friendly and they were kept informed about any changes to their care plans.

# Surgery

- Staff involved patients and those close to them in decisions about their care and treatment. Patients told us they were informed about the risks and benefits of their surgery and medical staff explained everything in a simple manner avoiding the use of medical jargon. They also gave patients an opportunity to ask questions or raise any concerns.

However,

- The recovery area accommodated both adults and children with only a curtain to separate the two groups of patients. We did not consider that this was appropriate for the care of both children and adults.

## Is the service responsive?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- The service met people's individual needs.
- The ward had access to interpretation and translation services.
- A multi-faith chaplaincy service was available for patients to access spiritual care during their stay. A multi-faith prayer room was located on the ground floor of the hospital.
- People could access the service when they needed it. Patients were given appointments at a time that suited them and were kept informed about the time they would have to wait for their treatment.
- There was a seven-day physiotherapy service on the ward providing further care and support to patients.
- Staff we spoke with told us they could contact the learning disability liaison nurse for support and advice. The ward had a dementia link nurse. The names, photos and contact details of these nurses were displayed on a noticeboard in the ward's corridor.
- The majority of patients we spoke with knew or had been informed about how they could raise concerns or make a complaint.
- The referral to treatment time (RTT) from June 2017 to May 2018 for admitted pathways for surgery was about the same as the England average.

However

- There was a lack of child-friendly recovery areas for children and young people.

## Is the service well-led?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. Staff we spoke with felt supported by colleagues, managers, matrons and divisional managers.
- The senior leadership team were visible and approachable; for example, the head of nursing and chief executive had visited the ward.

# Surgery

- The service had a vision for what it wanted to achieve and workable plans to turn it into action. Staff were still learning the vision and strategy following the merger in October 2017. The strategy had been released a few weeks ago.
- The vision and values were displayed on a noticeboard in the corridor on the ward. Staff we spoke with knew about the trust's values and vision.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Governance meetings were held monthly and used to discuss clinical effectiveness and were patient focused.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. We reviewed the risk register and saw that risks had mitigating factors with scores, risk owner, risk assessor and the next review date. The mitigating actions were appropriate, sufficient and effective.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. People using the service were encouraged to give their opinion on the quality of services they received. On the patient information board, we saw a leaflet entitled 'Patient experience matters'. This leaflet explained how patients could make comments, complaints, concerns or compliments.
- The service was committed to improving services by learning from when things went well and when they went wrong. There was a lessons learned bulletin was shared across the trust. The ward had introduced an anxiety tool. This involved asking patients a series of questions about their worries and any patient scoring five in any one category was contacted by the shift co-ordinator and reasonable adjustments required for admission were discussed and arranged. The ward had also introduced open visiting hours following patient feedback to provide comfort, reassurance and company for patients.

## Areas for improvement

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

# Services for children and young people

Good 

## Key facts and figures

Paediatric services at Trafford Hospital are provided at the Children's resource centre which is operated by the managed clinical service, Royal Manchester Children's Hospital (RMCH). The centre provides a variety of paediatric services to local children including general and specialist outpatient clinics, day surgery and phlebotomy service.

The unit is open five days a week from 8am until 7pm and comprises of 10 day case beds and a dedicated outpatient department with five outpatient consultation rooms.

Elective day surgery at Trafford Hospital includes ear, nose and throat, dental surgery, orthopaedic surgery and general surgery for children and young people aged between two years and sixteen years that fit specified criteria. Paediatric surgery is supported by RMCH anaesthetists.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We inspected children and young people's services at Trafford Hospital between 09 to 11 October 2018. During the inspection we spoke with 19 staff including children's nurses, medical staff, play specialists, administrative and other clinical and non-clinical staff. We spoke with two children and young people, parents and carers using the service and reviewed six clinical records.

## Summary of this service

We had not previously inspected this service. We rated it as good because:

- The trust provided mandatory training for staff and managers ensured staff completed this.
- Staff were aware of safeguarding issues and responded promptly, following trust procedures when these were identified.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean and implemented control measures to prevent the spread of infection.
- Managers monitored staffing levels to ensure sufficient nursing staff were available to keep children safe and provide the right care.
- Staff kept appropriate records of care and treatment and ensured these records were securely stored.
- Clinical staff followed systems for medicines management appropriately.
- Staff reported incidents when they arose and managers shared any learning from incident investigations with staff.
- Managers made sure staff were competent for their roles and completed staff appraisals
- The service used audits to benchmark against other services and identify improvements.
- Staff worked well together in a multidisciplinary team approach.
- Staff treated children with care and compassion during their treatment and reassured patients and families when they were anxious.
- Staff supported children to assist their understanding and help them make decisions regarding their treatment and care.

# Services for children and young people

- The service received positive feedback from children and families and complaints were at a low level.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Managers had access to data to monitor performance and identify improvements.
- Managers had the skills and abilities to deliver services providing high-quality sustainable care.
- Staff had a positive outlook in the service and the culture was open and supportive.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However

- Trolleys used to transfer children to theatre for surgery did not have paediatric resuscitation equipment available. We raised this during inspection and the trust took immediate action.
- Paediatricians were not based on the unit and there was no paediatric cover after 7pm.
- Systems for sharing important patient information such as safeguarding details, were not always consistent, although we saw a related incident was well managed at the time of inspection.
- Environmental temperatures were identified as a frequent issue in the children's resource centre.
- Systems for governance and managing risk were not yet fully integrated across the managed clinical services.
- Scheduling systems were not always robust and this had resulted in cancellations on the day of surgery.

## Is the service safe?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- The hospital provided mandatory training for staff and managers ensured this was completed. Local records we reviewed of mandatory training showed staff were up to date with mandatory training.
- Staff completed training in safeguarding children and acted promptly when safeguarding concerns were identified. Safeguarding leads were available to support staff when required.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean and implemented control measures to prevent the spread of infection.
- Staff ensured equipment was appropriately maintained and kept records of these checks.
- Sufficient nursing staff were available to keep children safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of care and treatment and ensured these records were securely stored.
- Staff were aware of the types of incident which could occur and reported these if they occurred. Important safety information was shared in daily safety huddles. Managers investigated more serious patient safety incidents and shared this learning with staff.
- Systems for medicines management were effective. Staff followed procedures for correct storage, prescription, recording and administration of medicines.

# Services for children and young people

However

- Paediatricians were not based on the ward and there was no routine paediatric cover after 7pm
- Trolleys used to transfer children to theatre for surgery did not have paediatric resuscitation equipment available.
- Systems for sharing important patient information were not always consistent.
- Staff identified environmental temperatures as a frequent issue in the children's resource centre.

## Is the service effective?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- The service made sure staff were competent for their roles and 100% of nursing staff had completed their appraisals.
- Link nurses were available to provide support and expertise for colleagues in different clinical areas.
- The service monitored the effectiveness of care and treatment and used the findings to improve them, with local audits used to benchmark progress.
- Staff gave children enough food and drink to meet their needs and improve their health. Staff monitored children's hydration and food intake during their admission.
- Staff assessed and monitored children's pain and provided treatment promptly for this.
- Staff worked well together with in the multidisciplinary team and care was co-ordinated to provide the right support for children.
- Staff had assessed children's capacity to understand and make decisions regarding their treatment and care when undergoing surgery and throughout their care.

## Is the service caring?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- Staff cared for children with kindness and compassion, attentive to the needs of children, their parents and carers, and families. Staff were automatically child-centred in their approach when providing care.
- Staff were thorough and took time to communicate with children in ways they could understand. They adapted their communication to support each individual patient.
- Staff provided emotional support for children, young people, their parents and carers. Nurses reassured patients and families when they were anxious about treatment or needed any help.
- Play specialists worked in the service, providing individually tailored support for children to help improve their experience of care.
- Staff listened to and supported children and young people appropriately, involving them in decisions about their care.

# Services for children and young people

- Parents we spoke with were enthusiastic about the care staff had provided for their child and the service received positive feedback.

## Is the service responsive?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- Services were planned to meet the needs of children and young people and were provided in appropriate child-friendly environments.
- Children and young people were supported and encouraged to communicate their views.
- People could access the service when they needed it
- Concerns were responded to at an early stage and complaints were at a low level. Learning was shared following any concerns to identify improvements.

However

- Systems for sharing information about patients' individual needs were not always robust, for children attending appointments.

## Is the service well-led?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- The service had managers with the right skills and abilities to run a service proving high quality care and leadership arrangements were well communicated in the service.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff saw there had been positive developments since the trust changes and were enthusiastic about the new opportunities this had brought.
- Leadership at ward level was clear and effective; staff were positive about support from managers and were clear about their roles.
- Staff supported each other and there was strong teamworking in practice. All staff worked to their best for the benefit of children and families.

However

- Strategic development was at an early stage and systems were not currently in place for overall progress in this. Some staff were vague about the overall trust strategy.
- Governance and risk systems continued as previously to the trust merger and trust-wide systems for the services were not yet fully established.
- Referral and scheduling systems were not always robust sometimes resulting in cancellations on the day of surgery.

# Services for children and young people

## Areas for improvement

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

# End of life care

Good 

## Key facts and figures

The Specialist Palliative Care Team - Adults (SPCT) maximise the quality of life of adult patients with any life-limiting illness cared for within the trust, providing leadership and direction to support the delivery of palliative and end of life care. It delivers a service that achieves continuity of expert clinical practice in balance with education, clinical audit, research and the wider governance agenda.

The SPCT is a seven day a week trust-wide service and provides services to patients within the Oxford Road Campus as well as those in the Trafford Division. Out of hours support is via the St Ann's Hospice 24 hour advice line which is also staffed by the SPCT consultants.

The SPCT links with numerous services within the trust including representation at the Cancer Nurse Forum and the Macmillan Cancer Information Centre and links with external local, regional and national networks.

The inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk with was available and the inspection took place between 09 and 11 October 2018.

We inspected the whole core service and looked at all five key questions. In order to make our judgement, we visited clinical areas these included: acute medical unit, ward 1 (stroke ward), ward 2, 4 and 6, multi-faith room, the mortuary, medical electronics and bereavement office. We spoke with four patients and relatives and 23 staff from different disciplines, including doctors, nurses, allied health professionals and health care assistants. We observed daily practice, reviewed 11 patient records and 21 recommended summary plan for emergency care and treatment (ReSPECT) forms. Before and after our inspection, we reviewed performance information about the trust and reviewed information provided by the trust in making our decisions about the service.

## Summary of this service

We had not previously inspected this service. We rated it as good because:

- The majority of mandatory training including safeguarding for nursing staff and the specialist palliative care team met the trust target.
- There were processes and systems to monitor equipment to ensure that it was working effectively and was accessible.
- Records were in place and appropriately written. The trust had introduced the relevant documentation for patients with end of life care needs.
- Comfort observations were in place instead of standard observations for people who had end of life care needs. These were based around more relevant and appropriate care needs.
- There were appropriate guidelines and processes, however due to the changes and merger of the trusts these were in the process of being reviewed.
- The trust was in the process of harmonising services across the sites, this included a review of all the facilities provided to streamline the end of life care service. A revised vision and strategy was in place and there was a positive culture about providing end of life care.
- There was evidence of staff working together and multi-disciplinary meetings occurred to review the patient's care.

# End of life care

- There was 24-hour support through an advice telephone line and support from the specialist palliative care team seven days a week.
- There was positive feedback from patients and carers and staff told us examples where they supported patients and families. Patients were treated with respect and dignity and encouraged to bring in comforts from home.
- Patients and families were provided with emotional support for difficult conversations regarding diagnosis. These were discussed with respect and understanding. Staff were committed to providing end of life care with some taking on extra duties as end of life champions.
- There was 24-hour chaplaincy support for any individual and there was access to multi-faith services every day. Staff were aware of information for various faiths and cultural needs.
- The trust was engaged in providing end of life care and worked with other organisations to support people. Staff were actively involved in promoting the service through national agendas such as “Dying Matters” where several activities across the hospital took place.
- Various governance meetings were in place for end of life care including steering groups and an executive group. This allowed senior managers within the executive team to have an oversight of end of life care issues.

However:

- We saw that there were low levels of staff that had completed annual syringe driver training. This meant that there were some wards that had no staff with up to date training. The risk was not identified within the services risk register for end of life care.
- Medical staff did not meet the trust training target for some areas.
- Not all the recommended summary plan for emergency care and treatment forms we reviewed had the appropriate information. In 10 out of 20 forms we found there was no plan discussed with the patient which included detailed specific interventions they may or may not want.
- The trust was still in the process of making changes to redesign end of life care services. There was currently no non-executive director who led on end of life care.

## Is the service safe?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- The majority of mandatory training for nurses and specialist palliative care team met 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.
- Processes were in place to monitor the fridges within the mortuary and a viewing room was available for family members to view the deceased patient.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Mortuary portering staff followed standard operating procedures that were aligned with Health and Safety guidance about safely handling the deceased.

# End of life care

- The service had suitable premises and equipment and looked after them well. Equipment, including syringe drivers were stored centrally and were readily available, systems were in place and staff knew how to access them. Equipment was regularly checked to ensure that it was in working condition.
- Records were completed which included a mixture of both electronic and paper information. The medical and the SPCT team wrote comprehensive notes in the patient's electronic record. Nurses completed paper records.
- For patients that required end of life care needs a document 'one chance to get it right, priorities of care for the dying person: individual care plan and communication record' had been implemented. We saw for two patients on the ward receiving end of life care the document had been completed.
- There were staff vacancies within the specialist palliative care team and mortuary staff, these had been identified and were documented on the services risk register. Staff felt their workload was manageable.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Comfort observations had been implemented for patients who required end of life care that were more relevant to their needs.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. Prescription charts we reviewed had the appropriate medicines in place and dosages were increased to manage patient's symptoms.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Incidents relating to end of life care were completed and discussed with the relevant staff.

However:

- Completion of syringe driver training was not consistent. Staff were required to complete an annual practical training update however, not all staff had completed the training with two wards having no staff who were compliant.
- Resuscitation training and moving and handling for nurses was low. Medical staff had met the trust training target in three out of 10 courses. We were not provided with any mandatory training figures for mortuary staff based at the site, this meant we did not know if they met the trust target.

## Is the service effective?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. There was an effective system to share any updates with staff. The trust had implemented documents for patients to use who required 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. The service adjusted for patients' religious, cultural and other preferences. Comfort observations reviewed patient's nutrition and hydration needs, this also included oral care.
- 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 considered adequate pain relief for end of life care patients to be a priority and demonstrated an awareness of symptom control and the use of anticipatory medication.

# End of life care

- Managers monitored the effectiveness of care and treatment and used the findings to improve them. The service reviewed care by completing specific audits to review processes and ensure they were followed and implemented.
- Staff were provided with various training for end of life care, the education lead provided extra support across the site.
- All specialist palliative care staff had completed an appraisal.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The specialist palliative care team provided a seven day service and there was a 24-hour advice telephone line to the local hospice that could be accessed by both patients and staff. Palliative care consultants provided input and time to the advice line. Mortuary staff worked on-call service for out of hours and weekends. The chapel and multi-faith rooms could be accessed every day.
- We found that the recommended summary plan for emergency care and treatment (ReSPECT) form was easily accessible in the front of patient's notes in all the forms we reviewed.

However:

- We found that not all information was written in the ReSPECT forms, in five out of 20 forms they did not contain either the address or date the decision was made and completed.
- The sliding scale and plan that the patient completed detailing specific interventions they may or may not want was not completed in 10 out of 20 records we reviewed. We found two out of 20 did not contain information regarding the patient's capacity to participate in making the recommendations of the plan.

## Is the service caring?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- Feedback from people who used the service and those close to them was continually positive about the way staff treated them. People thought that staff went the extra mile and the care they received exceeded their expectations.
- We were told of examples where staff had been singing with a patient and providing a relaxed environment for them. Staff provided families with comfort bags where they would have some items to support them in staying over with the patient. People could access overnight fold up beds in the hospital so they could stay in the same room as the patient and remain close to them.
- There was a strong, visible person-centered culture. Staff were highly motivated and inspired to offer care that was kind and promoted patient's dignity. Some staff had become end of life care champions and supported patients, families and staff.
- Relationships between people who used the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by leaders.
- People's emotional and social needs were highly valued by staff and embedded in their care and treatment. Staff told us how they supported patients to celebrate occasions whilst in hospital and supported relatives with their emotional needs.

# End of life care

- Staff were committed to work in partnership with patients and families to provide end of life care and provide feedback. Detailed documentation within the patient's electronic record showed conversations between the patient or family with the medical team about where and what they wanted their end of life care to be.
- People's individual preferences and needs were reflected in how the care was delivered. Staff encouraged patients and families to bring in comforts from home, this included bringing in pets to provide some comfort to the patient.
- Staff recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account. Staff were supported to ensure after death, patients were treated with respect and were often dressed in their own clothing with personal items when moved to the mortuary.

## Is the service responsive?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. The service linked with various organisations to review the care required for patients with end of life care needs.
- The service took account of patients' individual needs. The multi-faith chaplaincy department had a diverse range of chaplains to support patients with different religious, spiritual and cultural needs. Services could be accessed when required.
- The specialist palliative care team were responsive to referrals and would liaise with staff either face to face or by telephone.
- Families were supported to visit patients at any time and ward areas were flexible with how many people would visit. Children and family pets could visit with discussion with the ward manager.
- Out-patient clinics were held each week and patients and staff could access the 24-hour advice telephone line.
- Processes were in place to support patients to be fast-tracked home for their end of life needs.
- There were no complaints about end of life services between April 2017 and June 2018.

## Is the service well-led?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- The trust was in the process of harmonising policies, procedures and processes following the creation of the new trust. Staff had been involved in the process and attended meetings to move the service forward.
- The trust had a clear vision for end of life care and were working on the next strategy to be implemented. There had been actions developed with involvement from staff, patients, and key groups representing the local community. Wards had a vision for end of life care that staff could discuss.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. This included the end of life champions and the active participation in 'dying matters' week where multiple activities were created to increase the awareness of death, dying and bereavement.

# End of life care

- Various governance meetings were in place for end of life care including steering groups and an executive group. This allowed senior managers within the executive team to have an oversight of the end of life care issues.
- A risk register was in place that was discussed at the relevant meetings. We saw that some of the risks were identified such as staffing in specific areas.
- There were several examples of staff engagement to support and inform staff of changes within the service. A newsletter was created by the specialist palliative care team who also supported trust initiatives such as attending events to attract individuals to work for the trust.

However:

- The trust was still in the process of making changes to redesign end of life services. There was currently no non-executive board member representation on the end of life care meetings.
- Some wards managers were not aware of the amount of staff on the ward trained in the annual update for syringe driver training. Mandatory training figures showed us that levels of training were low and this was not reflected on the end of life risk register.
- The different computer systems made cross site documentation more difficult. For example, as the specialist palliative care team worked over two hospital sites, the computer systems were not compatible.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Outpatients

Good 

## Key facts and figures

Trafford General Hospital offers a combination of consultant and nurse-led outpatient clinics for a range of specialities. The clinics include general surgery, colorectal surgery, pain management, gastroenterology, endocrinology, dermatology, ear, nose and throat and cardiology. There was also a haematology, phlebotomy and anticoagulant service.

The hospital also has a diabetes unit and offered physiotherapy services to outpatients.

We inspected the whole out-patients services against all the key questions because this was the first time that Manchester University NHS Foundation Trust had been inspected since being created in October 2017.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Site visits were carried over three days from 9 to 11 October 2018. As part of our inspection we visited:

- the dermatology clinic
- a cardiology clinic
- a fracture clinic
- the ear, nose and throat unit
- the phlebotomy services
- the diabetes unit
- physiotherapy services
- and other outpatient clinics in the red and green outpatient areas.

During our inspection we:

- spoke with 24 members of staff across all specialisms and grades
- spoke with 17 patients and one carer
- reviewed five sets of patient records
- reviewed trust policies and standard operating procedures relating to outpatient services

observed care delivered to patients.

## Summary of this service

We had not previously inspected this service. We rated it as good because:

- The service provided mandatory training in key skills to staff.
- Services had suitable premises and equipment. They were kept clean to minimise the risk of infection.

# Outpatients

- There were enough staff, with the right qualifications, skills and training so that patients were seen and assessed in a timely way and within the prescribed targets. However, managers had recognised a need to review the staffing establishment to meet additional and regular clinic demands and reduce dependency on bank and agency staff.
- The service provided care and treatment based on national guidance. There were processes in place to ensure that guidance was promptly reviewed, disseminated and embedded.
- The effectiveness of care and treatment was monitored regularly and reported to the trust board. Services were involved in the annual clinical audit programme. Audit results and patient outcome monitoring were used to drive improvements.
- Staff received role-specific training. They were encouraged to take up external training courses that were relevant to their roles.
- Staff worked collaboratively with GPs and other stakeholders to deliver effective care and treatment and support people to live healthier lives and manage their own conditions.
- Staff cared for patients with compassion and respected their privacy and dignity. They offered adequate emotional support and involved patients and their carers in decisions about their care and treatment.
- Complaints and concerns were treated seriously and lessons were learned and shared with staff.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. The views of staff and patients were used to drive improvements.
- Staff were valued and supported by managers and a positive culture and the wellbeing of staff was promoted.

However:

- There were some mandatory training modules where completion rates were not high, for example, resuscitation training where there was a shortage of places on courses. Managers had made sure that all eligible staff were booked onto a course by the end of 2018.
- There were low completion rates in safeguarding children level three for outpatient nursing staff and for safeguarding adults level two for allied health professionals.
- There could be long waits for patients in the phlebotomy service where appointments were not required.

## Is the service safe?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- The service provided mandatory training in key skills to staff. There were some mandatory training modules where completion rates were not high, for example, resuscitation training where there was a shortage of places on courses. Managers had made sure that all eligible staff were booked onto a course by the end of 2018.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The services had suitable premises and equipment and looked after them well.

# Outpatients

- The service had enough staff, with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Managers had recognised the need to review the staffing establishment to meet additional clinic demands and reduce the dependency on bank and agency staff.
- 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 followed best practice when prescribing and giving medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff collected safety information and shared it with staff. Managers used this to improve the service.

However:

- There were some mandatory training modules where completion rates were not high, for example, resuscitation training where there was a shortage of places on courses. Managers had made sure that all eligible staff were booked onto a course by the end of 2018.
- There were low completion rates in safeguarding children level three for outpatient nursing staff and for safeguarding adults level two for allied health professionals.

## Is the service effective?

We do not rate the effective domain in outpatients. During the inspection, we found:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Where appropriate, patients were given advice on nutrition and hydration to meet their needs and improve their health.
- Staff assessed patients' pain levels when they attended appointments. They supported those who were unable to communicate and could get additional pain relief for patients.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses, other healthcare professionals supported each other to provide good care.
- Staff worked with patients to improve their health and promote self-care where this was appropriate.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

# Outpatients

## Is the service caring?

**Good** ●

We had not previously rated this service. We rated it as good because:

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

## Is the service responsive?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The trust planned and provided outpatient services for adults in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access most outpatient services when they needed them. Waiting times from referral to treatment were similar to or better than the England average for most specialities. Arrangements to treat and discharge patients were in line with good practice.
- The services treated concerns and complaints seriously, investigated them, learned lessons from the results and shared these with staff.

However:

- The phlebotomy service often had long waiting times for patients in the clinic.

## Is the service well-led?

**Good** ●

We had not previously rated this service. We rated it as good because:

- Managers at all levels had the right skills and abilities to run a service providing high quality, sustainable care. Leaders were experienced and had the capability to make sure that a quality service was delivered and risks to performance were addressed. Staff were clear about reporting lines and told us that leaders were honest, proactive and they felt comfortable in approaching them with any concerns.
- The service had a vision and strategy for what it wanted to achieve and workable plans to turn it into action, developed with involvement from staff, patients and key groups representing the local community. Outpatient departments in Trafford and Altrincham hospitals had chosen to continue the work of the predecessor organisations and had a programme of outpatient transformation which sought to improve the patient experience and clinical quality of outpatient services.

# Outpatients

- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us that they had been fully informed of the transition into the newly formed trust, they felt proud to work for the service and felt respected and valued.
- There was a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care could flourish. There was a clear governance structure for outpatients in place and a set of processes for the escalation, cascading and sharing of information.
- There were effective systems in place for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected. There was a divisional risk register in place and service leads discussed and reviewed risks on the register.
- Information was collected, analysed, managed and used well to support activities, using secure electronic systems with security safeguards. Most outpatient services used electronic patient records and these records could be accessed whenever required.
- The services engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborate with partner organisations effectively. The service was starting to work with local GPs to deliver clinics at GP “hubs”, for example, phlebotomy clinics to alleviate the pressures on the hospital clinics.
- The views of patients were sought in a number of different ways and senior leaders engaged with staff to keep them informed of important changes.
- There was a commitment to improving services by learning from things went well and when they went wrong, promoting training, research and innovation. Outpatient services were closely monitored against the outpatient standards and there was an ongoing action plan in place to meet objectives to continuously improve outpatient services against the expected standards.

## Areas for improvement

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

# Community health services

## Background to community health services

Community health services are provided by the Manchester Local Care Organisation (MLCO) which are part of the Manchester University Hospitals Foundation Trust. The MLCO was formed in April 2018.

Adult services including community dental services are delivered from three localities, north, central and south and each locality is divided into four neighbourhoods. The neighbourhoods are based on geographical areas which have a population of between 30,000 and 50,000 residents.

Community adult services provide out of hospital services to adults over 18 years of age and encompass a range of nursing and allied health professional services including district nursing, physiotherapy, occupational therapy, podiatry and specialist services.

There is a community in-patient service and we inspected a continuing healthcare facility and two intermediate care facilities. One of the intermediate care facilities has a palliative care bed.

End of life care is delivered across the three localities with partnership working across the hospital and community settings and there is support for patients and their carers from a range of health professionals including specialist palliative care nurses, general practitioners, district nurses, social care staff, hospice staff and care home staff.

The community dental service provides citywide specialist dental care for adults and children with complex health needs, learning disabilities, special dental conditions, dental anxiety and some with requirements that make it difficult for them to access care from general dental services.

Children's community health services deliver universal, targeted and specialist health services to children and young people and families across a Manchester citywide footprint for children from antenatal to 18 years of age.

There are a wide range of services including health visiting, school nursing, healthy school's paediatric continence, speech and language therapy, orthoptists and a homeless families service. Specialist services are provided in areas of special needs including school nursing, physiotherapy, occupational therapy, community paediatric doctors and community children's nursing and palliative care.

Services are provided in different locations including clinic settings, home visits and schools. The service works with partners including schools, specialist support schools, Sure Start Children's centres social care and hospitals.

## Summary of community health services

**Good** ●

- The service had effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected.
- Incident reporting was good and we saw that staff learned from incidents and this learning was disseminated to staff.
- There were infection control processes in place and equipment and premises were kept clean.

# Summary of findings

- Managers across the services had the right skills and abilities to run a service providing high-quality sustainable care.
- There was a positive culture across the hospital and most staff were positive about the leadership changes.
- Staff were caring and patients were treated with privacy and dignity
- There was evidence of good multi-disciplinary working and partnership working with other organisations to meet the needs of the patients.
- The services took account of patients' individual needs.

However

- Some staff had not completed mandatory training and safeguarding training
- Policies and procedures needed to be reviewed so that staff follow best practice in the future.
- Patients need timely access to services with waiting times reduced in certain services
- An electronic record needs to be available to all staff working in community health services.

# Community end of life care

Good 

## Key facts and figures

The Manchester Local Care Organisation (MLCO) came into existence on 1 April 2018 following the establishment of a partnership board in February 2018. The MLCO runs the community services which remain the responsibility of Manchester University NHS Foundation Trust and are included in their CQC registration. Within the MLCO there are three localities, North, Central and South Manchester and each cover four neighbourhoods giving a combined total of twelve neighbourhoods across the city. (North Manchester did not commence with the MLCO until 1st July 2018).

Each neighbourhood is based upon geographical areas that have a population between 30,000 and 50,000 people.

Community end of life care services provide partnership working across the hospital and community settings. Services include expert advice, support and resources from a variety of healthcare professionals such as general practitioners, district nurses, social care, hospice care and care homes.

The inspection of the community end of life care service ran over three days from 16 October 2018 to 18 October 2018.

During the inspection the team visited each locality and spoke with staff from the specialist palliative care teams, district nursing teams, occupational therapists, physiotherapists, dietetics, palliative care consultants, psychiatrists, adult nursing staff, community matrons, administration and secretarial staff. We also carried out five home visits where we spoke to patients and their families. In addition to this we spoke to a deceased patient's relative over the telephone, carried out a visit to an in-patient end of life care bed at a local intermediate unit and carried out a visit to a local secure mental health unit.

## Summary of this service

We had not previously inspected this service. We rated it as good because:

- End of life care services were planned, organised and delivered well.
- The service had a clear vision and strategy which had been developed with the involvement of staff and external partners.
- Services were safe and well managed.
- Care was delivered by competent practitioners who considered the needs of all patients and families in their care.
- Staff provided a range of treatment and care for patients based on national guidance and best practice.
- Staff were caring and demonstrated compassion and kindness to patients and their families.
- The approach to end of life care was multi-disciplinary with all partners working together to support patients at the end of their lives.
- There was 24-hour cover for end of life services. Patients were triaged according to need.
- Care given was holistic, feedback from patients and their relatives described exemplary treatment and care.
- Training was available for staff to support their communication skills in dealing with patients at the end of their lives.

# Community end of life care

- Patients records were electronic in most areas and for those areas that were still using paper records had plans in place to become paperless.
- Safeguarding processes were in place and the trust were working closely with a neighbouring mental health unit.
- There were governance processes in place and risk was managed appropriately.
- Staffing levels were reviewed daily in all three localities, however the service in the Central region had only one band 6 nurse who was on secondment and an interim band 8 nurse. There was a business plan in place for an investment from a National cancer charity which would enable the service to recruit more staff.

## Is the service safe?

**Good** 

We had not previously rated this service. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Completion rates for mandatory training were at 100%.
- 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 understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff understood the process of safeguarding and were aware of who to contact if they needed support from the trust or local authority.
- The service controlled infection risk well. Staff followed policies on infection control and kept themselves, equipment and patient areas clean. Personal protective equipment was available and we observed that staff used it. Syringe drivers were kept by both the palliative care and district nursing service. We looked at the palliative care syringe drivers and all were visibly clean and their service was in date.
- The community palliative care bed that we visited was visibly clean and tidy.
- Staff completed and updated risk assessments for each patient. Records demonstrated a range of risk assessments that had been undertaken for patients at their end of life.
- Staff kept appropriate records of patients care and treatment. The service used a mixture of paper and electronic records but had plans to become paperless. The North and South regions were predominantly paperless but the Central region was waiting on the electronic system to be installed so that they could transfer their paper records onto the electronic system.
- There was an electronic system for the reporting of incidents. The service managed incidents well and these were discussed at safety huddles and at staff meetings.
- The service prescribed, administered, recorded and stored medicines well.
- The service employed non-medical prescribers which ensured timely prescribing of medications. This was felt to be an invaluable service.
- There were robust policies and procedures in place so that patients received excellent symptom control.

# Community end of life care

## Is the service effective?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. The care provided by staff was based on the Gold Standard Framework which provided a model of good practice. This enabled a 'gold standard' of care for all people who are nearing the end of their lives. In addition, the service provided care and treatment based on up to date guidance from the National Institute of Health and Care Excellence.
- We met with staff from different specialities and observed that they worked well together as a team to benefit patients and their families.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. Although there was no care of the dying audit for 2017 the services had conducted their own audits and were using the outcomes to improve care for patients.
- The service ensured that staff were competent for their roles. There was a positive culture within the team for continuous training and ongoing evaluation of competencies within end of life care.
- Staff we spoke to understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Staff also knew that a do not attempt cardio-pulmonary resuscitation order was a legal form that could either be part of an advanced directive or in place to request not to have cardio-pulmonary resuscitation if a patient's heart stops or they stop breathing.
- We were told by staff in the North region that they used the QRST (Quality, Region, Severity, Timing) pain tool to assess patients pain. However, we looked at four patient records and did not see a pain assessment utilising this assessment tool.

## Is the service caring?

**Good** ●

We had not previously rated this service. We rated it as good because:

- We observed staff treating patients with compassionate care. The nurse's communication with the patients and their families were excellent and patients we spoke to were extremely complimentary about all the care that was given to them by both the specialist palliative care team and the district nursing teams.
- Patients were involved and understood their care and treatment. They spoke openly about their conditions and informed us that they received excellent information from the specialist palliative care teams about their condition and its management. Staff discussed the preferred place of care with patients and provisions were made to ensure that patients could be cared for at home if they wished.
- Patients told us they were offered options to support them at home, enabling them to make choices about their preferred place of care.

# Community end of life care

- We observed staff providing emotional support for patients in their homes. In addition, we observed staff ensuring that patients maintained their independence which encouraged them to manage their own health, care and wellbeing.
- Staff understood the emotional impact of illness and bereavement. Feedback we received from patients and their families was always positive and demonstrated that staff treated people with dignity, respect and kindness at all times.

## Is the service responsive?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The service planned and provided services in a way that met the needs of local people. End of life care was delivered by a range of services to meet individual needs.
- People could access the services for end of life care when they needed to. There was a triage system in place which ensured that patients with the greatest needs were seen in a timely manner. Patients and families were given 24 hours a day contact numbers so they could request help and access advice quickly.
- Services were planned and delivered to take account of patient's individual needs. We were shown examples of the service providing additional support to patients to meet their individual needs.
- The number of incidents and complaints were low in the service. Albeit, we noted that there was shared learning from these to improve the service to patients.

## Is the service well-led?

**Good** ●

We had not previously rated this service. We rated it as good because:

- The service had managers and staff at all levels with the right skills and abilities to run a service providing high-quality sustainable care. We observed good relationships with the teams and staff we spoke to stated that they felt supported and valued.
- As well as having strong specialist palliative nursing teams, district nursing teams and allied healthcare professional teams; there was strong medical leadership in the service which was supported by other partners in the delivery of care to patients. This included consultants in palliative care medicine, general practitioners and psychiatrists.
- The service had a vision for what it wanted to achieve and plans in place to action the development of the service with involvement from staff and patients. Integrated, co-ordinated care was delivered by healthcare professionals to achieve this vision. For example, daily multi-disciplinary meetings, proactively supporting gold standard framework meetings, patient outcomes and audits, in-reach and out-reach services provided by consultants in the community and hospital settings and shared working between each neighbourhood in all three localities.
- The service had effective systems for identifying risks and there was planning to eliminate or reduce them. Policies and guidance were in date and the services were uniting to ensure safe transition to the new structure of the organisation.

# Community end of life care

- The service collated and managed information well to support all its activities. The service was in the process of becoming paper-light and staff were utilising the secure electronic system during this transitional process.
- The service used a systematic approach to continual improvement of the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. There were structures in place to cascade and share information to all staff within the service.
- The service engaged well with patients, staff, the public and local organisations to plan and implement appropriate services. There was ongoing engagement with all stakeholders involved in end of life care to identify improvement opportunities for the service.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Community dental services

Good 

## Key facts and figures

Manchester Community Dental Service provides high quality, citywide specialist dental care for children and adults with complex health needs, learning disabilities, special dental conditions, dental anxiety and bariatric requirements that are unable to access care in the general dental services. The service accepts self-referrals, electronic referrals from commissioners and referrals from health and social care professionals. It offers a specialist service for patients with dental anxiety and receives referrals for their dental treatment under inhalation sedation from General Dental Practitioners.

In addition to clinic-based activity, the Manchester community dental service undertakes domiciliary care. The service works closely with the looked after children team and accepts referrals for looked after children and young people where indicated. The Manchester community dental service team is linked to local special needs schools where they undertake regular screening as well as some mainstream schools in areas of high dental need with the Kickstart programme.

The service provides sessions at Manchester Royal Infirmary for adults with additional needs and specialist paediatric dentistry sessions at Manchester children's hospital. It also provides support to consultant paediatric dentistry in providing a smooth transition of children into the Manchester community dental service where required, sometimes with a shared care model.

Withington dental centre is a purpose built dental clinic with ground floor access for patients in mobility scooters/ moulded wheelchairs, a hoist and a wheelchair recliner unit for patients who are unable to leave their wheelchair. Cushions and other aids are provided to help patients with their comfort during dental treatment.

The unit has its own waiting area, which is quieter for patients who have difficulties with sensory processing. There is also specially commissioned back-lit art work to help with the calming atmosphere – this has been very effective with children.

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

Our inspection between 16 and 18 October 2018 was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

## Summary of this service

This service has not been inspected before. We rated it as good because:

- Staff were qualified and competent to carry out their roles. They were encouraged to complete mandatory training, and this was actively monitored. There were systems in place to ensure patients were protected from abuse or neglect. Premises and equipment were clean and hygienic and used dental instruments were sterilised according to nationally recognised guidance. The service had a good track record of safety and there were systems and processes in place to reduce the risks associated with the carrying out of the regulated activities.
- Staff provided treatment, advice and care in line with nationally recognised guidance. The service used skill mix effectively through the use of dental therapists and dental nurses with extended duties. They monitored patient

# Community dental services

outcomes to ensure they were following nationally recognised guidance. Staff worked with other healthcare professionals to ensure patients received the best possible treatment. Staff were aware of the importance of obtaining and recording consent and were aware of their responsibilities under the Mental Capacity Act 2005 and the principals of Gillick competence.

- Staff cared for patients with compassion and kindness. We observed positive interactions between staff and patients throughout the patient journey. Patients told us that staff were professional, friendly and supportive.
- The service took into account patients' individual needs. Most clinics were fully accessible for wheelchair users or those with limited mobility. They had access to a wheelchair tipper, bariatric couch and a hoist. Translation services were available for patients who did not have English as a first language. The appointment system met patients need and there were arrangements for patients requiring emergency treatment both in and outside normal working hours.
- There was a clearly defined management structure. Managers had the right skills to support high quality sustainable care. There were systems in place to develop management to ensure management remains strong. Systems and processes were in place to manage and mitigate risks to the service. Staff engaged with patients, other healthcare professionals and external stakeholders in order to continually improve the service.

However:

- The process for ensuring all medical emergency equipment was available and in date was not effective.

## Is the service safe?

**Good** ●

This service has not been inspected before. We rated it as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service prescribed, gave, recorded and stored medicines well. Prescription pads were stored appropriately, and logs maintained. Staff followed nationally recognised guidance with regards to the prescription of antibiotics.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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.
- The service planned for emergencies and staff understood their roles if one should happen.

# Community dental services

However:

- We found defibrillator pads at some locations we visited had expired on 1 October 2018.
- An adult self-inflating bag used in resuscitation was not available at Withington Dental Care Centre. This was addressed at the time of inspection.

## Is the service effective?

**Good** ●

This service has not been inspected before. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- 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 monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

**Good** ●

This service has not been inspected before. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress. Staff described how they ensured patients were comfortable whilst receiving dental treatment.

## Is the service responsive?

**Good** ●

This service has not been inspected before. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. All clinics except for Moss Side Health Centre were accessible to wheelchair users and those with limited mobility.

# Community dental services

- People could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice.
- The service took account of patients' individual needs. Opening times were Monday to Friday between 8:30am and 4:40pm. There were arrangements for patients requiring emergency treatment both within and outside normal working hours.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Good** ●

This service has not been inspected before. We rated it as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There were plans in place to develop leaders to ensure continuity of the service.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Community health inpatient services

Good 

## Key facts and figures

The Manchester Local Care Organisation are responsible for the community inpatient services. Manchester is divided into three localities (north, central and south). The Manchester Local Care Organisation came into existence on 1 April 2018 following the establishment of the partnership board in February 2018.

We inspected three community inpatient services: Dermot Murphy which is a continuing health care facility, and Crumpsall Vale and Buccleuch Lodge, both of which are intermediate care facilities.

Dermot Murphy is a 22-bedded unit for adults with complex health needs. Most people that reside at Dermot Murphy stay at the unit on a long-term basis, and regard the unit as their home. One bed is reserved for short term respite care. The clinical commissioning group makes decisions about the funding of placements at Dermot Murphy which are reviewed every year.

Crumpsall Vale is a purpose-built intermediate care unit for adults, established in 2017. The unit has three bays, two of which are nursing bays and one residential bay. Each bay has eight beds making a total of 24. The unit has recently started a pilot to have one palliative care bed. Patients are admitted for between three and four weeks with two points of admission. Patients can be admitted from hospital for therapy to enable recuperation and recovery before returning home. Alternatively, patients can be admitted from home to allow a period of therapy to avoid hospital admission. The aim of intermediate care is to improve a person's independence.

Buccleuch Lodge is an intermediate care facility with the same route of admission and aims and objectives. There are 14 beds in total.

The inspection took place over three days, and the inspection team spent one day at each unit.

The inspection was announced in line with CQC policy for a newly established trust and ensured that everyone that we needed to talk to was available.

At each unit we spoke to staff at different levels including nursing staff, therapists, medical staff and managers. We spoke to patients and their relatives. We interviewed directorate leads to understand how well led the service was.

## Summary of this service

We have not previously rated this service. We rated it as good because:

- Staff had the appropriate skills and experience to provide effective care and treatment. Staff could access mandatory training and the department had good compliance rates.
- Staff understood their roles and responsibilities to protect patients from abuse. Staff had access to safeguarding training, policies and procedures and compliance rates for safeguarding training were good.
- The trust had measures in place to manage infection risk. Premises were visibly clean, tidy and well maintained with good access to cleaning materials.
- The service managed risk well and completed risk assessments for each patient.
- The trust arranged for good G.P. and pharmacy cover across the three locations.

# Community health inpatient services

- The trust knew how to monitor safety and the service used the information to make improvements. The trust was open and honest about safety information.
- Patients received food and drink according to their individual requirements and likes and dislikes. Staff monitored fluid and food intake and assisted patients to eat and drink where required.
- Patients were asked about their pain levels and staff aimed to keep patients comfortable.
- The trust was very good at multidisciplinary working with different types of staff working together to achieve aims and objectives and meetings the needs of patients.
- Staff knew what to do if patients were not able to consent to their care and treatment and the trust ensured good access to training, policies and procedures around mental capacity.
- Patients and their relatives and carers told us that staff were caring and took account of their emotional needs. Staff included patients and their carers in care and treatment planning.
- The trust placed importance on planning and providing services to meet the needs of the local people. The trust had measures in place to record experiences and feedback to develop the service.
- The service took account of patients' individual needs and focussed on ensuring the care and treatment supported patients to be as independent as possible.
- People could access the service when they needed it with therapy available across seven days.
- The service had a good record for dealing with queries and concerns. The service treated concerns seriously, investigated concerns and learned lessons from the results. The trust shared the results with staff.
- The vision of the trust for inpatients care was clear and staff at all levels knew what the vision was and were engaged. The trust looked at different ways to engage both patients and staff and understood the importance of doing so to improve and develop the service.
- The trust learned from things that went wrong, and were open and honest when they did.
- The trust maintained a positive culture. All staff we saw spoke highly of working for the trust and were happy in their work.

## Is the service safe?

**Good** 

We have not previously rated this service. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The mandatory training covered key areas and training rates were in line with the trust's target.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff knew how to identify safeguarding concerns and could describe the process they would follow.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the risk of infection and carried out audits to monitor performance.
- The service had suitable premises and equipment and looked after them well most of the time. The service used premises that were well maintained and accessible to patients. The service had appropriate waste segregation and specimens were properly handled.

# Community health inpatient services

- Staff completed and updated risk assessments for each patient. Plans were in place to mitigate risk and staff knew what to do if patients deteriorated.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm, and to provide the right care and treatment. The service could negotiate extra staffing in line with patient acuity.
- 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 managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Safety information was shared with staff, patients and visitors. Managers used this to improve the service.

However,

- A low number of equipment were found to have an out of date service and portable appliance test.
- The service did not always follow best practice when prescribing, giving, recording and storing medicines. We found drink thickener which was not locked away, however this was addressed by staff immediately.

## Is the service effective?

**Good** 

We have not previously rated this service. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments to suit patients' individual preferences. Staff made referrals to speech and language therapy for patients at high risk.
- Staff assessed and monitored patients to see if they were in pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided guidance and support to monitor the effectiveness of the service. Managers supported staff to access training to develop skills.
- Staff of different kinds worked together as a team to benefit patients. Staff worked hard to integrate care pathways to benefit patients.
- The service could support people to look after their health during their admission. This included smoking cessation and healthy eating.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. Staff undertook capacity assessments and knew the principles of the Mental Capacity Act 2005. Staff understood their responsibilities in relation to consent and we saw documented evidence of consent.

# Community health inpatient services

However,

- The service did not undertake a clinical audit programme.

## Is the service caring?

**Good** ●

We have not previously rated this service. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Feedback from patients showed that staff treated them well and with kindness, and were treated with dignity and respect. Patients spoke highly of staff and the care they received.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. Families and patients told us about times they were fully involved in their care.

However,

- We saw one consultation taking place in a communal area which could put privacy and dignity at risk.

## Is the service responsive?

**Good** ●

We have not previously rated this service. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. The trust identified a lack of hospice provision and piloted a palliative care bed at Crumpsall Vale in response.
- The service took account of patients' individual needs. The service had link nurses and champions in certain areas for example mental capacity.
- People could access the service when they needed it. Discharge to assess teams identified appropriate patients to refer to the service to ease pressure on the main hospital site and crisis teams worked to reduce hospital admissions.
- The service treated concerns and complaints seriously, investigated concerns and learned lessons from the results; results were shared with staff. The service focussed on early resolution which reflected a low number of complaints received.

## Is the service well-led?

**Good** ●

We have not previously rated this service. We rated it as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high quality sustainable care. Managers were visible and based themselves at the units.

# Community health inpatient services

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The service aimed to improve the community response offer, reduce hospital admissions and support early discharge.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff spoke positively about working for the organisation and felt supported in their roles.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The service had a performance dashboard which was monitored and used to improve services. Managers were aware of their top risks which echoed what staff told us.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The service was going through a period of change regarding electronic recording systems which staff managed well.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Areas for improvement

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

# Community health services for adults

Good 

## Key facts and figures

The Manchester Local Care Organisation (MLCO), runs the community services which remain the responsibility of Manchester University NHS Foundation Trust and are included in their CQC registration. Manchester is configured into three localities (north, central and south) and 12 neighbourhoods (each locality comprising of 4 neighbourhoods). The MLCO covers the twelve neighbourhoods across the city. The neighbourhoods are based upon geographical areas which have a population of between 30,000 and 50,000 people. The MLCO came into existence on 1 April 2018 following the establishment of a partnership board in February 2018.

Community adult services provide out of hospital services to adults over the age of 18 years. Provision encompasses a range of nursing and allied health professional services including district nursing, physiotherapy, occupational therapy, podiatry and specialist services.

Our inspection was announced which meant staff knew we were coming. We inspected community health services for adults over a three-day period from 16 October 2018 to 18 October 2018.

During our inspection we visited a range of services across all three localities. We spoke with 57 staff from the district nursing teams, the long-term condition management teams, the community integrated rehabilitation team, musculoskeletal teams, the crisis response teams, the single point of access team, the intravenous therapy teams, podiatry and high-risk foot team, the tissue viability team, the leg ulcer and lymphoedema team, the homeless persons leg ulcer team, physiotherapists, occupational therapists, community matrons, stoma nurses and admin staff.

We spoke with 29 patients, some accompanied by families and carers. We observed interactions between staff and patients in clinics, treatment rooms and the patients home environment. We observed 11 clinics and treatment rooms and reviewed 32 patient records across all services we visited.

## Summary of this service

We had not inspected this service previously. 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.
- The service managed patient safety incidents well and staff recognised and reported incidents appropriately.
- All services we visited held a daily safety huddle where caseloads, patients at risk, incidents and staffing were monitored.
- The service was developing fully integrated clinical pathways in line with national guidance.
- The service participated in research projects with local universities to improve evidence based practice and patient outcomes.
- The service made sure staff were competent for their roles and supported staff to undertake training and modules at degree level with the local universities.
- Staff from different professions and services worked together as a team to benefit patients.
- The service was working well towards fully integrating teams and staff acknowledged the evident benefits to patient care.

# Community health services for adults

- Staff cared for patients with compassion, dignity and respect. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Services were developed and reviewed to ensure they were responsive to the needs of the community.
- The service had a range of fully integrated health and social care teams delivering services across the community.
- The service had a range of nursing and therapy teams providing specialist clinics for patients in vulnerable and complex circumstances.
- The service had a clear vision for community services. Staff actively supported and promoted the vision.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service demonstrated a good culture of identifying and reporting risks.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

## Is the service safe?

**Good** 

We had not inspected this service previously. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff received email reminders when they were nearing their renewal dates and given allocated time to complete training.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had multi professional sub groups to address complex safeguarding issues. These were attended by professionals from health, social and emergency services across the city.
- 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. Incidents were overseen by a quality and safety officer and an established quality and safety group.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- All services we visited held a daily safety huddle where patient risks were addressed. There were multidisciplinary team contact calls for staff to discuss individual patients at risk of deterioration.
- There was a strong culture across all services for assessing and responding to patients at risk. The service monitored and reported pressure ulcer risks, catheter related infections and falls. These were discussed at each team safety huddle and were running agenda items at every team meeting.
- 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. Service managers across all services reviewed staffing daily and support from other teams was provided where required.

# Community health services for adults

- The service had qualified prescribers who could issue prescriptions for patients to collect from their local pharmacy. All staff with a prescribing qualification kept their competencies up to date as part of their professional registration.

However;

- The service had different systems in place for patient record keeping and not all information was accessible to staff providing care. Whilst most of the records we reviewed were completed appropriately, there were gaps in some records of patients' treatment.
- Whilst most of the medical devices we reviewed had been serviced, there were items being used across all neighbourhoods that were overdue annual maintenance checks.
- Some staff were unfamiliar with pressure relieving mattress settings and had not received training on the new devices.

## Is the service effective?

**Good** 

We had not inspected this service previously. We rated it as good because:

- Most services provided care and treatment based on national guidance and evidence of its effectiveness. The service was developing fully integrated clinical pathways in line with national guidance and managers checked to make sure staff followed guidance. The service developed assessment tools based on national guidance to identify risks to patient's social circumstances.
- The service monitored the effectiveness of care and treatment to ensure standards were maintained and to identify where improvements could be made. The service used patient satisfaction surveys, audit and stakeholder feedback to measure the quality of services and make improvements.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Some services were supported by practice educators who worked with staff to monitor competencies and develop skills.
- The service provided a preceptorship programme for newly qualified staff and supported all staff to undertake further studies. The service also had a range of champions and link staff with specialist knowledge of current best practice.
- Staff from different professions and services worked together as a team to benefit patients. Health and social care professionals and volunteers supported each other to provide good care. The service was working well towards fully integrating teams and staff acknowledged the evident benefits to patient care.
- Staff provided written and verbal health promoting activities and delivered workshops for staff, carers, patients and those close to them. The service developed clinical strategies for care homes to promote awareness and prevention of chronic wounds.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However;

- Not all staff were familiar with best practice on the prevention and management of leg ulcers.

# Community health services for adults

## Is the service caring?

**Good** ●

We had not inspected this service previously. We rated it as good because:

- Staff cared for patients with compassion and kindness. Feedback from patients confirmed that staff treated them with dignity and respect. Staff were attentive and allowed patients time to discuss their concerns. Staff gave appropriate advice where required and checked for patient understanding.
- Assessments and treatment in patients' homes and clinics were not rushed and staff allowed time for the patient to adjust to changes in treatment. Staff were considerate when changing dressings particularly during painful procedures.
- There were excellent interactions between staff, patients and those close to them. Staff had built trusting relationships and encouraged involvement of those close to the patient. There was shared decision making between staff and patients when making decisions about the patient's care and treatment.
- Staff provided emotional support to patients to minimise their distress. Staff treated patients sensitively and provided reassurance throughout their treatment. There was good communication throughout as staff explained each procedure or treatment.
- Patients were given privacy to undress where necessary and supported by a staff member if required.
- We observed staff adapting their approach, tone and language depending on their knowledge of the patient and those present. There was genuine staff empathy and understanding for individual patient circumstances.

## Is the service responsive?

**Good** ●

We had not inspected this service previously. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. Services were developed to ensure they were responsive to the needs of the community and reviewed in line with the changing population.
- The service had a range of fully integrated health and social care teams delivering services across the community. Specialists classes and groups were developed to meet the needs of each neighbourhood and monitored to ensure their effectiveness.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice. Most services we visited were well within the local response targets.
- Staff had very good knowledge and access to a wide range of services in the community to support patients' health and social care needs.
- The service took account of patients' individual needs. The service had a range of specialist nursing and therapy teams to support patients with long term conditions and prevent hospital admissions.
- There was fast access to translation services and patient information was available in a range of languages. The service developed social groups and clinics aimed at people who would not normally engage with health and social care services.

# Community health services for adults

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Staff had a good understanding of the service complaints process and their duty of candour responsibilities

However;

- Not all services were available in the three localities due to local commissioning arrangements. The service was looking to review this and improve access to a range of services.

## Is the service well-led?

**Good** ●

We had not inspected this service previously. We rated it as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There were diverse leadership skills across the organisation
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There was an open-door policy in the organisation where staff felt able to approach senior staff regardless of their position.
- Staff were supported by the organisation during transition and redeployment and were kept informed of how services were integrating. The service was developing systems of standardisation and consistency across the newly developed neighbourhoods.
- There was a clear reporting system to the trust board through structured committees and groups. There were clear lines of communication through meetings and leaders between the Manchester Local Care Organisation and the trust. There was a systematic approach to continually improve the quality of services and safeguard high standards of care.
- The service demonstrated a good culture of quickly identifying and reporting risks. Risks were escalated or deescalated as necessary and there was a responsible officer to monitor the service risks.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services. The service collaborated with partner organisations effectively and there was good collaborative working between services to benefit patient care and avoid duplication of work.
- The service participated in research projects with local universities to improve evidence based practice and patient outcomes. The service was committed to improving services by promoting training, research and innovation. The service was committed to learning from when things go well and when they go wrong.

However;

- The service used different policies and procedures across different neighbourhoods due to some teams using policies and procedures from the trust they had moved from. The service had plans to consolidate procedures within the next year
- The service did not have clear guidance to support staff in using medical photography and information was inconsistent across the service.

# Community health services for adults

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

# Community health services for children and young people

Good 

## Key facts and figures

Children's Community Health Services (CCHS) deliver universal, targeted and specialist health services to children and young people on a Manchester citywide footprint.

The directorate is relatively new and became part of Manchester University Hospitals NHS Foundation Trust in October 2017 and therefore transfer of staff and resources from the previous provider was relatively recent.

The directorate provides city wide services across the Manchester area for children, young people and families. The age range of services covers families with children from antenatal to 18 years of age.

The directorate has wide and diverse services which include health visiting, school nursing, healthy schools, paediatric continence service, speech and language therapy, orthoptists and a homeless families' service.

Specialist services are provided in the areas of special needs school nursing, physiotherapy, occupational therapy, community paediatric consultants, community children's nursing and palliative care.

The health visiting service visits families with children from birth to school age and the school nursing service supports children from school entry until 16 years of age.

The directorates staff include a wide range of practitioners which include nursing staff, medical staff, therapists and support workers.

Services are provided in a number of locations which include clinic settings, home visits, drop-in sessions and within the school environment. Community health services for children, young people and their families provide services in both the community and in schools, and teams.

The directorate has developed community and hospital links with a number of partners including schools, specialist support schools, Sure Start Children's Centres, social care and hospitals.

There is also a long-standing partnership delivery model for Early Years where health visitors and speech therapists work in a virtual team with MCC outreach workers.

The inspection was an announced three-day inspection in line with the CQC inspection process. A short- period of notice was given to the provider to ensure access to staff and patients.

The inspection was the first for the directorate since its inception in October 2018.

The service was inspected against the five key questions and rated against them. The five questions we give ratings for were whether services were safe, effective, caring, responsive and well-led.

The team that inspected this core service was comprised of two CQC inspectors and three CQC specialist advisers.

During the inspection visit, the inspection team:

- Visited a number of services including audiology, health visiting, school nursing, child protection clinics, vulnerable baby service, speech and language therapy service and spoke with members of staff from all the areas covered by the service.
- Spoke with young people and carers of the directorate.
- Spoke with the directorate manager, other senior clinical leads and team leaders.

# Community health services for children and young people

- Spoke with 17 other members of staff and sat in on two focus groups.
- Reviewed 12 sets of clinical care records and 8 child protection records case planning referrals to social care.
- Observed a Special Early Help Case Planning review, with parental consent.
- Observed an audiology clinic with parental and child consent.
- Looked at a wide range of policies, procedures, audits and other documents relating to the running of this service.

## Summary of this service

We rated it as good because:

- The community health services for children, young people and families directorate provided staff with training in safety systems, processes and practices and this was monitored by the trust. Completion rates for mandatory training were mostly positive.
- The trust had an infection, prevention and control policy which was available to all teams in the directorate. Training rates were high and audits were done to ensure compliance to the policy.
- From to , staff within the directorate reported no serious incidents. Incidents were reviewed and monitored.
- Evidence based policies and national guidelines were used across the directorate, these included guidance from the National Institute for Health and Care Excellence.
- Staff in the directorate understood the relevant consent and decision-making requirements of legislation and how this related to young people.
- We observed staff of all professions in the directorate acting with compassion and respect towards patients and families. We observed staff explaining treatment and staff talked to patients continually providing reassurance.
- The staff teams across the directorate understood and met the needs of local people. The directorate had started to develop systems so that staff could be deployed effectively in high and low population areas.
- The staff in the directorate were aware of the diversity of populations and the challenges faced by some of its communities. Staff had access to multi-lingual sources such as translation services to support patient care.
- The directorate leaders had the skills, knowledge and experience to guide and lead staff. Managers had acted upon concerns relating to staffing pressures across services.
- Senior leaders in the trust and the directorate had a vision which focused on connectivity with other services to promote well-being. The directorate prioritised stability of services and safety of patients.
- Staff in the directorate told us that the culture of the organisation was positive. Staff felt valued and listened to and management structures had promoted a staff voice in the organisation.

However;

- Whilst training rates were good overall across the directorate, training rates in some mandatory areas needed to improve.
- The directorate was relatively new and lacked maturity and we found some significant challenges in achieving some key performance indicators including waiting times.

# Community health services for children and young people

- Staff in some teams in community health services for children, young people and families' directorate told us that that whilst vacancies were low, they experienced capacity issues because of increasing demand and complexity of caseloads.
- In some parts of Manchester, numbers of the directorates staff were working in areas where families disproportionately experienced higher than average rates of poverty, poor nutrition, obesity, smoking, domestic abuse and poor mental health. Staff told us this had a direct impact on the complexity of caseloads.

## Is the service safe?

**Good** ●

We rated it as good because:

- The Community health services for children, young people and families directorate provided staff with training in safety systems, processes and practices and this was monitored by the trust. Completion rates for mandatory training were mostly positive.
- The directorate provided staff with polices, specialist support and training to keep people safe from abuse and this was monitored by the trust. Staff at operational level understood their responsibility to report safeguarding incidents and the trust had good internal quality systems to support safeguarding decision making.
- The working environment in the directorate was appropriate for the services being delivered in it, apart from one instance which the trust has addressed. We found that in most clinics environment levels were satisfactory and clean.
- The trust had an infection, prevention and control policy which was available to all teams. Training rates were high and audits were done across the directorate to ensure compliance to the policy.
- We found that the directorates staff had the ability to assess and respond to patient risk and were aware of who contact if deterioration occurred. The directorate provided staff with policies and procedures which ensured they could assess and respond to patient risk using national guidelines.
- We found that records were clear and concise across the directorate and recording systems supported patient care.
- From to , staff within the directorate reported no serious incidents. Incidents were reviewed and monitored.

However;

- Whilst the directorates managers were working with commissioners to increase staffing some staff, such as in health visiting, told us that that they experienced capacity issues because of increasing demand in some of its locations.
- Training completion rates for the directorates mandatory training modules were generally positive across the directorate. However, we found moving and handling at level 2, conflict resolution and resuscitation had low completion rates across all nursing and medical staff.
- Training completion rates for the directorates safeguarding training modules needed to improve. Completion rates for Safeguarding adults at level 2 and Safeguarding children at level 3 across nursing and medical staff were significantly lower than other mandatory safeguarding completion rates.
- Whilst city-wide hand hygiene audits showed nearly 100% compliance across most of the directorate. Audit information provided by the directorate showed that in three services staff were not following dress code policy. Our findings on inspection reinforced the audit results, we found instances of staff not following trust dress code on our inspection.

# Community health services for children and young people

## Is the service effective?

**Good** ●

We rated it as good because:

- Policies were in place which allowed the community health services for children, young people and families directorate to work effectively with children and families. Staff were aware of the policies and procedures and could access them.
- Evidence based national guidelines were used across the directorate, these included guidance from the National Institute for Health and Care Excellence.
- The directorate performed clinical audits across all its services.. The audits we reviewed showed key actions when needed, identified leaders for change and time frames for change to occur once audits had been undertaken.
- The directorates performance targets were in early stages of implementation. The children's health service performance report April 2018 to June 2018 showed that out of 13 key performance indicators (KPIs) 9 showed positive progress in terms of Red Amber Green rating and 4 KPIs were red.
- Staff across all the directorates professions received appraisals. The lowest rate of appraisal across the directorates five staff groups was 79% and the highest rate was 94%. Staff told us that they received appraisal regularly and felt supported by managers.
- Staff in the directorate told us they were well supported to deliver effective care and treatment, they could contact managers and other professionals using their mobiles, or speak to staff face to face for specialist advice and support.
- Across the directorate we found staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff in the directorate understood the relevant consent and decision-making requirements of legislation and how this related to young people such as guidance for Mental Capacity Act 2005, Children's Acts 1989 and 2004, Gillick competence 1985 and Fraser guidelines 2006.

However;

- We found challenges in achieving some key performance indicators. The challenges were compounded by substantial increases in referrals and complexity of cases in some of the directorate teams. Business cases had been presented to commissioners in a number of services to increase staff capacity.
- The trust provided us with the performance report for the directorates health visiting service. We found that against 5 national KPI targets the service outcomes were worse than the national average for all 5 targets.

## Is the service caring?

**Good** ●

We rated it as good because:

- Staff demonstrated a genuine desire to help people in need and understood the anxieties of parent's, families and children.

# Community health services for children and young people

- Staff were proud of their individual professions and felt that this was reflected in them providing good quality care to children and families.
- We observed staff of all professions acting with compassion and respect towards patients and families. We observed staff talking to patients continually about what was happening with their care and providing reassurance.
- Good parenting techniques were discussed in parental meetings and parents were encouraged to work with children at home to improve behaviour. Staff in the directorate did this in a supportive way.
- In many cases, such as the health visiting service, the staff groups were the only statutory contact families had. Staff supported patients across a wide range of issues and had a holistic view of care. Staff went above and beyond their duties and supported patients to access other services.
- The directorate received high numbers of positive feedback about the care and treatment provided.

## Is the service responsive?

**Requires improvement** ●

We rated it as requires improvement because:

- The service was not providing timely access to some of its services. In some areas such as the community paediatric service, occupational therapy, speech and the language therapy service, patients had to wait for long periods of time to access care and treatment.
- In some of the directorates teams and services, staff and managers struggled with capacity issues and found it difficult to meet demand.
- In some parts of Manchester, families were experiencing higher than national average health and socio-economic challenges. It was clear that many of the directorates staff were working in areas where families experienced higher than average rates of poverty, poor nutrition, obesity, smoking, domestic abuse and poor mental health. Staff told us this had a direct impact on the complexity of caseloads.

However;

- Community health services for children, young people and families directorate were provided in a variety of locations, including family homes, schools, local clinics and primary care centres. Appointment times varied throughout the day so that parents and families had choice.
- The directorate met the needs of local people and where challenges occurred had started to develop systems so that deployment of staff was effective in high and low population areas. The health visiting service had looked at a formula which reflected the complexity of cases in case management weighting.
- The directorate had invested in a new electronic recording system that allowed its partners such as GPs to share and flag patient information on the internal trust system. The service's using electronic recording could review patient care in both primary and acute settings and respond to patient need.
- The directorates services such as the audiology services newborn screening programme were responsive in providing early intervention screening and treatment.
- The staff in the directorate were aware of the diversity of populations and the challenges faced by some of its communities. Staff had access to multi-lingual sources such as translation services to support patient care.

# Community health services for children and young people

- The directorates services, such as contact team and the vulnerable children's team, provided key support to families. There was a coordinated multidisciplinary approach from teams including input from paediatricians, speech and language therapists and health visitors. The teams liaised with other professional agencies, including schools and the Local Authority to ensure the family received the correct level of support.

## Is the service well-led?

**Good** ●

We rated it as good because:

- Leaders had the skills, knowledge and experience to guide and lead staff. Managers had acted upon concerns relating to staffing and capacity pressures across some of its services.
- Managers in the directorate had set up a number of engagement events prior to the formation of the trust and had also involved staff after the transition. Staff told us they were aware of the engagement process and all staff had either been to an event or had seen a staff bulletin.
- The directorate managers had positive relationships with commissioners. New business plans reflected a joined-up approach to tackling performance challenges.
- Nearly all staff we spoke to in the directorate told us that leaders were visible and approachable. In all the localities we visited the staff spoke highly of managers they worked with and thought that managers supported their role in the organisation.
- Senior leaders in the trust and the directorate had a vision which focused on connectivity with other services to promote well-being. The directorate had prioritised stability and safety as its top priority in its first year.
- Staff in the directorate told us that the culture of the organisation was positive. Staff overall felt valued and listened to and management structures had promoted a staff voice in the organisation.

However;

- The children and young people's directorate has had little time to mature into its intended structures and is still in a state of transition, managers told us change was incremental.
- There were clear legacy arrangements in the directorate which were challenging. Historical systems, processes, procedures were in place which still required standardisation. Managers understood these issues and prioritised change based on impact.
- Some staff felt change across teams was slow or even negligible and were waiting for transition to occur. Staff we interviewed told us they had seen minimum or no change.

## Areas for improvement

- **Action the provider SHOULD take to improve**
- The provider should improve its rates of mandatory training in areas where it is under performing across its nursing and medical staff.
- The provider should improve its rates of safeguarding training in areas where it is under performing across its nursing and medical staff.

# Community health services for children and young people

- The provider should continue to monitor and react to capacity issues because of increasing demand across its services.
- The provider should improve compliance in following dress code policy to further prevent infection transmission.
- The provider should continue to address its legacy arrangements so that historical systems, processes, procedures become standardisation where required.
- The provider should improve timely access to services which are exceeding median waiting times.
- The provider should improve performance across its health visiting services 5 national KPI targets which were worse than the national average.
- The provider should continue to monitor transition groups and improve performance in directorates work streams which are not hitting target dates.
- The provider should continue to have dialogue with its staff regarding transitional arrangements.
- The provider should risk assess the suitability of the Martincroft centre for the regulatory duties carried out in the building.

# Mental health services

## Background to mental health services

The Manchester University NHS Foundation Trust child and adolescent mental health services (CAMHS) is part of the Royal Manchester Children's hospital. The trust provides inpatient and community services for young people experiencing mental health difficulties.

Core district CAMHS sits under tier three services and are divided into four community based centres across Manchester and Salford.

CAMHS inpatient services are provided in galaxy House which is a 12 bedded unit.

## Summary of mental health services

**Outstanding** 

We had not previously rated these services for this provider. We rated them as outstanding because:

- We rated CAMHS inpatients as good and community CAMHS as outstanding.
- The services had enough staff to provide safe care and treatment.
- Staff assessed and managed risk effectively.
- Within the community CAMHS, patients and carers were actively encouraged and supported to drive service improvement initiatives with staff.
- Staff treated patients with compassion and kindness. Patients and carers were involved in decisions about their care and treatment. Particularly within the community CAMHS service, patients felt involved as partners in their care.
- Referrals were managed in a timely manner.
- There was an innovative 16 – 17 emerge service that bridged the gap from CAMHS to adult mental health services.
- Managers promoted a positive culture that supported and valued staff. Staff we spoke with were positive about their jobs, the service and the care they provided. Within the community CAMHS, there was extremely high levels of engagement and satisfaction expressed by all carers, patients, staff and stakeholders.
- Within the CAMHS inpatient unit, there was excellent physical health care. Patients' physical health care was routinely assessed, monitored and treated when required.
- Within the community CAMHS, patients and carers had access to a wide range of therapies to meet their individual needs including support groups. There was a strong emphasis on using evidence-based therapies to support the delivery of high quality care.

# Summary of findings

- Staff within the community CAMHS were actively engaged in activities to monitor and improve quality and outcomes. Staff gave examples where they had proactively initiated work improvement programs to improve service delivery. There was a strong, visible person-centred culture. Staff innovation and continuous improvement were encouraged. Staff celebrated these successes during CAMHS hypermarkets where these were showcased to partners.
- The vision and values of the trust were embedded into daily practice and the CAMHS had also developed its own mission statement to complement this.

# Child and adolescent mental health wards

Good 

## Key facts and figures

Galaxy House is a 12-bed inpatient child and adolescent ward. It is situated within the grounds of the Manchester Children's Hospital and forms part of the children's services offered by Manchester University NHS Foundation trust. The service specialises in providing care for children and young people with an eating disorder and pervasive arousal withdrawal syndrome and child neurodevelopmental disorders. The service accepts male and female patients up to the age of 18.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

This service was previously inspected in March 2018. This was an unannounced, focused inspection following concerns raised by a member of the public. The inspection looked at the safe and well-led domains. The service was not rated at the inspection. However, the service was issued with two requirement notices:

Regulation 12 (safe care and treatment). This breach related to the quality of risk assessments and risk management, a failure to follow local controlled drug procedures and the lack of patient alarm system.

Regulation 17 (good governance). This breach related to the management of ligature risks and support for reducing restrictive practices.

Before the inspection visit, we reviewed information that we held about the service and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the ward, looked at the quality of the ward environment and observed how staff were caring for patients
  - spoke with five patients who were using the service
  - spoke with five carers
  - spoke with senior management within the service
  - spoke with the ward manager and eleven other staff members; including doctors, nurses, healthcare assistants, psychologists, occupational therapists and an advocate
  - spoke with two NHS England commissioners
  - attended and observed one admissions and referral meeting
  - looked at five care and treatment records of patients
  - carried out a check of medication management on the ward and reviewed prescription charts for all patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

We had previously not inspected this service for this provider. We rated it as good because:

# Child and adolescent mental health wards

- The service was well staffed. Staff managed risk effectively. Staff completed patient risk assessments on admission and updated these regularly. The environment was subject to regular checks. A ligature risk assessment was in place. Actions to mitigate or remove risk were in place. Staff knew how to identify potential safeguarding concerns, and the action to take in response.
- A multidisciplinary team of staff provided care to patients. Staff completed and updated assessments of patients, and developed care plans from these. Care plans were detailed and holistic. Staff and patients completed a range of rating scales and outcome measures that were used to inform treatment. There was excellent physical health care. Patients' physical health care was routinely assessed, monitored and treated when required. There was excellent physical health care. Patients' physical health care was routinely assessed, monitored and treated when required.
- Staff treated patients with compassion and kindness. Patients and carers were involved in decisions about their care and treatment. Patients and carers were able to give feedback on the service they had received. Patients and carers we spoke with were positive about the service.
- The service had an admission criteria and a referral pathway. Referrals were managed in a timely manner. Discharge planning began from the point of admission. Staff supported patients with activities outside the service, such as work, education and family relationships.
- Managers promoted a positive culture that supported and valued staff. Staff we spoke with were positive about their jobs, the service and the care they provided. Staff were able to give feedback on the service and were involved in service development. There were effective systems and processes in place to drive quality improvement and safety. The service supported innovation and research.

## Is the service safe?

**Good** 

We had previously not rated this service. We rated it as good because:

- The service had taken action to address concerns over the management of ligature risks. A ligature risk assessment was in place. Actions to manage or remove risks were identified
- The environment was safe, clean, well equipped, well furnished, and well maintained.
- The service had taken action to address concerns over the quality of risk assessments. Risk assessments had been completed for all patients on admission and were regularly updated.
- The clinic room was clean and well equipped. Medical equipment was subject to regular maintenance.
- The service was well staffed. Staff rotas showed that required establishments were met on each shift.
- 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 knew how to identify potential safeguarding concerns, and the action to take in response.
- All staff knew what incidents to report and how to report them. Staff understood the duty of candour.

However:

- The installation of a patient alarm system had not yet taken place. This was due to problems in the procurement process. The alarm system was due to be installed in the next few months.

# Child and adolescent mental health wards

## Is the service effective?

**Good** ●

We had previously not rated this service. We rated it as good because:

- There was a holistic approach to assessing, planning and delivering care and treatment. Treatment was delivered in line with best practice.
- Patients had access to a full range of relevant professionals. The care team worked in a multi-disciplinary manner to ensure effective care.
- Patients had access to excellent physical healthcare. Staff completed regular physical health checks. There were referral pathways into specialist services. Care records showed effective liaison with other professional and physical health services.
- Managers supported staff with appraisals, supervision, and opportunities to update and further develop their skills.
- Staff used a range of recognised ratings scales to assess and record severity and outcomes. Outcome measures were regularly reviewed and used to inform care.
- Staff completed audits of clinical practice. Audit findings were used to drive improvement.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice. Managers made sure that staff could explain patients' rights to them.

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity.

## Is the service caring?

**Good** ●

We had previously not rated this service. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity, and supported their individual needs.
- There were good relationships between patients, staff and carers. Staff made sure patients and carers had the information they needed to be able to make informed decisions about treatment and be involved in planning care.
- Carers spoke highly of both the staff and the treatment being received by their relatives at the service.
- There were regular community meetings on the ward. Issues raised by patients were acted upon. Patients were involved in decisions about the service and had sat on staff interview panels.

However:

- Patients raised concerns about the number of students who came to the ward. Patients felt some students had made inappropriate comments.

# Child and adolescent mental health wards

## Is the service responsive?

**Good** ●

We had not previously rated this service. We rated it as good because:

- There was a clear admission criteria for the service and referral pathways in place.
- Staff planned for patients discharge from the point of admission. Patients and carers were involved in discharge planning.
- The service was accessible to all who needed it and took account of patients' individual needs.
- There were a variety of rooms and facilities available to patients.
- Staff supported patients with activities outside the service, such as work, education and maintaining family relationships.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results.

However;

- The service did not have a dedicated visiting room.

## Is the service well-led?

**Good** ●

We had not previously rated this service. We rated it as good because:

- Leaders were effective in implementing change and driving improvement. Managers had the necessary skills and resources to ensure patient care was of a high quality.
- The service used a systematic approach to continually improve the quality of its services and safeguarded high standards of care by creating an environment in which excellence in clinical care flourished.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff had developed a vision statement for the service. The delivery of care was in line with the vision and values identified.
- The service supported innovation and research.

## Areas for improvement

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

# Specialist community mental health services for children and young people

Outstanding 

## Key facts and figures

The Manchester University NHS Foundation Trust child and adolescent mental health services (CAMHS) is part of the Royal Manchester Children's hospital. The trust provides inpatient and community services for young people experiencing mental health difficulties.

Core district CAMHS sits under tier three services and are divided into four community based centres across Manchester and Salford:

- North Manchester CAMHS: The Bridge, based in Harpurhey
- Central Manchester CAMHS: The Winnicott Centre, based in central Manchester
- South Manchester CAMHS: The Carol Kendrick Centre, based in Wythenshawe
- Salford CAMHS: Pendleton Gateway, based in Salford

CAMHS services are provided in partnership with other targeted CAMHS services that sit within the four core teams. They include:

- Looked After Children Team (LACS)
- Child and Parent Service (CAPS)
- Children with Disabilities Service
- IReach School Service in Salford
- Youth Offending Service/Federation Team (YOS)
- Emerge 16-17 teams, Moss Side, which provides services exclusively for young people between the ages of 16 and 17 experiencing mental health difficulties.
- Community Eating Disorder Team

There is an average caseload of 8,000 with 1,000 referrals a month and 6,000 appointments offered per month.

This was an announced three-day inspection in line with the CQC inspection programme.

The service was inspected against the five key questions and rated against them. The five questions we give ratings for were whether services were safe, effective, caring, responsive and well-led.

The team that inspected this core service was comprised of three CQC inspectors, two CQC assistant inspectors and two specialist advisers.

During the inspection visit, the inspection team:

- Visited all four of the community teams including the child and parent service, children with disabilities service and looked after children's team and spoke with members of staff from all the areas covered by the service
- Spoke with 26 young people and carers of the service
- Spoke with the service manager and other clinical leads
- Spoke with 19 other members of staff

# Specialist community mental health services for children and young people

- Reviewed 33 sets of clinical care records
- Observed a Riding the Rapids session (Training for parents with children who have autism), two initial assessment appointments and a discharge meeting as well as other outpatient appointments.
- Attended a “CAMHS Innovation Market, where CAMHS staff, partner agencies and young people showcased new, innovative practices within the service.
- Looked at a wide range of policies, procedures, audits and other documents relating to the running of this service.
- Attended meetings including a stakeholder’s focus group

## Summary of this service

We had not previously inspected this service under this provider. We rated the service as outstanding because:

- The service had low levels of staff vacancies. This was a well-established and experienced workforce with excellent staffing levels and skill mix. Managers monitored staff shortages and sickness and responded quickly and adequately to keep patients safe.
- There were clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse.
- There was a proactive approach to managing risks. Staff continually monitored patients risk and updated risk assessments regularly. High risk cases were escalated to senior managers who chaired multi-agency meetings.
- Patients and carers had access to a wide range of therapies to meet their individual needs including support groups. There was a strong emphasis on using evidence-based therapies to support the delivery of high quality care. Care records were holistic, person centred and recovery orientated.
- Patients had access to a wide range of evidenced based psychological, educational and therapeutic social activities to support their recovery which was delivered by a highly skilled multidisciplinary workforce.
- Staff were actively engaged in activities to monitor and improve quality and outcomes. Staff gave examples where they had proactively initiated work improvement programs to improve service delivery. Academic research in partnership with local universities was common practice and new evidence-based techniques were used to support the delivery of high quality care.
- Patients and carers were actively encouraged and supported to drive service improvement initiatives with staff.
- There were high satisfaction figures from people who used the service. Those we spoke to were highly complementary about the service and felt staff went the extra mile for them. They felt involved as partners in their care.
- Staff were highly motivated and inspired to offer care that was kind and promoted patient’s dignity. There was a strong, visible person-centred culture.
- Staff were highly motivated and committed to recognising and responding to the changing needs of a diverse population. They took peoples personal, cultural, social and religious needs into account and made appropriate accommodations or tailored services to meet these.

# Specialist community mental health services for children and young people

- The service had response rates from referral to first assessment and then treatment within the trust targets. Transition between services and discharges were planned thoughtfully with patients, carers and stakeholders to promote a smooth transition.
- There was an innovative 16 – 17 emerge service that bridged the gap from CAMHS to adult mental health services.
- There was in built capacity for same day access for high risk cases
- Staff innovation and continuous improvement were encouraged. Staff celebrated these successes during CAMHS hypermarkets where these were showcased to partners. The range of innovative practices ranged from specialist programs for 0-5 parents, Looked after Children, Autism therapies and service delivery projects which reduced did not attend rates. Staff talked about these projects with enthusiasm displaying a commitment beyond normal expectations.
- The vision and values of the trust were embedded into daily practice and the CAMHS had also developed its own mission statement to complement this.
- There was extremely high levels of engagement and satisfaction expressed by all carers, patients, staff and stakeholders.

## Is the service safe?

**Good** ●

We had not previously inspected this service under this provider. We rated safe as **good** because:

- The service environment was safe, clean well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients. Managers monitored and ensured that the skill mix was planned, implemented and reviewed to keep people safe. Staff shortages were responded to quickly and adequately.
- Staff held manageable caseloads which were reviewed regularly.
- Staff completed a thorough risk assessment of every patient at initial triage. These were updated regularly as evidenced in individual care records. Patients and their carers had crisis management plans that they could refer to if the patient needed support in an emergency.
- Staff demonstrated a clear understanding of safeguarding arrangements, had dedicated support from the safeguarding team and good links with children's social care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Openness and transparency about safety was encouraged. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However,

- CAMHS staff could not access care records electronically when working off-site or attending out of hours assessments. This meant that when assessing a patient in an emergency, there could be a delay in completing a thorough assessment of their needs.

# Specialist community mental health services for children and young people

- Staff did not have access to personal alarms in case of emergency. There were also no alarms fitted in rooms where clinical contact with a young person took place.
- Overall compliance for core mandatory training was 89% and for clinical mandatory training it was 58.6%. This fell below the trust target of 90%.
- As at October 2018 staff working in community CAMHS met the 90% target in one of the two mandatory safeguarding training modules.

## Is the service effective?

**Outstanding** 

We had not previously inspected this service under this provider. We rated effective as **outstanding** because:

- There is a truly holistic approach to assessing, planning and delivering care and treatment to people who use services. The safe use of innovative and pioneering approaches to care and how it is delivered are actively encouraged. Evidence based techniques and technologies are used to support the delivery of high quality care.
- Patients and carers told us they felt their treatment was individualised to suit their needs. We found evidence that staff assessed the physical and mental health of all patients on admission. They developed individual care plans and updated them when needed. Specialist services, for example Child and Parent Service which worked with 0 – 5 age group had developed more detailed assessments to reflect the needs of the patient group.
- Staff provided a range of treatment and care for patients based on national guidance and best practice. Staff supported patients with their physical health and encouraged them to live healthier lives.
- Patients and carers told us about a range of interventions they had completed, and how these therapies had helped improve their wellbeing. The service provided evidence based interventions and practices identified as being innovative work. This included Ride the Rapids, Incredible Years, Timid to Tiger, PACT therapy and Video Interactive Guidance, a video of the parent interacting with the child.
- Carers we spoke to on inspection told us they felt involved in the patients care and the staff had exceeded their expectations in the emotional and practical support they offered. Carers praised the additional support CAMHS provided for carers of patients.
- Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision, opportunities to update and further develop their skills. Staff were proactively supported to acquire new skills and share best practice. Staff we spoke to told us they were fully supported in their development and gave us examples of courses they had attended.
- The service had committed to the NHS England Children and Young People's Improving Access to Psychological Therapies Programme CYP IAPT ensuring staff were trained to deliver better outcomes by increasing access to effective services and evidence based therapies.
- All staff were actively engaged in activities to monitor and improve quality and outcomes. Each team had a weekly meeting to discuss individual cases as well as participating in audits of case notes. Staff told us they had opportunities to participate in developmental programmes and gave examples where they had conducted academic research.

# Specialist community mental health services for children and young people

- Staff adopted a multi-disciplinary and collaborative approach to care and treatment. Staff shared best practice with other colleagues and respected and acknowledged each other's input. There was strong evidence of engagement within education and social care settings. During this inspection there a large conference aimed at school staff and numerous engagement meetings in different social settings.
- Staff, teams and services were committed to working collaboratively and found innovative and efficient ways to deliver joined up care to people who use the service. We observed positive working relationships with partner agencies to deliver effective care and treatment. We interviewed staff from external agencies who worked alongside CAMHS staff and were given examples of how this had benefited individuals.
- Stakeholders spoke positively about the service citing incidents where the service had proactively spoken to them about service delivery issues having identified possible problems and the solution before they were aware of any issues.

However,

- As a mental health service, it might be expected that there would be separate Mental Health Act, Mental Capacity Act and the Gillick Competence Framework courses within its mandatory training. This was not the case, but there was evidence that it was delivered within other sessions of mandatory training.

## Is the service caring?

**Outstanding** 

We had not previously inspected this service under this provider. We rated caring as **outstanding** because:

- Feedback from people who use the service, those who are close to them and stakeholders is continually positive about the way staff treat people. People think that staff go the extra mile and the care they receive exceeds their expectations.
- Every young person or carer we spoke to was supportive of the service. They all felt listened to and that staff knew and understood their circumstances. They felt the service was responsive with all feeling any concerns they had were dealt with immediately.
- Some carers told us that they had been so inspired by the support they had received they had become volunteers or gained employment within the mental health sector.
- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity, and supported their individual needs. We observed kind, caring and respectful interactions between staff and patients. Staff involved patients and their families as equal partners. There was a strong, visible person-centred culture and staff were highly motivated and inspired to offer care that was kind and promoted patient's dignity.
- The service empowered patients to identify and raise awareness of issues that mattered to them. Patients with diverse backgrounds had services adapted to their needs. Interpreters were present at both appointments and at therapy sessions as required and those who identified themselves as LGBT were offered tailored support.
- A patient participation group was well established. Patients' views on how the service could be improved was presented to senior management within monthly governance meetings. One example of patient and carers involvement was the autism pathway development group which was chaired by a carer. At another session we observed, looked after children were asked to design an information leaflet for the service. Where appropriate, the service was adapted in response to their preferences.

# Specialist community mental health services for children and young people

- Patient's routinely sat on interview panels to recruit new members of staff, and the service encouraged them to identify what qualities they would like staff supporting them to possess.
- Carers told us that staff were interested in their well-being as well as their child's. Staff had gone the extra mile to support them during difficult times. Carers gave numerous examples of staff responding on the same day to requests for help.
- The service provided educational courses to carers of patients using the service. Carers said that the service empowered them to increase their knowledge of their child's condition and learn new skills to meet their needs.

## Is the service responsive?

**Outstanding** 

We had not previously inspected this service under this provider. We rated responsive as **outstanding** because:

- People's individual needs and preferences are central to the planning and delivery of tailored services. The services are flexible, provide choice and ensure continuity of care.
- The service had key performance indicators for response rates to assessment and treatment of patients from referral into the service. The service was compliant with all targets with 11 weeks to first appointment and 17 weeks to the second appointment. The average time from referral to initial assessment was 5 weeks and second appointment was 10 weeks.
- All new referrals to the service were triaged immediately when received by the teams and allocated amongst the team. Should a need be identified on the initial assessment appointment that the allocated member of staff was unable to support the case was transferred. Patients individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care.
- Staff were allocated to an on-call duty rota, and appointment time scheduled in to normal working hours. This ensured emergency referrals could be seen on the same day. A separate on-call rota responded to out of hours emergency referrals across all the Manchester and Salford teams.
- The service had an open referrals system whereby anyone could refer themselves or another directly to the service. This could be done through an electronic portal on the services web page.
- The service was responsive to the specific needs of the local population. A wide range of teams had been established in response to this. For example, within Manchester, there are high number of children and young people living within children's homes, being adopted or fostered. The CAMHS service established a Looked After Children's team which had developed into a regional centre for excellence for adoptive support.
- The involvement of other organisations and the local community is integral to how services are planned and ensures that services meet people's needs. There are innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs. The service worked with other voluntary organisations to meet the specific needs of children and young people including youth groups representing young people from different ethnic, social economic and LGBT backgrounds.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However

- The introduction of electronic care records should be implemented as soon as possible.

# Specialist community mental health services for children and young people

## Is the service well-led?

**Outstanding** 

We had not previously inspected this service under this provider. We rated well-led as outstanding because:

- The leadership drove continuous improvement and staff innovation was celebrated within the service and continuously encouraged.
- Leadership was not the sole responsibility of the senior management team. Carers were involved in managing the service. One carer chaired a new pathway group redesigning how patients and carers could access the service in the future’
- The service was a national leader having gained a place on the iThrive accelerator programme. ‘iThrive’ is a need based model that enables care to be provided specifically for a population that is determined by its needs.
- Managers demonstrated their passion and enthusiasm for the service and had high levels of experience.
- Staff praised the supportive, professional culture in which they worked. Clinical staff received regular supervision. There were high levels of staff satisfaction. Staff told us their leadership was compassionate, visible and effective. Staff told us they loved working in the service.
- The visions and values of the trust were embedded in the service delivery model. Staff told us they were encouraged and supported to put forward new ideas on how to improve the service and we saw numerous examples of projects being run by staff members which had been developed from their own ideas. Collectively, this had a positive effect of maintaining staff morale and improving staff performance within a challenging work environment.
- There was a strong partnership with local Universities and both public and private sector organisations. The service demonstrated a commitment to quality improvement and innovation. CAMHS staff were involved in carrying out applied research and staff talked about meeting the needs of the local population by changing the service through evidence based practice.
- Systems were in place to monitor staff mandatory training, supervision and annual appraisals. There was a strong data intelligence function not only supporting the main CAMHS operation but also some of the more targeted teams, managers had full access to data on the services performance, for example patient waiting times, referral and discharge rates. They used this to drive improvement.
- Staff provided specialist training to other local agencies and organisations who supported young people with mental health difficulties.
- There was a strong understanding of risk. Every risk assessment that identified an individual at high risk was automatically referred to the service manager. A multi-agency meeting was arranged to discuss how to minimise that risk with all services involved.

## Outstanding practice

*We found examples of outstanding practice in this service. See the Outstanding practice section above.*

## Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

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

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

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

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

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

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

#### Regulated activity

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

#### Regulation

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

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

# Our inspection team

Ellen Armistead, Deputy Chief Inspector, chaired this inspection. An executive reviewer, Amanda Pritchard, Chief Executive, supported our inspection of well-led for the trust overall.

The team included 46 inspectors, two assistant inspectors, five inspection managers, two heads of hospital inspection and 80 specialist advisers.

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