

# East Lancashire Hospitals NHS Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

Are resources used productively?

Good 

Combined quality and resource rating

Good 

# Summary of findings

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

## Background to the trust

East Lancashire Hospitals NHS Trust was established in 2003 and is a large integrated trust providing acute and community healthcare to the people of East Lancashire and Blackburn with Darwen, in Lancashire, and specialist services for the people of Lancashire and South Cumbria. It serves a population of approximately 550,000. There are two acute hospital sites: Royal Blackburn Hospital and Burnley General Hospital as well as three community hospital sites: Accrington Victoria Hospital; Clitheroe Community Hospital and Pendle Community Hospital. The trust also provides services from community sites across East Lancashire.

The Trust employs 8,000 staff and treats over 700,000 patients a year from the most serious of emergencies to planned operations and procedures. The trust has 1079 beds across 48 wards on five hospital sites.

The trust provides a full range of acute hospital and community services and is a regional specialist centre for hepatobiliary, head and neck and urological cancer services. The trust also provides specialist cardiology services and level three neonatal intensive care.

In April and May 2014, we carried out a comprehensive inspection of the two acute hospital sites. We followed this up with an inspection in October 2015 of the four core services which we had previously rated as requires improvement. In September 2016 we carried out a review of how well led the trust was.

## Overall summary

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

## What this trust does

East Lancashire Hospitals NHS Trust provides acute, community and mental healthcare to the people of East Lancashire and Blackburn with Darwen. It also provides some specialist services to the people of Lancashire and South Cumbria.

There are two acute hospital sites: Royal Blackburn Hospital and Burnley General Hospital as well as three community hospital sites: Accrington Victoria Hospital; Clitheroe Community Hospital and Pendle Community Hospital. The trust also provides services from community sites across East Lancashire and Blackburn with Darwen.

## 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.

# Summary of findings

## What we inspected and why

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

Between 28 August and 6 September 2018 we inspected seven different core services provided by this trust as part of our ongoing inspection programme. Between 28 and 30 August 2018 we inspected community services for adults, community inpatient services and community end of life services.

Between 4 and 6 September 2018 we inspected urgent and emergency care, medical care and surgery at both Royal Blackburn Hospital and Burnley General Hospital. We also inspected specialist community mental health services for children and young people.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. We carried out an assessment of how well-led the trust is between 25 and 27 September 2018. Our findings are in the section headed Is this organisation well-led?

## What we found

### Overall trust

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

- We rated safe, effective, caring and well-led as good. We rated responsive as requires improvement. Of the ten services we inspected we rated seven as good, two as outstanding and one as requires improvement. In rating the trust, we took into account the current ratings of the services not inspected this time.
- We rated well-led for the trust overall as good.
- Our ratings for Royal Blackburn Hospital and Burnley General Hospital were both good which was the same as the last inspection
- Our ratings for surgery, at both hospitals, were good, which was the same as the last inspection. Our rating for urgent and emergency care at Royal Blackburn Hospital was requires improvement, which was a deterioration from the last inspection, when we rated it as good. Our rating for urgent and emergency care at Burnley General Hospital was good, which was the same as the last inspection. Our rating for medical care at Royal Blackburn Hospital was good which was the same as the last inspection. Our rating for medical care at Burnley General Hospital was also good which was an improvement since the last inspection.
- Our rating for community end of life was outstanding. Our ratings for community adults and community inpatients were good. This was the first time we have inspected these services.
- Our ratings for specialist community mental health services for children and young people was outstanding. This was the first we have inspected this service.

### Are services safe?

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

- Staff across the trust had completed mandatory training in key skills and compliance rates were high in all services.
- Staff understood how to protect patients from abuse and had training on how to recognise and report abuse.

# Summary of findings

- The trust premises and equipment were generally suitable for the services provided and in most areas well maintained. Although in some services equipment was not checked or serviced as frequently as it needed to be to assure staff that it was safe and ready to use.
- Premises and equipment were clean and most staff followed infection control measures.
- Staff assessed and responded to patient risks. Staff carried out risk assessments and knew what to do when patients deteriorated.
- In most areas staff kept a good record of the care and treatment patients were receiving. Although they did not audit them in every area.
- Services managed their staffing to ensure there were sufficient numbers of nursing, medical and other staff to keep patients safe. In some services there were gaps in staff or reliance on locums but services acted when there were gaps to ensure safe levels of staffing.

However,

- While patients received the right medicines, at the right doses, at the right time, the trust was not always following best practice for the storage of medicines and the process for patient group directions was not robust.
- At busy times the trust was not following the procedures to reduce the risk to patients in the emergency department.
- Records were not stored securely in every area of the trust.

## Are services effective?

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

- Care was delivered throughout the trust in line with national guidelines from organisations such as the National Institute for Health and Care Excellence.
- Pain was managed well for most patients. Patients received the right nutrition and hydration to aid their recovery.
- Across the trust the service monitored the effectiveness of care and treatment and used the findings to improve them. Services participated in local and national audits. In community end of life care the service had conducted its own end of life audit and were using the outcomes to improve care for patients.
- Across the trust staff, teams and services worked well together and with other organisations. In some areas we saw examples of services committed to working collaboratively and finding innovative and efficient ways to deliver joined up care to people who use the service.
- The trust made sure staff were competent for their roles. In most services, most staff received annual appraisals and had opportunities for the development of skills, competence and knowledge.
- Staff had training and understood what to do if someone lacked capacity or experienced mental ill health.
- In the specialist community mental health services for children and young people, the safe use of innovative approaches to care and how it was delivered was actively encouraged and new evidence-based techniques were used to support the delivery of high quality care.

## Are services caring?

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

- Across the trust we observed kind, compassionate and respectful interactions between staff, patients and their families and carers. In some services, staff delivered outstanding care to patients and went the extra mile.

# Summary of findings

- Staff in every service provided emotional support to patients to minimise their distress. In some services we saw staff responding to the totality of patients' needs and taking account of their individual circumstances.
- Patients and those close to them were involved in their care across the trust. In some services we saw staff providing holistic care and truly involving carers and family members in the delivery of care.

## Are services responsive?

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

- Patients did not always receive timely assessment and treatment in line with national standards and best practice. Patients in the emergency department did not always receive timely treatment and there were a high number of bed moves at night.

However,

- The trust planned and provided services in a way that met the needs of local people. The trust understood the local population and designed and delivered services for their needs.
- Services across the trust provided care and treatment which met individual needs. Services had initiatives to support patients who needed additional support.
- In the specialist community mental health services for children and young people patients received timely assessment and treatment.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Are services well-led?

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

- The trust had leaders with the right skills, abilities, integrity and capacity to deliver their services they ran. In some areas leaders drove continuous improvement and innovation.
- Services had developed local plans which were aligned to the trust's vision, values and strategy.
- Most staff felt valued, supported and were proud to work for the trust.
- The trust had effective governance systems to improve the quality of its services and safeguard high standards of care.
- The trust had effective systems for identifying and mitigating risks, monitoring performance and auditing practice. Although some of the local risk registers were not fully up-to-date.
- Services across the trust were committed to improving services by learning from when things went well and when they went wrong, promoting training and innovation. There were initiatives and projects across the trust to improve services.
- The specialist community mental health services for children and young people was one of seven services to have been accredited by the quality network for community child and adolescent mental health services.

However,

- Not all staff were positive about the culture in their service. In some areas pockets of staff did not feel valued, supported or engaged.

# Summary of findings

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding 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 urgent and emergency care, medical care, surgery, community services for adults, community end of life care and specialist mental health services for children and young people.

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

## Areas for improvement

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

## Action we have taken

We issued requirement notices to the trust. Our action related to breaches of legal requirements at a trust-wide level and in community inpatient services.

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

## What happens next

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

## Outstanding practice

### Trust wide

- The safeguarding team had identified and recruited to the role of independent domestic violence advisor to support both patients and staff regarding issues of domestic violence. The trust had created a peer support group where members of staff who had experienced domestic violence could share their experiences.

### In urgent and emergency care

- Staff in the children's emergency department at Royal Blackburn Hospital worked with two local charities to provide 'end of life' boxes to parents whose child died in the department. The boxes were suitable for parents of all faiths or no faith. They contained keepsakes such as soft toys, one of which would go with the child and the other with the parent. They also contained equipment to make imprints of the child's hands and feet.
- The urgent care centres and emergency department had worked to co-locate multidisciplinary teams including physiotherapy and hospital after care services. This enhanced patient flow, improved the experience for patients and their loved ones and helped to reduce unnecessary hospital admissions.

# Summary of findings

## In medical care

- Allied health professional services participated as one of 11 trusts nationally in a trailblazers programme. The service was preparing to host the first national allied health professionals' day, to be held at the trust.

## In surgery

- The refer to pharmacy scheme was innovative and had been adopted by other trusts, this was shown to improve outcomes for patients.
- The surgical robot at Royal Blackburn Hospital enabled more accurate, less invasive procedures from which patients experienced better outcomes; greater success and improved recovery times.
- The service trained staff from other healthcare organisations in the community, such as care homes, in tracheostomy care. This had increased the safe management of patients with tracheostomies in the community.
- The service had worked with charities to support patient discharge. The discharge to assess process involved patients being assessed for safety in their own homes whilst their bed at hospital was still available, giving the security to return to hospital if they could not cope.
- The 10,000 feet initiative in theatres had strengthened safety procedures in theatres. It had focused staff attention on safety and empowered all staff to speak up. The trust and the member of staff whose idea it was had received national recognition for the initiative.
- In December 2016 the Orthopaedics hip and knee school was opened at Burnley General Teaching Hospital and was shortlisted for a national health newspaper award. The 'hip and knee school' informed the patient of everything they needed to know pre-operation, during the operation and post-operation. It enabled the patient to be empowered and supported to manage their own health. From those who had attended at the school, feedback had been 99.9% positive and patients said they valued attending the school before going into hospital for hip or knee surgery.

## In community services for adults

- There were co-ordinator roles in place who facilitated a multidisciplinary approach to meet the needs of patient's health and social care needs. The service was personalised to patient's individual needs and took into consideration the whole patient's circumstances including financial.
- The service was aware of the local population and services were developed to meet the needs of patients. The intensive home support service and integrated respiratory teams had a focus on chronic obstructive pulmonary disease and asthma. The lymphoedema team had a focus on leg ulcer care which was improving practice across the community teams.

## In community end of life

- There was a truly multidisciplinary approach to end of life care involving stakeholders. The service included acute palliative care, community palliative care, community services, primary care, local hospices and nursing and care homes who worked together to provide a seamless service for patients and their relatives and carers. There was a culture of continuous learning and improvement in the service.

## In specialist mental health services for children and young people

- The service was committed to working collaboratively with other agencies and had found innovative ways to deliver care. The service provided input to the East Lancashire and Blackburn with Darwen youth offending teams and staff provided consultation, assessment, interventions and training. This meant that young people open to the youth offending team could have prioritised access to a senior practitioner and psychiatrist.

# Summary of findings

- The average wait for a patient from referral to assessment over the period from September 2017 to August 2018 was 3.6 weeks and the average wait from referral to treatment time within the same period was 6.9 weeks
- Parenting courses were being delivered as a bi-lingual course to ensure the needs of the local community were being met.
- The service had joined up with the university of central Lancashire to deliver a six-month rotation package as part of the GP training programme. This had proved successful and there was an uptake of this training that covered until the year 2020.
- The head of the service was the current vice chair of a clinical reference group that brought clinicians together to look at the clinical robustness of decisions made at the health and well-being board. This was attended by and not exclusive of paediatricians, psychiatrists, accident and emergency practitioners and GPs. The service was taking a leadership role to proactively address challenges and meet the needs of the population.
- The service had been accredited by the quality network for community child and adolescent mental health services. This service was one of only seven services in the country to have been accredited with this.

## Areas for improvement

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

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

#### Trust wide

- The trust must continue to take action to ensure that the fridge and room temperatures are monitored in areas where medicines are stored and appropriate actions taken if the temperature is outside of a safe range. *Regulation 12(1)(2); 17(1)(2)*

#### In community inpatients:

- The trust must ensure that all patient records are stored confidentially and in line with the trust's record policy. *Regulation 17(1)(2)*
- The trust must ensure that fluid and food thickening powder is stored safely and in line with national guidance. *Regulation 12(1)(2)*

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

#### Trust wide

- The trust should review the fit and proper persons policy to ensure that it holds all of the information it is required to for each director.
- The trust should consider how it communicates the actions taken in relation to the Workforce Race Equality Standard and ensure that actions have a completion date recorded.
- The trust should review how it uses its process for escalation and delegation of issues from sub-committees of the board.

# Summary of findings

- The trust should review its corporate risk register and board assurance framework so actions taken or proposed to be taken have target and completion dates. It should consider how risks on the board assurance framework are assigned to and discussed at sub-committees of the board and how risks on the register or board assurance framework are linked.
- The trust should review the process for patient group directions so they are correctly authorised and signed and paper and electronic copies are both accurate.

## Burnley General Hospital

### In urgent and emergency care

- The trust should review the processes for checking resuscitation equipment and monitoring compliance.
- The trust should review training for reception staff in identifying patients at risk.
- The trust should consider having protocols to follow that indicate when immediate actions are required to escalate risks to clinical staff.
- The trust should consider introducing an audit process for key documentation to assure themselves that documentation is being completed correctly and to enable monitoring for themes and trends.
- The trust should ensure that care is provided in a timely way and specifically in line with targets set by the Department of Health and recommendations set by the Royal College of Emergency Medicine.
- The trust should consider ways to reduce the number of patients that leave the urgent and emergency care service before being seen.
- The trust should consider reviewing its communication strategy to enable patients to readily identify the level of care the service offered and to minimise inappropriate presentations.

### In medical care

- The trust should review the processes for sharing information and learning from serious incidents with relevant staff.
- The trust should ensure staff observe infection control protocols when nursing patients with infectious diseases.
- The trust should ensure medicine prescription charts are fully completed to include identification of patients' allergies.
- The trust should review the process for checking equipment maintenance is completed within manufacturers' recommended timescales.
- The trust should continue recruitment of medical and nursing staff to meet the needs of the service.
- The trust should review arrangements for the provision of phlebotomy services on medical wards.
- The trust should review patient menus and the food provided on the Rakehead rehabilitation centre.
- The trust should review the provision of therapy services at the weekend in the Rakehead rehabilitation centre.
- The trust should take action to improve access to services to improve referral to treatment times.

### In surgery

- The trust should consider recording the team brief, prior to surgery, and retaining it in addition to the use of white boards.

# Summary of findings

- The trust should ensure all pre-prepared bags of Potassium chloride on ward 6 of Burnley General Hospital are stored separately from other intravenous infusions.

## Royal Blackburn Hospital

### In urgent and emergency care

- The trust should review hand hygiene standards and compliance within the department.
- The trust should assure itself that all patients in all areas of the emergency department are able to summon assistance in an emergency or if they become unwell.
- The trust should continue to take action to reduce the number of ‘black breaches’ and reduce ambulance handover times.
- The trust should implement a robust standard operating procedure for patients cared for on trolleys on the corridor and assure themselves that all staff follow this.
- The trust should provide adequate food and drinks to patients being cared for on the corridor.
- The trust should consider how to ensure privacy and dignity for all patients is maintained especially when being cared for on the corridor.
- The trust should review how patients are informed of their care and treatment plans, including those cared for on the corridor.
- The trust should continue to monitor the effectiveness of plans to improve the flow of patients through the department, to meet standards for the average time from arrival in the department to treatment.
- The trust should take action to improve performance on the number of patients admitted, transferred or discharged within four hours of arrival in the emergency department and reduce the number of patients waiting more than 12 hours to be admitted to hospital following a decision to admit them.

### In medical care

- The trust should continue to work on ensuring there are sufficient nursing and medical staff with the appropriate skill mix to meet the needs of patients.
- The trust should review how risk assessments for patients are in every patient record and made accessible for all staff.
- The trust should ensure that agency staff induction includes training in trust protocols and procedures.
- The trust should ensure staff competency training is delivered and updated following policy changes.
- The trust should consider improvements to access and flow are made and reduce the number of bed moves at night.
- The trust should consider improvements to access to flow to reduce the number of medical outliers.

### In surgery

- The trust should review the use of the day surgery unit as an escalation area.
- The trust should consider implementing a process specifying triage target time which may be aligned to A&E process for the initial triage of GP referred patients into the ward.
- The trust should reduce the risk that patient records may be accessed by unauthorised persons by ensuring all patient records are stored securely.

# Summary of findings

- The trust should consider integration of records and improving some shortfalls in record keeping.
- The trust should continue the work on improving access and flow and referral to treatment times, readmission rates.
- The trust should review the performance around the National Bowel Cancer Audit.
- The trust should continue the work on improving culture within theatres.

## In community services for adults

- The trust should review the patient record system so that high risk patients are flagged and easily identifiable to staff.
- The trust should ensure that equipment checks are undertaken and recorded in-line with re-test requirements so that staff are assured that equipment is ready for use.
- The trust should consider staff retention and identify ways to maintain the workforce particularly therapy staff.
- The trust should implement a system to audit and monitor the quality of patient records using the electronic record system. This should include the monitoring of nutrition and pain assessments and include a process for the transfer of paper records to the electronic system.
- The trust should identify ways to improve do not attend rates for clinics to ensure the impact to the service is minimised.
- The trust should ensure a consistent approach to lone worker safety.

## In community inpatients

- The trust should ensure timely pain score monitoring, administration of pain relief and reassessment of pain is undertaken for all patients, including managing patients pain out of hours.
- The trust should review how food is stored and monitored to ensure it is within its usage date and does not pose a risk to the patients.
- The trust should review the process for servicing of equipment to ensure sufficient levels of equipment such as hoists are available and in working order.
- The trust should review its hand hygiene measures to ensure they are followed by all staff.
- The trust should ensure there are adequate levels of staffing to ensure managers are able to perform their duties and bay-tagging can be safely carried out.
- The trust should consider how patients' hygiene and care needs are met in timely manner.
- The trust should review its risk management framework to identify and assess all risks relevant to the community inpatient services.

## 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 because:

# Summary of findings

- The trust had a very stable leadership team who had the experience, capacity and integrity to ensure that the strategy could be delivered and risks to performance addressed. Leaders were committed to the trust and their roles. The leadership team were visible and approachable.
- Senior leaders were committed to creating a culture of compassionate, inclusive and effective leadership and were developing a culture and leadership programme for the trust.
- Leaders were knowledgeable about issues and priorities for the quality and sustainability of services. Leaders were articulate about the financial, performance and quality challenges to the trust in the short and long term and the actions the trust needed to take to address them.
- The trust had clear and firmly embedded vision and supporting values. The vision of being widely recognised for providing safe, personal and effective care was understood by all staff and was prominent and actively referred to. The trust had a robust and realistic strategy and objectives that were achievable and relevant.
- The trust's clinical strategy and plans were fully aligned with plans in the wider health economy. Leaders demonstrated a commitment to system-wide collaboration, integration and leadership at a local level through the Pennine Lancashire integrated care partnership and a regional level through the Lancashire and South Cumbria integrated care system.
- The trust had a culture of being patient focussed, with quality and patient safety being the priorities for delivery. Leaders promoted a culture of compassionate, inclusive and supportive relationships and during the inspection most staff we spoke with felt respected, valued and supported. In the last NHS staff survey the trust had exceeded the average for similar trusts in all of the key findings.
- Staff across the trust were open and honest and there was a culture of reporting incidents and speaking up if staff had concerns. The trust had invested in supporting staff who raised concerns and to resolve conflicts, with a full-time freedom to speak up guardian and mediation staff.
- The board and other levels of governance functioned effectively and interacted with each other appropriately. There were clear systems of accountability and reporting lines between the divisions and trust wide governance structures. The trust reviewed the effectiveness of the board and other meetings.
- The organisation had a clear structure and processes for managing and escalating performance issues. Performance and quality was measured and monitored at ward, directorate and divisional level. The trust had a track record of managing financial pressures well and good financial performance.
- The trust used clinical and internal audit processes effectively to gain assurance and improve governance and performance. The trust acted on audits and had clear processes to monitor actions taken.
- The trust used the information it collected to inform effective decision making. There was a holistic understanding of performance, which covered quality, safety, financial information and patient's views. The trust was seeking to develop the information it collected and reported to reflect the planned integration of services. The trust was procuring an electronic patient record system to enhance the effective use of information technology to monitor and improve the quality of care.
- The trust had a strategy for engagement with patients and members of the public and sought a range of people's views when making changes. The service engaged and involved staff in decisions, projects and new strategies to shape services and culture. The service had strong partnerships with other stakeholders, which was a focus for board members. The trust collaborated with partners to understand the challenges to the system and to design improvements to meet them.

# Summary of findings

- The trust had a strong focus on continuous learning and improvement. There was an embedded system of quality improvement and improvement methods and skills were available and used across the organisation. This had been supplemented within the last year with a transformation team focussing on bigger system wide improvements. The trust had been selected as one of seven trusts to participate in a lean programme, which it would participate in as a system.
- The trust was increasing its participation in research and developing its medical training with a local university. The trust invested in new buildings and technology to improve the quality of services for patients, such as a surgical robot.
- The trust shared learning with other trusts through participation in membership groups and supporting a trust in special measures. The trust celebrated success with its own awards and staff and teams had been nominated for, and won national awards and prizes.

However,

- While staff were committed and proud to work for the trust, there were pockets of staff who did not feel they were always valued, in particular when they were impacted by times of increased demands on capacity.
- Black and ethnic minority staff did not all understand the actions the trust was taking and had taken to address inequalities between the experience of black and ethnic minority staff in response to the results of the Workforce Race Equality Standard.
- While the trust had processes to identify, understand, monitor and mitigate risk which were dynamic, regularly reviewed, the content of the risk registers were being reviewed. The risk registers across the divisions were being reviewed, following an audit, to ensure they were up-to-date and accurate. Actions to mitigate risks recorded on the corporate risk register and board assurance framework were not always dated and risks were not always discussed at relevant committees in line with the policy. The trust had identified developments needed to link risks on the risk register and board assurance framework more closely.

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at [www.cqc.org.uk/provider/RXR/Reports](http://www.cqc.org.uk/provider/RXR/Reports)

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Requires improvement →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019

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

## Ratings for a combined trust

	<b>Safe</b>	<b>Effective</b>	<b>Caring</b>	<b>Responsive</b>	<b>Well-led</b>	<b>Overall</b>
Acute	Good →↔ Feb 2019	Good →↔ Feb 2019	Good →↔ Feb 2019	Requires improvement →↔ Feb 2019	Good →↔ Feb 2019	Good →↔ Feb 2019
Community	Requires improvement Feb 2019	Outstanding Feb 2019	Outstanding Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019
Mental health	Good Feb 2019	Outstanding Feb 2019	Outstanding Feb 2019	Outstanding Feb 2019	Outstanding Feb 2019	Outstanding Feb 2019
<b>Overall trust</b>	Good →↔ Feb 2019	Good →↔ Feb 2019	Good →↔ Feb 2019	Requires improvement →↔ Feb 2019	Good →↔ Feb 2019	Good →↔ Feb 2019

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

## Ratings for Burnley General Hospital

	<b>Safe</b>	<b>Effective</b>	<b>Caring</b>	<b>Responsive</b>	<b>Well-led</b>	<b>Overall</b>
Urgent and emergency services	Good →↔ Feb 2019	Good →↔ Feb 2019	Good →↔ Feb 2019	Good →↔ Feb 2019	Good →↔ Feb 2019	Good →↔ Feb 2019
Medical care (including older people's care)	Good ↑ Feb 2019	Good →↔ Feb 2019	Good →↔ Feb 2019	Good →↔ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Surgery	Good →↔ Feb 2019	Good →↔ Feb 2019	Good →↔ Feb 2019	Good →↔ Feb 2019	Good ↓ Feb 2019	Good →↔ Feb 2019
Services for children and young people	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
End of life care	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016
Maternity and gynaecology	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
Outpatients and diagnostic imaging	Good Jul 2014	N/A	Good Jul 2014	Requires improvement Jul 2014	Good Jul 2014	Good Jan 2014
<b>Overall*</b>	Good →↔ Feb 2019	Good →↔ Feb 2019	Good →↔ Feb 2019	Good →↔ Feb 2019	Good →↔ Feb 2019	Good →↔ 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 Royal Blackburn Hospital

	<b>Safe</b>	<b>Effective</b>	<b>Caring</b>	<b>Responsive</b>	<b>Well-led</b>	<b>Overall</b>
Urgent and emergency services	Requires improvement ↓ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement →↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↓ Feb 2019
Medical care (including older people's care)	Good ↑ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Surgery	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↓ Feb 2019	Good ↔ Feb 2019
Critical care	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
Services for children and young people	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
End of life care	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016
Outpatients and diagnostic imaging	Good Jul 2014	N/A	Good Jul 2014	Requires improvement Jul 2014	Good Jul 2014	Good Jul 2014
<b>Overall*</b>	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement →↔ Feb 2019	Good ↔ Feb 2019	Good ↔ 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 Blackburn Birth Centre

	<b>Safe</b>	<b>Effective</b>	<b>Caring</b>	<b>Responsive</b>	<b>Well-led</b>	<b>Overall</b>
Maternity	Requires improvement Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
<b>Overall*</b>	Requires improvement Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014

\*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

	<b>Safe</b>	<b>Effective</b>	<b>Caring</b>	<b>Responsive</b>	<b>Well-led</b>	<b>Overall</b>
Community health services for adults	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019
Community health inpatient services	Requires improvement Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019
Community end of life care	Good Feb 2019	Outstanding Feb 2019	Outstanding Feb 2019	Good Feb 2019	Good Feb 2019	Outstanding Feb 2019
<b>Overall*</b>	Requires improvement Feb 2019	Outstanding Feb 2019	Outstanding Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 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

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

Acute health services are provided at Royal Blackburn Hospital and Burnley General Hospital. Maternity services are also provided at Blackburn Birth Centre and Rossendale Primary Care Centre.

Royal Blackburn Hospital and Burnley General Hospital provide a range of acute services. Both sites provide urgent and emergency care, medical care, surgery, services for children and young people, end of life care and outpatient and diagnostic imaging services. Critical care is only provided at Royal Blackburn Hospital and maternity and gynaecology services are only provided at Burnley General Hospital.

Blackburn Birth Centre and Rossendale Primary Care Centre provide maternity services. They were not inspected during this inspection.

## Summary of acute services

Good  ➔ ➕

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

- We rated safe, effective, caring and well led at Royal Blackburn Hospital as good. We rated responsive as requires improvement.
- We rated safe, effective, caring, responsive and well led at Burnley General Hospital as good.
- We had previously rated Blackburn Birth Centre. We rated this as good in effective, caring, responsive and well-led. We rated safe as requires improvement. We did not aggregate these ratings due to the size of the service.
- We have not inspected Rossendale Primary Care Centre which provides maternity services.

A summary for each hospital appears in the summary of services sections below.

# Burnley General Hospital

Casterton Avenue  
Burnley  
Lancashire  
BB10 2PQ  
Tel: 01254263555  
[www.elht.nhs.uk](http://www.elht.nhs.uk)

## Key facts and figures

Burnley General Hospital provides a full range of hospital services. This includes general and specialist medical and surgical services along with a full range of diagnostic and support services. Burnley General Hospital is the trust's site which specialises in planned (elective) treatment. The hospital has 13 theatres, two obstetric and one procedure room.

The hospital includes an urgent care centre for treatment of minor injuries and illnesses.

In November 2010, the Trust opened the £32 million Lancashire Women and Newborn Centre. This state-of-the-art building includes East Lancashire's centralised consultant-led maternity unit, as well as a level three neonatal intensive care unit, a midwife-led birth centre and a purpose-built gynaecology unit.

## Summary of services at Burnley General Hospital

**Good**  ➔ ↵

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

- Staff across the hospital had completed mandatory training in key skills and understood how to protect vulnerable patients from abuse and how and when to report incidents.
- The hospital and equipment were suitable for the services provided and were clean and tidy. With few exceptions, staff followed infection control measures.
- Staff completed risk assessments for patients and kept a good record of the care and treatment patients were receiving.
- There were sufficient nursing, medical and other staffing to keep patients safe. While there were sufficient staff, the urgent care centre was reliant on locum doctors and nurses on medical wards were moved between areas when there were staffing gaps.
- Services at the hospital delivered care in line with national guidelines and best practice. Services were participating in local and national audits to improve practice. Patients had good outcomes from their treatment.
- Patients received food, drink and pain relief when they needed it. Staff had training and understood what to do if someone lacked capacity or experience mental ill health.

# Summary of findings

- Staff received the right training for their roles and in medical care and surgery had annual appraisals. In urgent and emergency care the rates of appraisals was lower than the trust target. Staff worked well together and worked well with staff and services outside of the hospital.
- Staff throughout the hospital were kind, compassionate and caring to patients, their carers and family members. Patients were involved in decisions about their care and given emotional support.
- Services were planned to meet the needs of people using the hospital and services were responsive to the individual needs of patients.
- The hospital had managers with the right skills and abilities to lead the services. There was a positive culture and morale was generally good throughout the hospital.
- The services in the hospital had effective governance structures and systems to manage and act on risks and performance issues. The services were committed to improving services and used information and engaged with staff and the public to improve services.

However,

- While patients received the right medicines, at the right doses, at the right time, the hospital was not always following best practice for the storage of medicines and the process for patient group directions was not robust.
- Some equipment was not checked or serviced as frequently as it needed to be to ensure staff that it was safe and ready to use.
- In the Rakehead rehabilitation centre patients did not receive a seven-day service as there was limited therapy support at the weekends.

# Urgent and emergency services

Good  ➔ ➕

## Key facts and figures

Urgent and emergency services are provided through an emergency department on the Royal Blackburn Hospital site, urgent care centres at Royal Blackburn Hospital and Burnley General Hospital, and a minor injuries unit at Accrington Victoria Hospital.

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

Urgent care services are provided at Burnley General Hospital by the urgent care centre, which is run under the trust's integrated care group division. The urgent care centre was re-designed in 2007 from an Accident and Emergency (A&E) department. The urgent care centre moved into a new building in January 2014 which is shared with a GP out of hours service. Services operate 24 hours a day, seven days a week.

The urgent care centre provides treatment for injuries or illnesses requiring immediate or same day care but not serious enough to require an emergency department visit or to result in the need for a hospital admission.

Patients requiring emergency care are transferred to emergency departments in other local hospitals. The nearest emergency department is at the trust's other site, Royal Blackburn Hospital, which is also run under the trust's integrated care group division.

Between September 2017 and August 2018, the urgent care centre saw 49,890 patients of which 13,011 were children, averaging 137 patients each day. During this time there were 1,247 attendances resulting in an admission.

Most patients self-present to the urgent care centre, approximately 2.2% per day were brought in by ambulance. There is a designated entrance for these patients. Self-presenting patients at the urgent care centre are directed to the adult or children's waiting area.

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

We carried out an unannounced inspection between 4 and 6 September 2018. As our inspection was unannounced, staff did not know we were coming. This enabled us to take an accurate snapshot of routine activities and staffing levels. As part of the inspection we reviewed information provided by the trust about staffing, training and the monitoring of performance.

During the inspection we spoke with seven patients who were using the service and observed care and treatment. We sought the views of relatives, friends and carers. Six patients gave us their views on the service via comment cards placed in clinical areas and waiting rooms during the inspection.

We spoke with nineteen members of staff including integrated care group leads, medical staff, matrons, nurses, healthcare assistants, cleaners, receptionists and allied health professionals.

We reviewed nine patient records, five incidents and five complaint files. We observed staff interactions with patients, handovers and multidisciplinary team working.

We previously inspected the service in October 2015. The service was previously rated as good.

## Summary of this service

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

# Urgent and emergency services

- The service provided mandatory training in key skills and delivered appropriate safeguarding training to all staff and the majority had completed it.
- The service controlled infection well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had systems in place for assessing and responding to patient risk. The service took prompt action to respond to deteriorating patients.
- The service managed patient safety incidents well. Staff recognised incidents and knew how to report them appropriately. The service had developed systems to ensure lessons learned were shared with the team and wider service.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The safety thermometer results for the service were exemplary and showed that they were focused on delivering harm free care.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service assessed, managed and monitored pain well. Patients were given adequate and timely pain relief.
- Staff worked together as a team to benefit patients. There were good examples of multidisciplinary working from initial assessment through to discharge and beyond.
- The service was available for 24 hours a day, seven days a week and patients had access to the service at all times.
- 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 consent to care and treatment.
- Staff cared for patients with compassion and provided emotional support to minimise their distress. Patients and those close to them were involved in decisions about their care and treatment and the service kept them updated.
- The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs including those living with dementia and mental health needs.
- People could access the service when they needed it. The service prioritised the care and treatment of patients with the most need.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- There were established governance systems in place to continually monitor and improve the quality of its services.
- The service had developed a systematic approach to identify and managing risks and in planning to reduce or eliminate them
- 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 was committed to improving services by learning from when things go well and when they go wrong. A collaborative approach was taken with staff and other health care organisations to improve services.

However:

- Resuscitation equipment checks and monitoring were not always completed appropriately. The service did not always identify that essential equipment was not present.

# Urgent and emergency services

- Although the service had a number of pathways and protocols in place to assess and respond to patient risk they did not cover the initial assessment of patients by reception staff, before they were triaged.
- The service did not audit documentation and could not therefore assure themselves that documentation was being completed correctly or monitored for themes and trends.
- The service did not have robust systems in place to ensure that medicines were stored at the correct temperature and that patient group directions were in date.
- Waiting times for treatment and arrangements to admit, treat and discharge patients were not always in line with targets set by the Department of Health and recommendations set by the Royal College of Emergency Medicine.
- The percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was consistently higher than the England average.
- Despite having an extensive communication and engagement strategy there was still confusion surrounding the level of care the service offered and there were numerous inappropriate self-presentations to the service.

## Is the service safe?

Good  ➔ ↙

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

- The service provided mandatory training in key skills to all staff and made sure the majority completed it. At the time of the inspection the compliance rate was above the trust's target.
- Staff understood how to protect patients from abuse and worked well with other agencies to do so. The service ensured that most staff completed appropriate safeguarding training on how to recognise and report abuse. Staff knew how to report a safeguarding and were aware of their own responsibilities.
- The service controlled infection well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. There were systems in place to monitor adherence to infection prevention and control and compliance rates were high. Visitors were encouraged to maintain hand hygiene.
- The service had suitable premises and equipment and was clean, tidy and dust free. Equipment was checked regularly and available for use. There were systems in place for the maintenance, servicing and replacement of equipment.
- The service had systems in place for assessing and responding to patient risk. Patients were triaged comprehensively to assign a clinical priority for care and treatment. The service took prompt action to respond to deteriorating 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. Gaps in staffing were filled by rotation of staff between sites and by the deployment of bank and agency staff.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date, stored securely and available to all staff providing care. There was evidence of multidisciplinary input and the timely completion of risk assessments.

# Urgent and emergency services

- The service prescribed, gave and recorded medicines well to ensure that patients received the right medicine at the right dose at the right time. Controlled drugs were checked regularly and compliance was monitored. Stock levels were monitored and maintained. There was a number of patient group directions in place allowing nursing staff to administer medicines without the need for a prescription.
- The service managed patient safety incidents well. Staff recognised incidents and knew how to report them appropriately. Managers investigated incidents and took actions to mitigate risks. The service had developed systems to ensure lessons learned were shared with the team and wider service. Staff we spoke with understood the duty of candour and the need to be open, honest and transparent with patients.
- While the urgent care centre was not required to record and display safety thermometer results, the data for harm free care was exemplary and showed that they were focused on delivering harm free care.

However:

- Resuscitation equipment checks and monitoring were not always completed appropriately. The service did not always identify that essential equipment was not present.
- Although the service had a number of pathways and protocols in place to assess and respond to patient risk they did not cover the initial assessment of patients by reception staff, before they were triaged.
- Although the right number of medical staff were deployed, the service was reliant on locums to fill gaps in the rota and the vacancy rate was significantly higher than the trusts target.
- The service did not audit documentation and could not therefore assure themselves that documentation was being completed correctly or monitor for themes and trends.
- The service did not record the room temperatures in areas where medicines were stored. The service did record fridge temperatures but failed to document if any actions had been taken when temperatures were found to be out of range. This is important as some medicines can become ineffective or harmful if not stored at the correct temperature.
- The service used a number of patient group directions but we found that they were not all in date.

## Is the service effective?

**Good**  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. They had policies, guidelines, pathways and care bundles based on the latest guidelines. Staff adhered to polices, knew how to access them and were updated when policies changed.
- Staff gave patients enough food and drink to meet their needs. Drinks and snacks were available. For patients waiting in the department for longer periods hot food was available. The service made adjustments for patients' religious and cultural and other preferences.
- The service assessed, managed and monitored pain well. Patients were given adequate and timely pain relief. Staff used specific pain scoring tools for categorising levels of pain in children, adults and patients with communication difficulties.
- 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 and participated in national audit programmes to compare their outcomes to national standards.

# Urgent and emergency services

- The service made sure that most staff were competent in their roles. There were procedures in place for assessing staff competencies, and support to help staff develop their skills, gain experience and progress.
- Staff worked together as a team to benefit patients. There were good examples of multidisciplinary working from initial assessment through to discharge and beyond. Doctors, nurses, healthcare professionals and integrated support services worked closely to deliver safe co-ordinated care and treatment.
- The service was available for 24 hours a day, seven days a week and patients had access to the service at all times. A range of supporting services were always available including diagnostics, psychiatric liaison services, paediatrics and ambulance transfer.
- There were good examples of health promotion in the department. Patients had access to information and services promoting exercise, wellbeing, self-care and healthier life style choices.
- Staff we spoke with understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 and had met the trust's target for training completion. They knew how to support patients experiencing mental ill health and those who lacked the capacity to consent to care and treatment.

## Is the service caring?

Good  

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We saw staff delivering care and treatment to patients in a warm, friendly, caring and empathetic manner.
- Staff provided emotional support to patients to minimise their distress. We observed staff making a patient feel at ease and providing reassurance to minimise their concerns about their injuries.
- Staff involved patients and those close to them in decisions about their care and treatment and kept them updated. The service had responded to patient feedback by developing information for patients explaining how the department worked.

## Is the service responsive?

Good  

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

- The trust planned and provided services in a way that met the needs of local people. Hospital aftercare services were based in the department, helping patients to avoid admittance by providing them help in the community. Patients were signposted to a range of support services.
- The service took account of patients' individual needs including those living with dementia, mental health needs, physical or learning disabilities and communication difficulties. We saw examples of adjustments made for people with individual needs including discrete symbols to identify increased risks.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Improvements in services were made as a direct result of complaints including systems to improve patient flow.

# Urgent and emergency services

- People could access the service when they needed it. The service prioritised the care and treatment of patients with the most need. Supported discharge services were in place to enable patients to go home and avoid being admitted where appropriate.

However:

- Waiting times for treatment and arrangements to admit, treat and discharge patients were not always in line with National targets. Patient flow through the department was restricted due to high attendances, the lack of timely provision of mental health services and high demand for services in other areas of the hospital. At the time of the inspection one patient with mental health needs waited for four days in the department before being discharged.
- The percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was consistently higher than the England average from July 2017 to June 2018.

## Is the service well-led?

Good  ➔ ➕

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

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. A number of new managers were appointed to provide consistent support for staff and to oversee new developments, approaches and strategies.
- The service had identified key priorities outlining what it wanted to achieve and had strategic plans in place to turn them into action. An improving together plan and a make the right choice campaign and a new urgent care model had been designed with staff, NHS Improvement and key external 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 took pride in their work, felt valued and were given opportunities to develop their skills. There was a wellbeing strategy in place with plans to introduce wellbeing champions.
- The service had established governance systems in place to continually monitor and improve the quality of its services. Local and corporate risks registers were in place. Directors, managers, external partners and staff were cited on issues affecting performance.
- The management team maintained oversight of performance and escalated issues using 'real time' reporting. Regular performance meetings were held to look for themes and trends and the service had developed a dashboard to benchmark themselves against other trusts and national quality indicators.
- The service had developed a systematic approach to identify and managing risks and in planning to reduce or eliminate them. A demand and capacity tool had been used in the development of new integrated staff rotas. Action plans had been developed in conjunction with partner agencies to align with identified risks; such as the care and treatment of mental health patients.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic and paper systems with security safeguards. Patients were informed how their information was used, shared and maintained securely.
- The service engaged well with patients, staff, the public and local and partner organisations to plan and manage services effectively. Staff were encouraged to take part in service development and a new communication strategy had been implemented to improve engagement with staff

# Urgent and emergency services

- The service was committed to improving services by learning from when things go well and when they go wrong. A collaborative approach was taken with staff and other health care organisations to improve services, develop new strategies, implement new initiatives and to mitigate risks.

However:

- Despite the communication and engagement strategy outlined by the leadership team there was still confusion surrounding the level of care the service offered and there were numerous inappropriate self-presentations. Patients were unclear on what constituted urgent or emergency care and their choices on where to attend.

## Outstanding practice

We found 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 care services at Burnley hospital provides care and treatment for general medical patients and older people, with patients being transferred from acute medical wards at Royal Blackburn hospital following more intensive treatment. Patients continued to receive rehabilitation and care, whilst awaiting community provision or social support needs in order to return home.

Ward 16 provides 28 beds, of which eight are individual side rooms.

The Rakehead rehabilitation centre was a separate purpose-built facility in the hospital grounds. The unit provides accommodation for 17 patients who required neurorehabilitation services for different disabilities which had been acquired following brain injury or disease.

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

We carried out an unannounced inspection between 4 and 6 September 2018. As our inspection was unannounced, staff did not know we were coming. This enabled us to take an accurate snapshot of routine activities and staffing levels. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During the inspection we visited ward 16 and the Rakehead rehabilitation centre, we reviewed the environment and staffing levels and looked at 15 care records and seven prescription charts. We spoke with and received feedback in comment cards from 19 patients and their relatives or carers. We spoke with 25 staff of different grades, including nurses, doctors, ward managers, matrons and housekeepers.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff and this was completed.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service used safety monitoring results well and this was shared with staff, patients and visitors.
- Staff kept appropriate records of patients' care and treatment
- The service controlled infection risk well and staff followed trust guidance for infection prevention and control.
- Managers closely monitored staffing levels to ensure there were sufficient staff to keep people safe and to provide the right care and treatment.
- Care and treatment was based on national guidance and evidence based practice and staff followed patient care plans.
- Staff gave patients enough food and drink to meet their needs and improve their health. Dieticians and speech therapists were available for patients needing nutritional support.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.

# Medical care (including older people's care)

- The staff made sure staff were competent for their roles and appraisal completion rates were high.
- Staff of different kinds worked together as a team to benefit patients and there was extensive multi-disciplinary working as part of day-to-day practice.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff cared for patients with compassion and kindness and patient experience feedback was positive; patients were supported for their emotional needs.
- The Rakehead rehabilitation centre provided a fully accessible environment for rehabilitation patients, including a patient flat, recreation areas and a garden.
- People could access services when they needed them. Referral to treatment times in medicine for the elderly met the 18-week standard.
- A range of services were available to support patients appropriately, according to their needs. Staff had good awareness of the needs of patients who were living with dementia or a learning disability
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care
- The trust's vision and values were well embedded across the service and staff felt supported and valued.
- Leaders were aware of key risks in the service and identified improvement plans for these areas.
- 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

- The service did not always ensure staff were aware of the shared learning following serious incidents.
- We observed staff failing to observe infection control protocols when nursing a patient isolated in a side ward.
- Whilst the service prescribed, stored and gave medicines well, prescription records did not always identify any patients' allergies.
- The service did not always look after equipment well and we observed some items of equipment where maintenance was overdue.
- Staff were frequently moved during shifts to other areas of high demand, leaving wards depleted.
- Therapy services did not provide seven-day services and this had particular impact on patients in the Rakehead rehabilitation centre.

## Is the service safe?

Good  ➔ ➕

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

- The service provided mandatory training in key skills to all staff and compliance with this training was high.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff were clear about safeguarding practice and followed trust procedures for this.

# Medical care (including older people's care)

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff recognised incidents and reported these and there were mechanisms for sharing feedback with staff.
- Staff assessed patient safety risks and acted on any concerns where these were identified.
- The service used safety monitoring results well and this was shared with staff, patients and visitors.
- Managers closely monitored staffing levels to ensure there were sufficient staff with the right skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service controlled infection risk well and staff followed trust guidance for infection prevention and control.
- The service prescribed, stored and gave medicines well and followed trust systems for medicines management.

However

- We observed staff nursing a patient isolated in a side ward for infection control, without observing handwashing protocols.
- The service did not always ensure equipment was looked after well. We observed some items of equipment where maintenance was overdue.
- While the service had enough staff to keep patients safe, staff were frequently moved during shifts to other areas of high demand.
- Prescription records did not always identify any patients' allergies.
- Systems for sharing learning from incidents were not always robust. Staff were sometimes unaware of the learning from serious incidents and reduced staffing was not always reported as an incident.

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. Dieticians and speech therapists were available for patients needing nutritional support.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. Managers compared local audit results in benchmarking with results from other services, both within the trust and externally.
- The staff made sure staff were competent for their roles and appraisal completion rates were high. This was an improvement from the last inspection.
- Staff of different kinds worked together as a team to benefit patients and there was extensive multidisciplinary working as part of day-to-day practice.

# 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. Staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. We saw an improvement in the application of the Mental Capacity Act from the last inspection.
- The "#endPJparalysis" initiative was promoted in elderly care wards and the Rakehead rehabilitation centre to promote patients' well-being and recovery.

However

- Therapy services did not provide seven-day services and this had particular impact on patients in the Rakehead rehabilitation centre. This had been identified as an issue at the last inspection.

## Is the service caring?

**Good**  ➔ ➕

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

- Staff cared for patients with compassion and patients we spoke with were happy with the care they had received. Staff treated patients with respect and courtesy.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients, their family and carers were closely involved in long-term goal planning on the Rakehead rehabilitation centre.
- Staff provided emotional support to patients to minimise their distress and took time to reassure patients if they were anxious or upset.

## Is the service responsive?

**Good**  ➔ ➕

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

- The trust planned and provided services that met the needs of the local people. A range of services were available to support patients appropriately, according to their needs.
- The Rakehead rehabilitation centre provided a fully accessible environment for rehabilitation patients, including quiet and recreation areas and a garden. The unit incorporated a self-contained area, designed as a patient flat.
- The service took account of patients' individual needs. Staff had good awareness of the needs of patients who were living with dementia or a learning disability and specialist staff were available for additional support.
- The service treated complaints and concerns seriously, investigated them and shared learning from these outcomes with staff. The service had delivered improvement in complaints management and had reduced the level of complaints since the last inspection.
- People could access services when they needed them. Referral to treatment times in medicine for the elderly met the 18-week standard.
- Waiting times for admission to the Rakehead rehabilitation centre had reduced considerably following the establishment of integrated care services.

# Medical care (including older people's care)

However,

- There were a high number of bed moves at night, although these were more apparent at Blackburn due to admissions directly through the accident and emergency unit.

## Is the service well-led?

**Good** 

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Leaders were passionate about service improvement
- The trust's vision and values were well embedded across the service and staff felt supported and valued.
- There was an open and transparent culture within the service. Although there were some concerns about staffing, overall the morale amongst staff was high.
- The service used a systematic approach to continually improving the quality of its services. Leaders monitored and reviewed different outcome measures to identify continuing service developments from these.
- The service collected, analysed and used information well to support all its activities. Managers had access to different data and performance reports for reviewing progress.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and the unexpected. Leaders were aware of key risks in the service and identified improvement plans for these areas.
- The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Patient engagement activity was well established in the service, and staff were involved in different forums and engagement activities.
- There was a strong focus on improvement and staff of all levels were enthusiastic about learning and engaged in different service developments.

## Outstanding practice

We found 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.

Good  ➔ ➕

## Key facts and figures

Burnley General Teaching Hospital is one of seven hospitals and care centres in the trust. It specialises in planned (elective) treatment for men, women and children and has 291 beds.

As part of the inspection we spoke with 12 patients and 30 members of staff including, nurses, doctors, consultants, managers and support staff. Care and treatment was reviewed as well as eight patient care records and medication prescription records to support our decision on ratings. We received comments from people who contacted us to tell us about their experiences and we reviewed performance information about the trust.

We inspected the service between 4 and 6 September 2018. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

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

We last inspected surgery April 2015. We rated the service as Good.

## Summary of this service

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

Overall, we found the services to be good.

- We saw evidence that incidents were being reported and staff we spoke with were aware of the system and how to use it. We saw evidence of learning from incidents and how this learning was shared across the service and trust wide. We saw evidence of change to practice following learning from incidents.
- Cleanliness and hygiene was of a high standard throughout the hospital departments and staff followed good practice guidance in relation to the control and prevention of infection.
- Patients cared for in the surgical division were receiving care in line with current evidence-based guidance and standards. Policies and procedures were in place and staff were aware of how to access them. Frequent audits were being completed and subsequent action plans implemented.
- The trust participated in National audits including the hip fracture, bowel and lung cancer audits, which showed that overall the trust was achieving better than the National average.
- The hospital had consistently achieved better than the England average in respect of the 18 weeks target from referral to treatment between and although surgical procedures were sometimes cancelled at short notice, systems were in place to ensure patients were rescheduled within 28 days of the cancellation.
- Leadership within the surgical division was very positive, visible and proactive. Managers had a strong focus on the needs of patients and the roles staff needed to play in delivering good care.
- Staff were proud of the work they did; they worked well together and supported each other when the service was under pressure from increased demand. The trust ranked in the top 100 places to work in the NHS in an external health journal. Staff and patients told us they felt well engaged with and their views were valued.

# Surgery

## Is the service safe?

Good  ➔ ➕

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it and figures showed that they were better than the trust target.
- Safeguarding policies and procedures were in place and staff knew how to refer a safeguarding issue to protect adults and children from abuse. Safeguarding training formed part of the trust's mandatory training programme.
- The service had suitable premises and equipment and looked after them well. All facilities and surgical equipment including resuscitation equipment, was fit for purpose and checked in line with professional guidance.
- 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 areas we looked at were exceptionally clean and we were told that ward 15 was cleaned twice daily for infection control. There were reliable systems, processes and practices in place to keep patients safe.
- All patients had a preoperative assessment undertaken prior to their surgical admission. This ensured that any patients at an increased risk of having surgery were identified.
- The service used and audited the use of the World Health Organisation's surgical safety checklist and the '5 steps to safer surgery' approach in theatres. Safety checks before, during and after surgery were completed and safety initiatives had been implemented to protect patients further such as the 10,000 feet initiative and white boards with the checklist.
- 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.
- Theatre recovery and nursing records included an early warning score chart to alert staff if a patient's condition was deteriorating. We observed these had been fully completed in the records we inspected.
- 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 recorded 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 and the wider service.

### However,

- Medicines were not always stored well and we found that fridge temperatures were being recorded as higher than the required temperature, but there was no documented action taken. Ambient temperatures were not recorded and potassium was not segregated in the ophthalmology department.
- On Ward 15 patient group directives for surgery were stored on the intranet and in paper form, they did not mirror each other some patient group directions were missing authority signatures and were out of date.

# Surgery

## Is the service effective?

Good  ➔ ➕

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Patients physical, mental health and social needs were assessed and their care and treatment was delivered in line with legislation. National Institute for Health and Care Excellence guidance was followed and updates or changes were cascaded down from the audit team manager.
- 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. We saw team working between staff in theatres and wards and information was shared well between all teams.
- All patients attending hospital for a hip or knee surgery had the opportunity to attend a class prior to operation. The 'hip and knee school' informed the patient of everything they needed to know pre-operation, during the operation and post-operation. It enabled the patient to be empowered and supported to manage their own health.

## Is the service caring?

Good  ➔ ➕

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

- Staff cared for patients with compassion. We spoke to 12 patients who told us staff treated them well and with kindness.
- Ward 15 supported the NHS initiative of 'Dressed is best' to encourage patients to get dressed and get moving, which aims to speed-up patients' recovery and reduce the length of time people need to spend in hospital.

## Is the service responsive?

Good  ➔ ➕

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

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times for treatment and arrangements to admit, treat and discharge patients were in line with good practice.

# Surgery

- From April 2017 to March 2018 the average length of stay for elective and non-elective patients was better than the England average.
- The percentage of patients whose operation was cancelled by the hospital for non-clinical reasons and were not treated within 28 days was consistently better than the national average.
- The service took account of patients' individual needs. We saw dementia friendly clocks, displaying the day and date as well as the time. The service had link nurses for dementia and mental health to provide additional advice and support to staff.
- 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. We looked at the theatre utilization for all theatres at Burnley, between September 2017 and August 2018 and figures ranged from 75-78% which was good.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. At Burnley General Teaching Hospital 'feedback Friday' meetings discussed updates from the board, equipment issues and any complaints or concerns, this was attended by all staff on duty.

## Is the service well-led?

Good 

Our rating of well-led went down. 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. Leadership within the surgical division was very positive, visible and proactive. Managers had a strong focus on the needs of patients and the roles staff needed to play in delivering good 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. The vision was displayed in prominent public and staff areas, included the education centre for staff to reflect on; 'To be widely recognised for safe, personal and effective care'.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke to at Burnley felt supported, respected and valued.
- Managers were well respected and supportive of their staff. Most staff said morale was good and staff felt happy and supported in their roles, describing job satisfaction and the opportunities for development good. Teamwork was good and relationships were positive.
- The division had governance, risk management and quality measures to improve patient care, safety and outcomes. Performance outcomes were used to focus areas for improvement.
- Staff and managers were sighted on the issues the division faced. They worked to understand the risks and challenges to the department and they had started to implement plans to deal with them. The division had started a programme on initiatives to improve the pockets of cultural issues in the division which they felt were related to the series of serious incidents that had occurred.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

# Surgery

## Outstanding practice

We found 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.

# Royal Blackburn Hospital

Haslingden Road  
Blackburn  
Lancashire  
BB2 3HH  
Tel: 01254263555  
[www.elht.nhs.uk](http://www.elht.nhs.uk)

## Key facts and figures

The Royal Blackburn Hospital provides a full range of hospital services to adults and children. This includes general and specialist medical and services, elective and emergency surgery along with a full range of diagnostic and support services.

The hospital has an emergency department and urgent care centre for adults and children. The hospital is where emergency surgery at the trust is carried out with 11 operating theatres, including robotic assisted surgery. The hospital has inpatient facilities and a centralised outpatient department.

## Summary of services at Royal Blackburn Hospital

**Good**   

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

- Staff across the hospital had completed mandatory training in key skills and understood how to protect vulnerable patients from abuse and how and when to report incidents.
- The hospital and equipment were suitable for the services provided and were clean and tidy. Staff followed infection control measures, although in the emergency department hand hygiene procedures were not always followed.
- Staff completed risk assessments for patients and in most areas kept a good record of the care and treatment patients were receiving.
- There was sufficient nursing, medical and other staffing to keep patients safe. While there were sufficient staff, some medical directorates were reliant on locum doctors and there were times when there were gaps in nurse staffing, although the service had processes to act on this.
- Services at the hospital delivered care in line with national guidelines and best practice. Services were participating in local and national audits to improve practice. Patients had good outcomes from their treatment, although some of the audits in urgent and emergency services were below national standards.
- Patients generally received food, drink and pain relief when they needed it. Staff had training and understood what to do if someone lacked capacity or experience mental ill health.

# Summary of findings

- Staff received the right training for their roles and in medical care and surgery had annual appraisals. In urgent and emergency care the rate for appraisals was lower than the trust target. Staff worked well together and worked well with staff and services outside of the hospital.
- Staff throughout the hospital were kind, compassionate and caring to patients, their carers' and family members. Patients were involved in decisions about their care and given emotional support.
- Services were planned to meet the needs of people using the hospital and services were responsive to the individual needs of patients.
- The hospital had managers with the right skills and abilities to lead the services.
- The services in the hospital had effective governance structures and systems to manage and act on risks and performance issues. The services were committed to improving services and used information to engage with staff and the public to improve services.

However,

- Patients did not always receive timely assessment and treatment in line with national standards and best practice. There were a high number of bed moves at night for medical patients.
- In the emergency department the procedures for caring for patients in corridor areas were not always followed and observations were not consistently carried out or recorded. The privacy and dignity of these patients was not consistently respected. There was a risk that patients on corridors or in other areas could not alert staff if they became unwell.
- The day surgery unit had been used as an escalation area but staff were concerned that it did not have adequate staffing. It was not a suitable environment for patients staying overnight. The surgical triage did not have an appropriate standard operating procedure to triage patients.
- While patients received the right medicines, at the right doses, at the right time, the hospital was not always following best practice for the storage of medicines.
- Records were not always in one place and in surgery were not always legible, signed or stored securely.
- Not all staff were positive about the culture in their service. Some staff did not feel valued, supported or engaged.

# Urgent and emergency services

Requires improvement 

## Key facts and figures

Urgent and emergency services at the Royal Blackburn Hospital site comprise of an emergency department for adults, a children's emergency department and an urgent care centre. The service operates 24-hours a day, seven days a week.

The service provides urgent and emergency care for people across East Lancashire including Burnley.

There were 111,161 attendances at the service between September 2017 and August 2018. Of these, 44,293 attendances were at the urgent care centre and the remainder at the emergency department. The number of attendances resulting in admission to hospital was 35,137.

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

We inspected urgent and emergency services as part of an unannounced inspection between 4 and 6 September 2018. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. 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 emergency department including the resuscitation and triage areas. We visited the children's emergency department and the urgent care centre.

We spoke with 19 members of staff including senior managers, departmental managers and doctors as well as registered nurses, allied health professionals and health care assistants. We also spoke to 13 patients and relatives.

We observed care and treatment and looked at 22 patient care records and two medicine administration charts as well as service performance data.

## Summary of this service

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

- We rated the service as requires improvement for safe and responsive domains.
- Though improvements had been made through the introduction of a rapid assessment triage model, the service still performed worse than the England average for the time patients waited from arrival to initial assessment.
- At the time of our inspection patients were cared for on trolleys in the corridor. We were not assured that all staff followed the standard operating policy when caring for those patients. We saw that the dignity and privacy of those patients was not always respected. There was a risk that patients on corridors or in other areas could not alert staff if they became unwell.
- Access and flow remained an ongoing focus for the service and senior managers had acted to address challenges. However, the service did not meet standards for the number of patients waiting for more than one hour for treatment or the percentage of patients admitted, transferred or discharged within four hours.

# Urgent and emergency services

- During our inspection we saw patients waiting over 12-hours to be admitted to hospital and the service reported 149 patients had waited over 12-hours between August 2017 and July 2018. Most patients waiting over 12-hours (143 out of 149 patients) had been assessed by the local mental trust and were waiting for mental health beds. The service was working collaboratively with the local mental health trust to address the issue.

However,

- There were enough staff with the right qualifications, skills, training and experience to provide the right care and treatment. The service had introduced a new medical rota to address gaps in medical vacancies. Gaps in nursing shifts were filled by agency and bank staff.
- The service had improved the number of staff trained in safeguarding adults since the last inspection.
- The service maintained a culture of reporting and investigating incidents, as found at the last inspection. It shared learning to promote improvements to patient care and treatment.
- There was evidence of adherence to national guidance to provide evidence based care and treatment. The service maintained use of care bundles to support staff to deliver care in line with best practice.
- Staff received mandatory and additional training and support to ensure they were competent for their roles. They felt supported to develop areas of interest and key competencies.
- We saw effective multidisciplinary team working between staff of different grades, disciplines and specialities.
- Staff were caring and compassionate. We observed positive interactions and effective communication between staff and patients.
- The service identified patients with additional and complex needs to enable staff to provide appropriate care and treatment. Support was available from specialist nurses in learning disabilities, dementia, organ donation and end of life care.
- Senior managers worked collaboratively with local partners to reduce the length of stay in the emergency department for patients needing mental health care.
- Senior managers worked with external agencies and partners to develop plans and strategies for the development of the service. They had a clear vision of what they wanted to achieve and workable plans. The service was opening a new ambulatory and emergency care unit at the end of September 2018 and the final building work was being completed during our inspection.
- Performance, risks, incidents and complaints were monitored and reviewed in monthly governance meetings. The service had a risk register which aligned with concerns raised by staff and managers.

## Is the service safe?

**Requires improvement**  

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

- The service performed worse than the overall England average from July 2017 to June 2018 on the time taken from patients arriving at the department by ambulance to initial assessment. However, the service had a 12-month action plan to improve performance and worked closely with the local ambulance service to reduce ambulance hand over times.

# Urgent and emergency services

- During our inspection patients were cared for on trolleys in the corridors. The service's standard operating procedure for caring for these patients was not consistently followed nor was there a protocol to identify criteria for patients suitable to be cared for on the corridor. During our inspection we saw that observations for patients being cared for in corridors were not consistently taking place or consistently recorded.
- There was a risk that patients on corridors or in other areas could not alert staff if they became unwell.
- Staff did not consistently observe best practice in hand hygiene before and after providing care and treatment. Hand hygiene audits for July 2018 showed only 42% compliance with hand hygiene standards.
- The service did not record the temperature in rooms which stored medicines. There was inconsistent recording of maximum and minimum fridge temperatures. This is important as some medicines can become ineffective or harmful if not stored at the correct temperature.

However,

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. At the time of our inspection compliance with mandatory training was 94.1% against a trust target of 90%.
- Staff understood how to protect patients from abuse, they had training on how to recognise and report abuse and they knew how to apply it. Staff received training in level three safeguarding adults and children and in Prevent (preventing radicalisation). Compliance rates were 97% for safeguarding adults, 82% for safeguarding children and 99% for Prevent.
- The service controlled infection risk well and there were systems in place that minimised potential error, reflected best practice and were understood by staff.
- The service had suitable premises and equipment, there was a single reception area for the emergency department, children's emergency department and urgent care centre. The children's emergency department was separated by a locked door accessible by a buzzer activated by staff.
- The service had a clear triage process to evaluate a patient's condition and determine their priority for treatment.
- The service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment. Gaps in the nursing shifts due to sickness absence or vacancies were filled by bank and agency staff. Agency and bank staff received a comprehensive local induction.
- The service used an integrated medical rota to ensure enough medical staff with a mix of skills and experience were available to provide appropriate care and treatment. The rota included doctors, emergency nurse practitioners, advanced nurse practitioners, physiotherapists and advanced paediatric nurse practitioners.
- Staff kept appropriate records of patients' care and treatment which were stored securely to protect patient confidentiality.
- We saw staff gave and recorded medicines well under patient group directions that were in date and signed. These allowed nursing staff to administer medicines without the need for a prescription.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers reviewed and investigated incidents and shared learning with staff.
- The service collected safety information and shared it with staff. There had been no cases of pressure ulcers, falls with harm or urinary tract infections from June 2017 to June 2018.

# Urgent and emergency services

## Is the service effective?

Good  ➔ ➕

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff used clinical care bundles for conditions such as sepsis, chronic obstructive pulmonary disease and stroke to help them comply with all aspects of best practice guidance.
- Staff gave patients enough food and drink to meet their needs. The service provided hot food to patients waiting in the department for over 12-hours. Patients were offered hot and cold drinks from a trolley which volunteers took round the department regularly.
- Pain was assessed, managed and monitored well within the department. Staff used specialist pain assessment tools for children and adults who could not speak.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. There was an annual audit plan and performance was monitored at quarterly audit meetings. The service had action plans to address areas of concern. We saw evidence of improvement in performance against national standards in sepsis care.
- The service made sure staff were competent for their roles and staff received additional training appropriate to their roles. Practice educators ensured all staff starting in the department received an induction and conducted competency assessments with staff. The service had implemented an improvement plan to ensure all staff received an annual appraisal.
- Staff of different kinds worked together as a team to benefit patients. We saw specialist nurses and doctors from other teams in the hospital seeing patients in the department and attending board rounds. The children's emergency department employed two play specialists as part of the multidisciplinary team.
- The emergency department, children's emergency department and urgent care centre were open 24-hours each day, seven days a week. Consultant cover was planned between 8am and 11pm, with additional on call cover until 1.30am.
- The service had access to specialist psychiatric liaison services 24-hours a day, seven days a week.
- The service worked with other teams and colleagues, for example the frailty assessment team, to signpost people with long term conditions to appropriate additional support.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. Training on the act was included in safeguarding level three training and 97% of staff had completed this.
- Staff knew how to support patients experiencing mental ill health and some had completed additional mental health training.

However,

- Some patients, waiting several hours in the department, told us they had not been offered any food or drink.
- The service failed to meet the national standards in the Royal College of Emergency Medicine audits for 2016 to 2017 for moderate and severe asthma and consultant sign-off. Senior managers had recognised this and had developed action plans to improve compliance with these standards.
- The service consistently performed worse than the England average for the number of patients with unplanned re-attendance at the urgent and emergency department within seven days.

# Urgent and emergency services

## Is the service caring?

Good  ➔ ➕

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

- We saw staff cared for patients with compassion. Feedback from patients confirmed staff treated them well and with kindness. Patients told us staff were 'amazing' and we saw several thank you cards and letters on display throughout the department.
- The service promoted the family and friends survey to patients through posters, comment cards and comment boxes through the department.
- The service had systems and facilities to provide emotional support to patients and relatives. There was a quiet room for relatives to take time out and to use to talk to staff about difficult and sensitive issues.
- During our inspection we observed compassionate and effective emotional support given to a patient in distress due to their mental ill health.
- Staff in the children's emergency department worked with two local charities to provide emotional support to parents of children who had died in the department.
- Staff communicated with patients and their relatives to ensure they were kept up-to-date on their care and treatment. Patients we spoke with told us staff had introduced themselves and explained what they were doing and how long it would take.

However,

- The service scored worse than the national average in the family and friends test. We received feedback cards from two patients expressing dissatisfaction with the attitude of staff.
- The service did not consistently respect the privacy and dignity of patients cared for on the corridor.
- Some patients we spoke with being cared for on the corridor told us they had not been kept informed about their care and treatment by staff.

## Is the service responsive?

Requires improvement  ➔ ➕

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

- Waiting time for treatment and arrangements to admit, treat and discharge patients were not in line with the England average or best practice guidelines. Patient flow through the department was restricted due to the number of patients attending the department and pressures from other areas of the hospital and mental health services faced.
- Though the service had plans to improve the flow of patients through the department, it did not meet standards for the average time from arrival in the department to treatment for the whole period of July 2017 to June 2018.
- The Department of Health and Social Care set a target of 95% of patients to be admitted, transferred or discharged within four hours of arrival in the emergency target. The service failed to meet this target from May 2017 to July 2018. In July 2018 performance against this target was 83.8%.

# Urgent and emergency services

- From August 2017 to August 2018, 149 patients waited more than 12 hours to be admitted to hospital following a decision to admit them. 143 of the 149 patients were mental health patients who had been assessed by the local mental health trust and were awaiting a mental health bed. In June 2018, 34 patients waited over 12 hours to be admitted to a mental health bed. However, the service was working with the local mental health trust and other organisations to address this challenge and had a protocol in place to escalate issues. At the time of the inspection one patient had waited for over two days to be admitted.

However,

- The service planned and provided services to meet the needs of local people. It had conducted a local review of the needs of local people attending the urgent care centre. As a result, they had ensured a GP was available from 8am to 11pm seven days a week.
- Staff used discreet systems to identify patients with additional support needs and ensure they provided care and treatment appropriate to these. A 'butterfly' symbol was used to identify patients with dementia and a 'blue hands' symbol for patients experiencing mental ill health.
- Managers took complaints seriously and investigated them. The progress of complaints was tracked and reviewed weekly. Patients were offered the chance to meet with staff, where this was appropriate.

## Is the service well-led?

Good   

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

- The service had managers at all levels with the right skills and abilities. Managers at all levels were given support and opportunities to develop their skills and knowledge.
- The service had a clear vision for what it wanted to achieve and was working with external partners to design and deliver this. This was an improvement from our previous inspection.
- Senior managers had worked with NHS Improvement on the Emergency Care Improvement Programme to develop an 'emergency care village' strategy. As part of the strategy the new ambulatory and emergency care unit was built and due to open at the end of September 2018.
- We saw staff had been involved in developing the model and strategy for urgent care centres.
- Managers promoted a positive culture with a sense of common purpose based on shared values. Senior managers had worked to improve morale in the department and developed an 'improving together' plan and staff wellbeing strategy. At the time of our inspection we saw posters advertising the recruitment of staff wellbeing champions throughout the department.
- The service had effective processes and systems of accountability to support the delivery of high quality services. The governance structure allowed information to be shared from ward to board level.
- Managers monitored performance and escalated issues daily. Performance was reviewed by senior managers daily and at weekly performance meetings. The service monitored and reported performance against other trusts and national standards.

# Urgent and emergency services

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with the expected and unexpected. We saw they had developed plans to cope with challenges of winter pressures built on learning from the previous year. Risks recorded on the risk register aligned with concerns expressed by staff and managers. Senior managers worked closely with other services and providers to manage specific risks such as the increase in attendance at the department by people experiencing mental ill health.
- The service collected, analysed, managed and used information well to support its activities. It had clear performance measures which were reported through the governance structure in a comprehensive performance report.
- The service engaged well with staff and local organisations to plan and manage appropriate services. The service shared key messages with patients and the public through the trust website and social media and published ‘live’ waiting times on the website.
- The service was committed to improving services by learning when things go well and when they go wrong. Managers encouraged staff to share ideas to improve services and implemented improvement projects based on these ideas. Senior managers worked collaboratively with local organisations and NHS trusts to make improvements and address challenges.

However,

- Some staff told us there had been numerous changes of managers at matron level which had led to an inconsistent management approach.
- Staff we spoke with had mixed opinions about the culture of the service. Some staff commented they did not feel valued or supported whilst others commented positively on the culture in the department and the impact of recent changes and initiatives.

## Outstanding practice

We found 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

We carried out an unannounced inspection between 4 and 6 September 2018, (staff did not know we were coming), to enable us to observe routine activity. During the inspection we visited medical wards B18 (cardiology), coronary care unit (cardiology), D3 (endocrine), B4 (geriatric medicine), B2 (stroke Medicine), C2 (gastroenterology), C11 (geriatric medicine), C5 (geriatric medicine), C7 (respiratory medicine), C6 (respiratory medicine), C4 (gastroenterology), acute medical assessment A (general medicine) and acute medical assessment B (general medicine).

We spoke with 33 members of staff including divisional directors, matrons, ward managers, nurses, nursing associates, health care assistants, consultants, middle grade doctors, junior doctors, a physician's associate, dieticians, physiotherapists, occupational therapists, porters, domestic assistants, housekeepers, pharmacy and administration staff. We spoke with 12 patients and relatives.

We observed care and treatment and looked at 14 patient care records and 22 prescription charts. We reviewed comments from staff focus groups, patient feedback cards and looked at the service performance data.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff and this was completed and monitored.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well by using a nursing assessment and performance framework to monitor and act on infection and hygiene risks to patients.
- The environment and equipment was visibly clean and tidy and processes and procedures were in place for maintenance and repair.
- Staffing was on the divisional risk register and the service had plans to mitigate risks to patient care by using innovative recruitment plans for nursing and medical staff.
- Incidents were reported, investigated and actions for learning identified to make improvements to the service.
- Care and treatment was based on national guidance and evidence based practice using care pathway models for patient care plans.
- The service had a multidisciplinary working approach to patient care providing seven-day working.
- Staff cared for patients with compassion and feedback from patients was positive.
- The service provided care and treatment using national guidelines and best practice according to patient needs including dementia and learning disabilities.
- The service had managers at all levels with the right skills and abilities to run the service and provide high-quality sustainable care.
- The trust's vision and values were embedded across the service and staff felt supported.

However,

# Medical care (including older people's care)

- People could access care and treatment but this was not always in a timely manner as patients waited for beds. There were high numbers of bed moves at night due to discharges that occurred towards the end of the day and 'bay flips' to prevent mixed sex breaches. In the time-period reported there were 38,212 in-patient transfers of which 7,158 were at night and this equated to 19% of the total bed moves. This included moves from the acute medical units to the wards.
- While the management of medicines had improved since the last inspection, the systems for monitoring the temperature of medicine fridges was not fully embedded.
- Patient information was not all in the same place and this meant staff had to look in different places to find all the information needed.

## Is the service safe?

Good 

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

- Staff received training in basic mandatory processes, systems and safety procedures. Throughout the service, mandatory training completion rates were high. This was an improvement since the last inspection.
- There were systems and processes in place to keep people safe and safeguarded from abuse. Staff had received appropriate training and were aware of supporting systems and procedures for contacting the safeguarding team. This was an improvement since the last inspection.
- The service controlled infection risk well. Standards of cleanliness and hygiene were measured using a nursing assurance performance framework that included procedures and systems to prevent, monitor and act on infection and hygiene risks to patients.
- The environment on the wards we visited were appropriate with bay areas, side rooms, washing and utility facilities. Lifts were available to transfer patients and visitors to different floors when required and exit signs were clearly visible. Equipment was maintained, checked and decontaminated to provide care and treatment to patients
- Patient risks were assessed, monitored and managed so they were supported to stay safe. Staff used risk assessments and national early warning scores to detect deterioration in patient's condition and escalated for clinician review when needed.
- Safe staffing was a priority and measures had been taken to ensure systems were in place to provide each ward with a daily appropriate skill mix of staff. However, there were times where wards did not have the planned nursing staff, but the service had systems in place to mitigate risks and improvement was seen from the previous inspection.
- Medical staffing levels were sufficient to provide safe care and treatment for patients. Medical staffing vacancy rates and turnover were high with long term locum usage. However, the trust used innovative recruitment processes to support medical cover such as advance nurse practitioners, nurse consultants and physician associates.
- Staff we spoke to were aware of how to report an incident and the type of incidents that could happen on a medical ward. Most staff were confident in reporting these to senior staff or report them on the electronic incident reporting system.

However,

- While the management of medicines had improved since the last inspection, the systems for monitoring the temperature of medicine fridges was not fully embedded.

# Medical care (including older people's care)

- The service used both electronic systems and paper-based records for patient care. We checked 14 patient records during our inspection and found information relevant to care and treatment was documented and recorded. While there were improvements in the management of records since the last inspection, the information was not all in the same place and this meant staff had to look in different places to find all the information needed.

## Is the service effective?

Good  ➔ ↵

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

- The service provided care and treatment using care bundle pathways based on national guidelines and best practice.
- The service assessed nutrition and hydration needs of patients and made referrals to supporting therapists when required.
- Pain relief was prescribed dependent on a pain score assessment recorded on the early warning score document.
- Patient outcomes were audited, monitored and benchmarked by the service nationally and locally in the region for comparison.
- The service had training support in place to make sure staff had the skills, knowledge and experience to deliver effective care, support and treatment. Staff appraisal rates were high and opportunities for development were encouraged where possible. However, multidisciplinary teams worked together within and across organisations to deliver effective care and treatment.
- Staff understood how to assess whether a patient had the capacity to make decisions about their care and how to seek advice and support when in doubt.

However,

- Staff training was supported by education practitioners which was still being embedded on some wards. Induction for agency nursing staff in local policies and procedure was not consistently performed. Some specialised training had not been delivered following a policy update.

## Is the service caring?

Good  ➔ ↵

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

- Staff were caring and supported patients, treating them with dignity and respect. Patient feedback supported a compassionate approach to care.
- We saw positive examples of staff providing emotional support to patients. However, staff told us due to staffing pressures they could not always provide the support they wanted.
- Patients and those close to them told us they were involved in making decisions about their care. We saw documented discussions in patients notes which supported this.

# Medical care (including older people's care)

## Is the service responsive?

Good  ➔ ➕

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

- The trust planned services and delivery in the hospital and community to meet the needs of the local people. The service was developing a frailty strategy for Pennine and Lancashire striving to achieve the best outcomes for the local people.
- The service took account of patients' individual needs and worked towards meeting those needs. Patient needs were considered and prioritised, such as first language, dementia, learning difficulties, mental capacity, diet, and clinical assessment.
- The integrated care group division treated concerns and complaints seriously, investigated them and lessons learned from them helped to improve the service.

However:

- People could access care and treatment but this was not always in a timely manner as patients waited for beds. There were high numbers of bed moves at night due to discharges that occurred towards the end of the day and 'bay flips' to prevent mixed sex breaches. In the time-period reported there were 38,212 in-patient transfers of which 7,158 were at night and this equated to 19% of the total bed moves. This included moves from the urgent and emergency department to the acute medical units

## Is the service well-led?

Good  ➔ ➕

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

- There was a clear leadership structure in place from ward to board which centred on providing high-quality person-centred care. Ward managers and matrons were visible on the wards and staff felt supported.
- The trust had a clear vision "To be widely recognised for providing safe, personal and effective care". There was a clear divisional vision to deliver this as an integrated model of care for community and hospital services. The strategic development included plans for an ageing population and workforce.
- The service had division and corporate committees to monitor performance and quality. These committees identified risks and enabled escalation from ward to board within the integrated care group. Staff were clear about their roles and responsibilities and senior leaders understood their accountability.
- The division identified risks and issues and measured performance to make improvements to the services. The trust nursing assessment performance framework accreditation scheme was used to manage ward performance and identify areas where improvement was needed.
- The trust and division collected information using electronic and manual records to analyse and manage information to support its activities. This included audits, performance dashboards, staffing figures, complaints and patient feedback.
- The service had a strong focus on continuous learning, improvement and innovation. The leaders looked for innovative roles and different ways of working to deliver the care services.

# Medical care (including older people's care)

However,

- We found staff satisfaction was mixed and staff did not always feel actively engaged and empowered.

## Outstanding practice

We found 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.

Good  ➔ ➕

## Key facts and figures

The trust's services include vascular, general surgery, urology, orthopaedics, ENT, maxillofacial surgery, colorectal and hepatobiliary across the two sites. The trust has 12 surgical wards, with 227 inpatient beds.

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

The trust had 43,652 surgical admissions from February 2017 to January 2018. Emergency admissions accounted for 11,101 (25.4%), 27,759 (63.6%) were day case, and the remaining 4,792 (10.9%) were elective.

(Source: *Hospital Episode Statistics*)

The surgical services at Royal Blackburn Hospital are managed by the surgery and anaesthesia division, who also manage surgery and anaesthesia services at Burnley General Hospital. The division includes the operating theatres, the surgical wards, the surgical triage unit and the pre-operative assessment clinic.

The Care Quality Commission carried out an unannounced inspection between 4 and 6 September 2018, that is staff did not know we were coming, to enable us to observe routine activity. During this inspection we visited surgical wards C22 (urology and head and neck), B20 (vascular), C14A general surgery, B22 and B24 (orthopaedics), surgical triage unit, pre-operative assessment clinic, the surgical admissions and the day-case unit.

We spoke to 13 patients and relatives. We also spoke with 41 members of staff including senior managers, specialist nurses, registered nurses, student nurses, health care assistants, consultants, middle grade doctors, junior doctors, medical students, allied health professionals including physiotherapists, occupational therapists, dieticians, pharmacists, domestics, ward clerks, housekeepers and nursing agency staff.

We observed care and treatment and looked at 16 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

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

- The service identified, managed and responded to risks well.
- There was a good incident reporting culture and there was evidence of learning when things went wrong.
- The service had sufficient numbers of suitably skilled, experienced and competent staff to help protect patients from avoidable harm.
- The service followed best practice recommendations and guidance. They monitored outcomes to inform areas for improvements.
- Multidisciplinary teams worked well together.
- Staff demonstrated kindness and compassion towards their patients and families, they provided for their emotional needs and involved them in their care and treatment.
- The service was responsive to the individual needs of patients, their needs were considered in care planning and delivery. Reasonable adjustments were made to enable patients to access the service.

# Surgery

- The leadership, governance and culture enabled the promotion of high quality person centred care. Service managers were competent, visible and well respected.
- Staff understood the vision and strategy of the service and were invested into achieving service goals.
- Managers in the service had good systems in place to identify, understand and react to risks to the service.

However,

- The day surgery unit had been used as an escalation area but staff were concerned that it did not have adequate staffing. It was not a suitable environment for patients staying overnight. The surgical triage did not have an appropriate standard operating procedure to triage patients.
- Records were not always legible, signed or stored securely.

## Is the service safe?

Good  ➔ ➕

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff 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.
- Theatre staff followed the World Health Organisation (WHO) surgical safety checklist and five steps to safer surgery, following several never events and serious incidents there had been a focus on improving the safety culture and this appeared to be progressing well.
- The division had low levels of patient harm. Staff assessed risk and implemented effective strategies for patients with high risk for falls, pressure ulcers and infections. Falls reduction plans and intentional rounding tools appeared to have helped to reduce the number of falls and pressure ulcers.
- Staff completed risk assessments on all patients and updated them regularly. The division had a system to assess patient risk and implemented measures to mitigate that risk. They also used the Early Warning Scores (EWS) to identify patients at risk of deteriorating.
- Staffing on surgical wards and departments was sufficient, there appeared to be enough flexibility in the staffing to deal with unexpected demands in the service. The division used bank and agency staff to supplement permanent staff and moved staff around to maintain safe levels overall.
- Staff recognised incidents and knew how to report them. Managers investigated incidents in a timely way, lessons and learning was shared and this led to positive changes in practice. Staff were aware of incidents which had taken place within the division and were familiar with changes that came from them.
- 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,

# Surgery

- The day surgery unit was used as an escalation area when pressure for inpatient beds were high. This had occurred 12 times in the last few months, during these periods adequately staffing the area was a challenge and staff felt it was difficult to attend to patients appropriately. Furthermore, the environment was not suitable for this purpose.
- During our inspection, it was not evidenced that the surgical triage unit was following an initial triage standard operating procedure for patients who had been referred into the service by their GP and who were waiting to be seen. We found that the four patients in the waiting area at the time of our visit had not been reviewed for periods in excess of four hours or triaged. This posed a risk that patients in the waiting area might be at risk of deterioration or need initial medication or intervention. Since the inspection a new standard operating procedure has made it clear that all patients should receive timely reviews.
- Records were stored in unlocked trolleys and there was the potential for unauthorised access. Some records had loose leaves which could be lost and contained illegible hand writing in the notes. Some staff did not print their names and state their designation (for example doctor or nurse).
- The service did not have a robust system for ensuring that extremes of temperature did not affect medicines efficacy. This included refrigerator temperatures and ambient room temperatures where medicines were stored.

## Is the service effective?

Good  ➔ ➕

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff used surgical pathways and care bundles such as fractured neck of femur, abdominal surgery and enhanced recovery pathways to assist in the delivery of care in line with evidence based practice.
- Managers monitored the effectiveness of care and treatment through continuous local and national audits. Performance in some national audits was mixed, most were better or similar to England averages. However, they performed worse than the England average in the Bowel Cancer Audit.
- 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 worked together well as part of a multidisciplinary team. Each member of the team had a role in the holistic care and treatment of the patient. Members of the team were respectful of other's roles and supported each other for the benefit of patients.
- 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 relative rate of readmission for elective surgery was higher than the England average, although the trust attributed this to only high risk complex procedures taking place at the Blackburn site.

## Is the service caring?

Good  ➔ ➕

# Surgery

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

- Staff demonstrated compassion and kindness as they undertook their work and in delivering care and treatment to their patients. Patients' dignity was protected and they were dealt with in a respectful way.
- Patients, families and carers gave positive feedback about their care, they were happy with the experience they had within the surgical division and said they were considerate of their needs and were warm hearted in how they delivered their care.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients had time to ask questions, have them answered and were asked their opinions.
- Staff provided reassurance and emotional support to nervous and anxious patients.

## Is the service responsive?

**Good**   

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

- The division knew their local population and used local data and community engagement to understand their needs. Services were planned and delivered in a way that met the needs of local people. They were responsive and adapted if they found those needs were not being met or changed over time.
- Staff took account of patients' individual needs, care was individualised and they were responsive to the needs of patients living with dementia and learning disabilities and had developed initiatives to identify and support individual needs.
- The service recognised the cultural and religious needs of patients and their families. Interpreters and translation services were available and leaflets were available in a range of languages. Spiritual support was available and staff were respectful of the cultural needs of families.
- Staff knew how to deal with complaints and concerns and complaints were acknowledged, investigated and responded to in an appropriate way. Lessons were learned and changes implemented based on complaints and patient feedback.

## Is the service well-led?

**Good**  

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

- Managers were well respected and supportive of their staff. Most staff said morale was good and staff felt happy and supported in their roles, describing job satisfaction and the opportunities for development good. Teamwork was good and relationships were positive.
- The division had a clear vision and strategy aligned to the trust values and strategy. Staff understood this and understood their role within that strategy. Within the surgery division there was a strong focus on safety and staff were supportive of this.
- The division had governance, risk management and quality measures to improve patient care, safety and outcomes. Performance outcomes were used to focus areas for improvement.

# Surgery

- Staff and managers were sighted on the issues the division faced. They worked to understand the risks and challenges to the department and they had started to implement plans to deal with them. The Division had started a programme on initiatives to improve the cultural issues within the ‘theatre’ complex which they felt were related to the series of serious incident described as ‘never events’ that had occurred.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The division was an active partner within the local healthcare community and was committed to the transformation and integrated care projects.
- 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,

- Staff told us they felt they were sometimes unable to provide the best care and treatment for their patients. Staff also reported to us allegations of bullying or discriminatory culture.

## Outstanding practice

We found 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

## Background to community health services

The trust provides a range of community services from three community hospitals, Accrington Victoria Hospital; Clitheroe Community Hospital and Pendle Community Hospital and a range of community sites across East Lancashire and Blackburn with Darwen.

The trust provides community services for adults, community inpatient services, community end of life services and children and end of life service and specialist community services for children. The trust also provides a minor injuries unit at Accrington Victoria Hospital.

## Summary of community health services

**Good** 

This is the first time we have inspected community services at the trust. We rated them as good because:

- We rated safe, effective, responsive, caring and well led in community services for adults as good.
- We rated effective, responsive, caring and well led in community inpatient services as good. We rated safe as requires improvement.
- We rated effective and caring as outstanding for community end of life services. We rated safe, responsive and well led as good.
- We did not inspect community services for children or the minor injuries unit on this inspection.

A summary for each core service appears in the summary of services sections below.

# Community end of life care

**Outstanding** 

## Key facts and figures

The community end of life service is for adults at end of life. It is part of a wider team that includes services in the hospital and three hospices in the local area. The community palliative care team is based at Accrington community hospital and they see between 130 to 150 patients every month. Most routine end of life care is delivered by the district nursing teams across the trust who work closely with primary care colleagues.

During the inspection we visited Accrington community hospital to speak with the community palliative care team and Clitheroe community hospital to observe care.

We spoke with the district nursing teams based at Accrington community hospital and at Clitheroe community clinic. We visited a local hospice to observe a multi-disciplinary team meeting and attended an event on care towards end of life.

We visited two patients at end of life in their homes to observe care, one with a community palliative nurse and one with a district nurse. We spoke with four family members during these visits.

We spoke with two palliative care consultants, seven community palliative care nurses, three district nurses, one band five nurse, two matrons, one assistant director of nursing, one porter, one administrator and one member of staff who had previously been the palliative care lead nurse. We also spoke with the end of life care co-ordinator.

We reviewed four medicine charts, five district nurse care records, four do not attempt cardio pulmonary resuscitation documents and four care records for the community palliative care team.

The inspection was a short notice announced inspection (staff knew we were coming shortly before the inspection) to ensure that everyone we needed to talk to was available and was part of the CQC new methodology for inspection. The service had not previously been inspected.

## Summary of this service

### We rated it as outstanding because:

- The approach to end of life care was truly multi-disciplinary with all partners working together to support patients at the end of their lives. Care was evidence based and we saw that guidance was updated as necessary. Patients symptoms were addressed in a timely manner.
- There was a culture of learning and continuous improvement in the service with targeted education for all staff involved in the care of end of life patients. Training was available to a range of staff in different settings and staff were supported by medical colleagues. There were audit systems in place to support and improve the service.
- There was 24 hour cover for end of life services and support for staff out of hours and patients were triaged according to need. There was learning and improvement from complaints. There were processes in place to support more vulnerable patients.
- Patients and relatives were supported and care was holistic, feedback from patients and their relatives described exemplary treatment and care. Staff were compassionate and there was training for staff to support their communication skills in dealing with patients at the end of their lives.

# Community end of life care

- Services were safe and well managed. Patient records were electronic and staff could access records in patient's homes through electronic devices. 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. We saw how the mental capacity act had been applied and robust documentation of patient decisions.
- There was a vision and strategy for the service that had been developed with a range of stakeholders and that service development and improvement was ongoing. There were governance processes in place and risk was managed appropriately.

## Is the service safe?

**Good** 

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The community palliative care team were 96% compliance for mandatory training.
- 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. We saw examples of good safeguarding practice and staff described strong support from the trust safeguarding team and the local authority.
- The service controlled infection risk well. Personal protective equipment was available and we observed that staff used it. Staff had completed training in infection control. The community hospital ward that we visited was visibly clean and tidy.
- The service identified and managed patient risk well, there were systems in place to protect patients. One of the palliative care nurses was allocated to triage all the referrals into the service every day. Referrals were received by phone, email or letter and were categorised by need and risk.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Most community records were electronic and staff could access their own records and GP records (with the patient's permission) through hand held electronic devices.
- The service managed patient safety incidents well. There was an electronic system for the reporting of incidents. Incidents were discussed at safety huddles and at staff meetings and we saw that services changed as a result of incidents.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medicines at the right dose at the right time. There were robust policies and procedures in place so that patients had good symptom control. Prescribing was timely due to nurse prescribing which was supported by the palliative care consultants. District nurses worked closely with GPs to support patients at end of life.

## Is the service effective?

**Outstanding** 

We rated this service as outstanding because:

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

# Community end of life care

- The trust used guidelines from the National Institute of Health and Care Excellence (NICE), “End of Life Care for Adults” (Quality Standard 13) and “Care of Dying Adults in the last days of life” (NICE guidelines 31). They were also using “Strong Opioids for Pain Relief” (NICE guidelines CG140) and the “Five priorities for care of the person- one chance to get it right” (June 2014) Leadership Alliance.
- Pain was managed well for all patients and the staff involved in end of life care responded quickly and effectively to referrals for pain management. Pain management was discussed at the multidisciplinary team meetings and as part of the triage process for referrals to the community palliative care team. We saw that the palliative care team and district nursing teams responded to pain management as a matter of urgency.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They collected and compared local results with those of other services to learn from them. Although there was no care of the dying audit for 2017 the service had conducted their own audit and were using the outcomes to improve care for patients. There was an audit schedule for the palliative care service of national and local audits.
- 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. There was a culture of continuous training and development for all staff that were involved in the care of patients at the end of life and ongoing evaluation of training to improve uptake and content. Training was delivered across the health economy including to staff in nursing homes and was overseen by a specialist education steering group.
- Staff, teams and services worked collaboratively to deliver joined-up care to people who used services. There was robust integrated working between the community teams and acute hospitals, primary care and hospices across the health economy. We saw that this worked well in the delivery of care to the patients. Staff told us that they had faith in each other’s services. There was strong leadership from the GP lead for end of life care as well as excellent clinical support from the palliative care consultants.
- 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. There was good documentation of do not resuscitate decisions which was available electronically and paper copies were kept in patient’s homes. We were given examples of best interest decisions that had been held with patients.

## Is the service caring?

**Outstanding** 

We rated it as outstanding because:

- Patients were treated with compassion by all team members involved in their care. We saw that care was holistic and patient centred with strong support for families and carers. We observed the care of a patient at the end of their life which was exemplary. The nurse’s communication with the patient and their relatives was excellent and the family were extremely complimentary about the care that was given.
- As part of the training provided to staff health care assistants were given training in advanced communication skills so that they could support patients and their carers when providing care in patient’s homes.
- There was emotional support for patients which was identified by the staff who were supporting them. The needs of the patients were identified at the multidisciplinary team meetings and the triage meetings and appropriate psychological support could be made available for patients. Psychological support was discussed for all patients referred to the palliative care team and this support was tailored to meet the patient needs.

# Community end of life care

- Staff involved patients and those close to them in decisions about their care and treatment. Care was holistic and carers and family members were involved in the delivery of the care. Feedback from patient's relatives was extremely complimentary and patients were very reassured by the services that they received. There were services in place to support patients and their relatives at the very end of life and bereavement follow-up for relatives.

## Is the service responsive?

**Good** 

We rated it as good because:

- The service planned and provided services in a way that met the needs of local people. Care for people at the end of life were delivered by a range of services to meet people's needs and were available 24 hours a day.
- People could access the services available for end of life care when they needed to. There was a triage system so that patients could be triaged by the community palliative care team. This meant that the patients with the greatest needs were seen in a timely manner.
- The service took account of patients' individual needs and worked to support vulnerable people appropriately. We saw that interpreters were used appropriately for patients at the end of life and that people with a learning disability were prioritised for treatment. There had been a pilot for personal budgets for those at the end of life which had been successful and had demonstrated a reduction in services that needed to be accessed by the patient while improving the outcomes for the patient.
- The service learnt from complaints and we saw that they used complaints to improve the service to patients.

## Is the service well-led?

**Good** 

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. There was strong medical leadership in the service which was supported by the other partners in the delivery of care to the patients. This included GPs, nurses and specialist nurses.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and patients. End of life priorities had been identified and there was an action plan in place for the service based on these priorities.
- Managers of the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us that there was a very positive culture and that they enjoyed working for the trust.
- The service used a systematic approach to the 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 disseminate information to all staff involved in the service and for information to be passed up the organisation to senior staff.

# Community end of life care

- The service had effective systems for identifying risks and there was planning to eliminate or reduce them. There were processes to identify risks and safety issues to the service and we saw that policy and guidance was updated and that the service learned from other end of life services.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. We saw that there were processes in place for patients to consent to the sharing of their information.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. There was ongoing engagement with all stakeholders involved in end of life to care to identify improvement opportunities for the service.

## Outstanding practice

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

# Community health services for adults

Good 

## Key facts and figures

The trust provides adult community nursing services, predominantly in East Lancashire. This includes district nursing, treatment rooms, integrated neighbourhood team co-ordinators, and a range of specialist nursing services including tissue viability, lymphedema, lower limb, vascular, bladder and bowel service, diabetes integrated service, palliative and end of life care, respiratory and heart failure services.

The trust provided allied health professional services across the health economy, including all trust divisions and primary care. Provision included acute, sub-acute, and rehabilitation inpatient services, intermediate care, community and domiciliary services. The trust's allied health professionals also provide a large range of outpatient clinics across all localities, including the Integrated Musculo-skeletal, Pain Management and Rheumatology services, (IMPReS), Fast Physio and Occupational Health and wellbeing services.

Integrated neighbourhood team co-ordinators: provide a case management approach, based in the neighbourhoods and works closely with primary care although linking with all other health/social and voluntary services within the community.

Intermediate care allocation team (ICAT): A team of social workers, nurses, therapists and co-ordinators who can commission care and work together to support the patient at home. It provides a single point of access to health and social care professionals throughout East Lancashire, offering direct access to Intermediate care resources provided by the NHS, the county council and the voluntary sector.

Intensive Home Support Service: integrated with the intermediate care allocation team, a team of clinical/non-clinical staff including nursing therapy and social care staff. They respond to a referral within two hours providing rapid access to sub-acute and crisis care needs, thus preventing a hospital admission.

Podiatry: provides intervention to patients with long term conditions for example, diabetes, biomechanical problems, patients who require nail surgery and patients presenting with acute foot/ankle problems.

District nursing (24-hour provision): works across all nine neighbourhoods within East Lancashire with registered and non-registered nurses to meet patients' needs of the neighbourhood population, including some staff with specialist practitioner qualification in district nursing.

Lymphedema service: provides for cancer and non-cancerous lymphedema, providing specialist assessment and care.

Lower limb vascular service: a triage, specialist assessment management and treatment service for people with established or suspected peripheral arterial disease, acute and critical ischaemia or those with tissue viability problems.

Tissue viability: provides specialist wound management, clinical support and training programmes within East Lancashire acute hospital and community including care and nursing homes.

Bladder and bowel: specialist nurse-led service for individuals experiencing bladder and bowel incontinence chronic bladder and bowel conditions.

Domiciliary phlebotomy: Provision of routine domiciliary phlebotomy service to patients in their own home.

Integrated therapy service: comprises occupational therapy and physiotherapy works across Pennine Lancashire with teams based in the six localities. The Blackburn with Darwen team is a physiotherapy-only commissioned service. These services include in-reach into residential rehab units at Springfield, Castleford and Olive House, and input into the reablement service. The occupational therapy service in East Lancashire provides specialist assessments to Lancashire

# Community health services for adults

county council social services via an S75 agreement. The East Lancashire community therapy teams are commissioned to provide a service over seven days, and work 8.00am to 8.00pm, Monday to Friday. The trust's stroke rehabilitation therapy team is based at Pendle Community Hospital in Nelson and is available for all stroke patients who have suffered an acute event and the rehabilitation can be provided up to twelve weeks.

These community teams support patients in East Lancashire who live in their own homes, and residential and nursing care settings. The trust provides integrated care to meet the needs of the patient and prevent unnecessary hospital admissions. The geographical areas covered encompass Hyndburn, Ribblesdale, Burnley, Pendle and Rossendale.

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

Our inspection was short notice announced (staff knew we were coming) to ensure that everyone we needed to talk to was available and was part of the CQC new methodology for inspection. During our inspection we visited five of the community base locations these were Acorn Health Centre, Accrington Victoria community hospital, St Peters Health Centre Burnley, Bacup Primary Health Centre and Rossendale Primary Care Centre.

We visited three district nursing teams, the lymphedema and lower limb vascular team, two locality treatment rooms, the integrated respiratory team, the integrated home support service, the intermediate care allocation team, podiatry teams in two localities and the integrated physiotherapy and musculoskeletal team.

We spoke with eleven nurses, four allied health professionals, five service leads, three matrons, four team leaders, three administration staff, one podiatry assistant and ten patients.

We observed seven home visits with district nursing teams and three clinic appointments in the treatment rooms. We reviewed ten patient's records.

## Summary of this service

This is the first time we have rated this service and we have rated it as good. We rated it as good because:

- 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 environment and equipment was clean and in general well maintained.
- Patients were risk assessed and prioritised to ensure they received safe treatment. The service was managing medicines well and made good records of patient care.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. They monitored the effectiveness of care and treatment and findings to improve them.
- The service assessed and monitored patients' nutritional and pain needs effectively.
- 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. Staff encouraged patients to make healthy lifestyle changes and promoted ways for patients to manage their own health.
- 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. They involved patients and those close to them in decisions about their care and treatment.

# Community health services for adults

- The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs. We saw good examples of personalised care.
- People could access the service when they needed it, referrals were triaged to prioritise those with the most urgent needs.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There was a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the service 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. The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However

- While there were systems for assessing risk, systems did not flag high risk patients.
- The service had not developed a process to audit electronic records to monitor quality. The service used primarily electronic records on a computerised system which had been newly introduced in April 2018.
- We were not assured that there was an adequate process in place for the maintenance of equipment in community locations
- whilst we saw that most areas were visibly clean and tidy we found mobile workstations which were not visibly clean in the podiatry clinic rooms at Bacup Health Centre.
- Across the service we were told that did not attend rates were high, the service was working towards introducing a text reminder system for appointments.
- The service had not developed a system for extracting data to audit the quality of information which had been inputted into the system.
- The service did not have a consistent approach to lone worker safety and the use of the policy.

## Is the service safe?

**Good** 

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. We saw that 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 a safeguarding concern and provided examples of referrals they had made.
- The service controlled infection risk well. Staff kept themselves, the environment and equipment clean. They used control measures to prevent the spread of infection and carried out monthly audits to monitor performance.
- The service had suitable premises and access to equipment and generally maintained them well. 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 services for adults

- The service assessed patient risk, prioritised patients' needs and patients were re-assessed within the timescales scheduled. We saw that initial risk assessments had been undertaken and care plans were in place to mitigate patient risk. Staff were aware of how to recognise and act if patients deteriorated.
- While there were gaps in staffing, the service took action to ensure there were sufficient staff in the right area to meet patients' needs. 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. Caseloads were reviewed regularly and took account of the acuity of patients.
- The service kept up to date records of patient care and treatment and records were available to access across multidisciplinary community teams. We saw good documentation of comprehensive care plans which were clear and regularly reviewed.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. Medicines were managed stored and transported safely and securely. The service had non-medical prescribers in teams across the service to reduce the delay in the supply and administration of medication.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to make improvements. Safety performance was on display in staff areas and discussed in team meetings.
- 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. Themes from incidents were monitored at divisional level.

However

- While there were systems for assessing risk, the electronic system did not flag high risk patients.
- The service had not developed a process to audit electronic records to monitor quality. The service used primarily electronic records on a computerised system which had been newly introduced in April 2018.
- We reviewed the medical engineering database for equipment maintenance in the areas we visited. We found 59 pieces of equipment which were outside of their re-testing dates. We were not assured that there was an adequate process in place for the maintenance of equipment in community locations. There was a risk that equipment was not fit for use.
- In the podiatry clinic rooms at Bacup Health Centre we observed the mobile workstations looked aging and not visibly clean. They had removeable glass tops which staff told us made them difficult to clean.

## Is the service effective?

**Good** 

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Standard operating procedures and patient assessments reflected national guidance.
- The service assessed and monitored patients' nutritional needs effectively. New patient assessments considered patients' lifestyle and cultural preferences these were recorded on the patients' record. We saw patients were referred to dieticians and speech and language therapy as a result of being identified as high risk.

# Community health services for adults

- Pain was assessed and reviewed during patient interactions and formed part of the initial patient assessment. The integrated physiotherapy and musculoskeletal team provided a pain management service. Non-medical prescribers could prescribe analgesia for patients experiencing pain.
- The service monitored the effectiveness of care and treatment and findings to improve them. They compared local results with those of other services to learn from them. The service had an audit forward plan and reported positive results in national and internal audits.
- 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 district nursing team had developed a training competency framework for new starters and bank staff. Staff were given time and funded for training.
- 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 had an open and positive approach to cross team working and identified benefits to patient care. Integrated neighbourhood teams provided a single co-ordinated approach to patients' health and social care needs.
- Staff across the service encouraged patients to make healthy lifestyle changes and promoted ways for patients to manage their own health. This included referrals to smoking cessation services and wellbeing services. Staff facilitated support groups, provided information leaflets and used technology to connect with patients.
- 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 were aware of their responsibilities in relation to consent and we saw documented evidence of patient consent.

However,

- The district nurse team did not monitor the process for the assessment of nutrition and pain.

## Is the service caring?

Good

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 being caring and sensitive to patients' privacy and dignity. Patients spoke highly of staff and the care they received.
- Staff provided emotional support to patients to minimise their distress. Staff could refer patients to the integrated neighbourhood team who co-ordinated social and emotional support from external agencies. Privacy and dignity was monitored through the nursing assessment and performance framework and the results were good.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff felt they had time to spend with patients and have discussions about their care and treatment. We were given examples of carers who the service had support and empowered to become the case manager for their relatives' care.

# Community health services for adults

## Is the service responsive?

**Good** 

We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. The service was part of the Pennine Lancashire sustainability and transformation partnership and was working towards integrated models of care. Service leads were aware of local priorities and services were aligned to these. There was a focus on the management of chronic obstructive pulmonary disease, asthma and leg ulcers.
- The service took account of patients' individual needs. We saw good examples of personalised care. The integrated neighbourhood team provided a co-ordinator role to assess and manage the health and social care needs of patients this included psychological, financial and activity needs. The services had access to link nurses for patients living with dementia and those with a learning difficulty.
- People could access the service when they needed it. The service monitored referral to treatment times, cancellations and did not attend rates. The average referral to treatment time was 10.6 days. Patient referrals were triaged to prioritise those with the most urgent needs. The integrated home support service saw patients within two hours of referral for crisis care.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, were shared with all staff. The service aimed to resolve complaints early to prevent formal complaints, this was reflected in the low number of complaints the service had received.

However

- Across the service we were told that did not attend rates were high, the service was working towards introducing text reminder systems for appointments.

## Is the service well-led?

**Good** 

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. Matrons and service leads were visible and based in community locations. Service leads were aware of the challenges to maintain and develop services to meet the needs of the population.
- 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 had a strategy which was aligned to the Pennine Lancashire sustainably and transformation plan which aimed to integrate services and reduce hospital admissions.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us they were proud to work for the organisation. Staff felt that the integrated teams and multidisciplinary working made them feel part of a wider team.

# Community health services for adults

- There was a clear reporting and governance structure in place. The services were aligned to the integrated care group division and the diagnostic and clinical support division for therapy staff. There were monthly divisional meetings in which performance, risk, incidents and complaints were reviewed. Staff felt that information was fed up and down the structure effectively and they were aware of information they needed to know for their roles.
- 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 systems to monitor and act on and escalate risks. There was a performance dashboard that was monitored and reviewed at divisional level and was used to improve the service.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems. The service primarily used the electronic system for patient records. There was a sharing agreement in place for access to patient information from external healthcare providers. The performance dashboard was presented to commissioners to demonstrate service performance against targets.
- 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 strategy was developed following consultation from stakeholders and service users. The service regularly collected patient feedback. Staff engagement was good, staff had regular team meetings and were encouraged to contribute ideas for development.
- The trust was committed to improving services by learning from when things went well and when they go wrong, promoting training, research and innovation. Lessons learnt and shared was an embedded practice throughout the service. Complaints and incidents were discussed in team meetings and displayed in team areas for all staff to see.
- Teams in the service were encouraged to participate in projects and research. The lymphedema team had initiated involvement in a project to improve leg ulcer management, which teams across the service were involved in. Staff in the integrated physiotherapy and musculoskeletal team had won an award for a research project they had been involved in.

However

- The service had not developed a system for extracting data to audit the quality of information which had been inputted into the system. At the time of our inspection there was no audit process in place for the management and quality of electronic patient records.
- The service did not have a consistent approach to lone worker safety and the use of the policy.

## Outstanding practice

We found 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

Community inpatient services at East Lancashire Hospitals NHS Trust are based across three sites, Pendle Community Hospital, Accrington Victoria Hospital and Clitheroe Community Hospital.

Pendle Community Hospital consists of three 24-bedded wards, Marsden ward which is a specialist stroke rehabilitation ward as well as Hartley and Reedyford wards which are both general rehabilitation wards.

Clitheroe Community hospital has a 32-bedded rehabilitation ward called Ribblesdale whilst Accrington Victoria hospital has ward two which is an 18-bedded female rehabilitation ward.

Community inpatient services sit under the integrated care group which includes medicine and community services.

We carried out an unannounced inspection of all three community sites on 28-30 August 2018.

During our inspection we spoke with many members of staff including the named nurse for safeguarding, physiotherapists, registered nurses, healthcare assistants, housekeepers, complex case managers, matrons, ward managers and the falls lead for the trust. We also spoke to six patients, three relatives and observed a best interest meeting.

We reviewed 25 sets of patients records and eight incident report forms. Patients and their relatives were also spoken to about their experience.

## Summary of this service

We rated it as good because:

- The trust provided mandatory training in key skills and made sure all staff were included. Staff understood how to safeguard patients from harm and abuse, they could identify different forms of abuse and knew how to make a safeguarding referral.
- The service completed risk assessments for patients and had processes for managing deteriorating patients. The service was following best practice when prescribing, giving, recording medicines. Staff kept appropriate records of patients' care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. All hospitals collated information about the effectiveness of care and treatment and this was shared internally and externally.
- Patients received food and drink to meet their needs.
- The service made sure staff were competent for their roles and staff worked well with each other as a team.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- 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.
- The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs and circumstances. People could access the service when they needed it.

# Community health inpatient services

- The service had managers at all levels which were visible, knowledgeable and had the right skills to manage the service. There were plans for the service which were aligned to the trust's vision and strategy.
- Staff were positive about their roles and the team working around them.
- There were governance structures in place and processes to monitor and act on risks. The service used management information and engaged with staff and patients to improve services.

However,

- The service was not storing drugs appropriately and in line with best practice. Fluid and food thickening powder were not always safely secured and fridges used to store medicines at one of the hospitals was not properly monitored.
- The service did not always ensure that records were stored securely. We found records trolleys were not all locked and nursing records for patients in individual rooms were kept on bumper bars outside of the rooms.
- The service did not always have the numbers or mix of nursing staff to meet the planned staffing allocation, although they did have processes to mitigate the risk.
- Staff did not observe hand hygiene best practice.
- The service did not always assess and monitor patients regularly to see if they were in pain. Patients did not always have timely pain relief, reassessment of pain or access to sufficient pain relief.

## Is the service safe?

### Requires improvement



We rated it as requires improvement because:

- Staff did not observe hand hygiene best practice. During our inspection we did not witness staff washing their hands and were told by one member of staff that she didn't need to wash her hands after dealing with a patient suffering from diarrhoea because the patient wasn't infective. We noted that hand hygiene audits were undertaken and repeatedly scored 100% across all three sites. However, we found that the audit sample was small and therefore potentially not fully representative.
- The service did not always have suitable equipment, which was well maintained, to keep patients safe. At the time of the inspection the stroke rehabilitation ward at Pendle Community hospital only had one hoist available as one was broken. This had not been raised as an incident nor added to the departmental risk register. No clear plan of management for this was in place at the time of our inspection.
- The service was not storing drugs appropriately and in line with best practice. We found fluid and food thickening powder had been left on top of the lockers in six beds. This was against national guidance due to a risk of asphyxiation. Fridges used to store medicines at one of the hospitals were not properly monitored and had been out of range.
- The service did not always ensure that records were stored securely. During our inspection we found records trolleys on two wards were not locked and that nursing records for patients in individual rooms were kept on bumper bars outside of the rooms. This meant that other patients or visitors could access them.
- The service did not always have the numbers or mix of nursing staff to meet the planned staffing allocation. The service did have processes to aim to mitigate this risk by using bank and agency staff, allocating managers to shifts and undertaking a daily safety huddle which included reviewing staffing levels.

# Community health inpatient services

However,

- The service provided mandatory training in key skills and made sure all staff were included. We saw a high level of compliance across all three community hospital sites.
- Staff understood how to safeguard patients from harm and abuse, they could identify different forms of abuse and knew how to make a safeguarding referral. Safeguarding training levels were high and we saw evidence of safeguarding referrals.
- Apart from hand hygiene, the service controlled the risk of infection risks. Staff kept, equipment and the premises clean and used control measures to prevent the spread of infection. The service audited a number of infection prevention and control measures each month.
- The service completed risk assessments for patients and had processes for managing deteriorating patients. Joint initial assessments of patients were completed and an early warning scoring system was used to monitor and identify any deterioration in a patient's condition, which had been adapted to take into account the geographical locations and reduced medical provision.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. We looked at nursing, medical and therapy records and found both to be completed in line with national guidance.
- The service was following best practice when prescribing, giving, recording medicines. Records showed that patients had been given the right drugs at the right dose and the right time.
- The service managed patient safety incidents well and staff 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 rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Guidance for staff was clear and referenced good practice taken from national guidelines.
- Staff at all sites ensured that patients received food and drinks to meet their needs and improve their health. Staff would assist patients with their menu choices if required.
- All hospitals collated information about the effectiveness of care and treatment and this was shared internally and externally. The information was used to improve outcomes for patients. The trust had shown significant improvements in the sentinel stroke national audit programme (SSNAP).
- The service made sure staff were competent for their roles. Appraisal rates were above or close to the trust target and staff were given opportunities to develop. The service had arrangements for revalidation and clinical supervision was available.
- 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 were regular multidisciplinary team meetings and staff worked with other organisations to support discharge of patients.
- The service had initiatives to promote healthy lifestyles such as Tai-chi, gardening and mindfulness

# Community health inpatient services

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Patients were supported to make decisions and, where appropriate, their mental capacity was assessed, recorded and acted on in line with relevant legislation.

However

- The service did not always assess and monitor patients regularly to see if they were in pain. Patients did not always have timely pain relief, reassessment of pain or access to sufficient pain relief.

## Is the service caring?

**Good** 

We rated it as good because:

- We observed staff treating patients and their families with compassion. Feedback from patients that we spoke to confirmed that staff treated them with kindness and provided lots of support.
- Staff informed us that they understood the impact that a person's care, treatment or condition would have on their wellbeing and they were mindful that social interaction was an important aspect in the patients care. We observed staff giving emotional support to a patient's family as their loved one was on the end of life care pathway.
- Staff ensured that patients and those close to them were partners in decisions about their care and treatment. Staff we observed communicated with patients during assessments in a way that patients could understand.

## Is the service responsive?

**Good** 

We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. The hospitals were designed with the patients in mind, and included gardens and outdoor spaces, therapy kitchens and dementia friendly areas.
- The service worked towards meeting the individual needs of patients in vulnerable circumstances. The service had additional support for patients living with dementia, reduced mobility or whose first language was not English.
- People could access the service when they needed it. The service had a 'step up' capacity for patients as a preferred place of end of life care as well as the 'step down' facility from the acute hospital site.
- A home first initiative had been implemented and meant that some patients were able to be discharged directly to their place of residence where community services and equipment would be obtained in the same day. In this instance the bed would be held for three to four hours so they could return to the ward if they needed to.
- The service received few complaints. Both complaints received between April 2017 and March 2018 were dealt with in line with trust policy which included weekly contact with the complainant and written explanation of events with apology.

## Is the service well-led?

**Good** 

# Community health inpatient services

We rated it as good because:

- The service had managers at all levels which were visible, knowledgeable and had the right skills to manage the service. Managers were developed within their roles by a mixture of both coaching and mentoring.
- The service had a clear vision and strategy which focused on the right care at the right time in the right place including a frailty programme for patients who were unable to be discharged and electronic patient reporting software.
- Staff were positive about their roles and the team working around them. Staff felt supported, valued and included in the daily running of the wards.
- There was a clear governance structure within the service. This meant that information could be fed both up and cascading down in a timely and efficient way.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risks were monitored through risk registers and risk meetings. There was a programme of audit and performance monitoring through the ward accreditation scheme.
- Standardised quality information boards across the community inpatient sites which provided current quality data such as staffing levels and safety performance. Information on falls and dementia was also across each site.
- The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The service had listened to patients about the food and the leaders had open door surgeries.
- 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 was involved in improvement initiatives.

## Areas for improvement

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

# Mental health services

## Background to mental health services

The only mental health services provided by the trust are specialist community mental health services for children and young people.

## Summary of mental health services

### Outstanding

This was the first time we have inspected this service. We rated this service as outstanding because we rated effective, caring, responsive and well led as outstanding. We rated safe as good.

A summary of the service is provided in the summary of service section below.

# Specialist community mental health services for children and young people

**Outstanding** 

## Key facts and figures

The East Lancashire Child and Adolescent Service provided a mental health service for young people up to their 16th birthday, who may be experiencing a range of severe and complex difficulties with their mental health. The service was divided into three teams covering East Lancashire. The teams were Burnley and Pendle team, Hyndburn Rossendale and Ribble Valley team and Blackburn with Darwen team. All teams were based within Burnley General Hospital and saw patients both at the hospital and a wide variety of other settings including schools, GP surgeries, children's centres and patient's homes. An intensive support unit was also based within Burnley General hospital.

This was a short-noticed announced two-day inspection in line with the CQC inspection programme and this was the first time this service had been inspected. A short-notice time-period is given to community services to ensure there will be the relevant people to speak with available when we arrive and to ensure services are running at the time of inspection.

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, a CQC assistant inspector and a specialist adviser.

During the inspection visit, the inspection team:

Visited the service including the intensive support unit and spoke with members of staff from all three areas covered by the service

Spoke with 15 patients and carers of the service

Spoke with the head of service/clinical director and operational lead of the service

Spoke with 22 other members of staff

Reviewed nine sets of clinical care records

Observed a family therapy session, self-harm group and an outpatient's appointment

Attended a clinical team meeting and a referrals meeting

Observed a youth offenders pilot group held at a local police station with 12 police officers in attendance

Looked at a wide range of policies, procedures, audits and other documents relating to the running of this service.

## Summary of this service

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

- The service had a well-established team with low levels of staff vacancies. Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Staff shortages were responded to quickly and adequately.
- There were clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse.

# Specialist community mental health services for children and young people

- There was a proactive approach to managing risks. Staff continually monitored patients risk and updated risk assessments regularly.
- Patients had access to a wide range of therapies to meet their individual needs including support groups. New evidence-based techniques were used to support the delivery of high quality care. Care records were holistic, person centred and recovery orientated.
- The service had received accreditation by the quality network for community child and adolescent mental health services. They were one of only seven services within the country to be accredited with this.
- The service had a highly skilled multidisciplinary workforce to effectively meet the needs of the patients using the service which was consultant led. Patients had access to a wide range of evidenced based psychological, educational and therapeutic social activities to support their recovery.
- Staff compliance with supervision, mandatory training and appraisals was 100%, 99% and 94% respectively. This evidenced the whole team's commitment to development and reflective practice. Managers actively supported staff to access specialist training. Staff morale was very high and the team felt valued.
- All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review, accreditation and research were proactively pursued. 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.
- People 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.
- 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.
- Staff were highly motivated and committed to recognising and responding to the totality of patient's needs. They took peoples personal, cultural, social and religious needs into account and tailored services to meet these. Tackling health inequalities was a priority for the service.
- The service had outstanding response rates to assessment and treatment of patients from referral into the service. Transition between services and discharges were planned thoughtfully with patients, carers and stakeholders to promote a smooth transition.
- Same day access to a psychiatrist and a senior clinician was available due to the on-call system in place.
- The involvement of other organisations and the local community was integral to how services were planned and ensured that services met the patient's needs.
- The leadership drove continuous improvement and staff innovation was celebrated within the service and continuously encouraged. Staff had implemented a range of innovative practices and embedded these in practice with the involvement of stakeholders to improve patient outcomes.
- The visions and values of the trust were embedded in the service delivery model.
- There were consistently high levels of constructive engagement with staff, people who used the services and stakeholders.

# Specialist community mental health services for children and young people

## Is the service safe?

**Good** 

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

- The service environment was clean and well maintained.
- The service had a well-established team with low levels of staff vacancies. Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Staff shortages were responded to quickly and adequately.
- Staff held manageable caseloads which were reviewed regularly.
- Ninety nine percent of staff had completed mandatory training.
- There was a proactive approach to managing risks. Staff continually monitored patients risk and updated risk assessments regularly.
- All care records we reviewed on inspection had up to date risk assessments and there was an effective system in place to monitor patients risk.
- There were clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse.
- Staff demonstrated a clear understanding of safeguarding arrangements, had dedicated support from the safeguarding team and good links with children's social care.
- All staff had received safeguarding training at the time of inspection.
- No serious incidents were reported. Openness and transparency about safety was encouraged. Staff understood their responsibilities to raise concerns and report incidents and were fully supported to do so.
- Staff had a good understanding of the duty of candour and had access to the trust policy.
- Lessons learnt from incidents were communicated within the service through a variety of means.

However:

- Staff did not have access to personal alarms or alarms in consulting rooms. However, a request had been made from the service to the provider for these to be purchased.

## Is the service effective?

**Outstanding** 

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

- Patients had access to a wide range of therapies to meet their individual needs including support groups. New evidence-based techniques were used to support the delivery of high quality care.
- Physical health checks were undertaken in line with national institute of health and care excellence guidance.
- Care plans were present and up to date in all records we reviewed, including patient goals and wishes. The safe use of innovative approaches to care and how it was delivered was actively encouraged.

# Specialist community mental health services for children and young people

- The service had a highly skilled workforce to effectively meet the needs of the patients using the service and was consultant led.
- The continuing development of staff skills, competence and knowledge was integral within the service to ensure high quality care. 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.
- All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review, accreditation and research were proactively pursued. The service had a consultant who led on audits and there was a working group in place at the service looking at patient outcomes. All teams were actively involved in this.
- 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 a session held with police officers as part of a pilot scheme of joined up working and were given examples of how this has benefited individuals.
- Ninety four percent of staff had received an appraisal
- All staff had received supervision
- There was a holistic approach to planning peoples discharge, transfer and transition to adult services. This was done at the earliest possible stage and we spoke with carers that had been impressed by the transition process.

## Is the service caring?

### Outstanding

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

- We observed kind, caring and respectful interactions between staff and patients.
- 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.
- Patients were actively involved in a participation group to have an input on how services were developed and delivered. Patients of the service designed a leaflet given out to describe the service and were actively involved in planning the make-over of the service.
- Patients were given information about their diagnosis and offered choices about their treatment.
- Patients were involved in their care, expectations and goals were recorded in care records of both patients and parents/carers
- Families and carers received support and felt involved throughout the patient's treatment. Additional sessions were offered to family/carers when required to support them as they were seen as an integral part of the patient's journey.
- People we spoke to were highly complementary about the service and felt staff went the extra mile for them.
- Staff were highly motivated and committed to recognising and responding to the totality of people's needs. They took peoples personal, cultural, social and religious needs into account.
- Patient and family/carer feedback was actively encouraged and collated. This was evidenced as being consistently positive across the service.

# Specialist community mental health services for children and young people

## Is the service responsive?

### Outstanding

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

- The average wait for a patient from referral to assessment over the period from September 2017 to August 2018 was 3.6 weeks and the average wait from referral to treatment time within the same period was 6.9 weeks
- 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.
- The service operated seven days a week and was open 8am - 8pm Monday to Friday and 9am – 5pm Saturdays and Sundays. Appointments were offered in a variety of settings based on individual need and preferences.
- Same day access to a psychiatrist and a senior clinician was available due to the on-call system in place.
- An out of hours care pathway was in place offering advice and consultation to staff in the acute hospital 365 days a year. This was run on a duty rota system ensuring a manager and senior clinician were always available.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met their needs which included people who were in vulnerable circumstance. This included the self-harm team.
- The service provided a self-harm team operating on a rota basis to ensure a quick response to A&E and the paediatric ward to undertake a detailed self-harm assessment in line with national guidance.
- The involvement of other organisations and the local community was integral to how services were planned and ensured that services met the patient's needs.
- There was a good, thoughtful transition between child and adult services in place.
- Patients with physical difficulties could access the service as the service was all on one ground floor level with adapted toilet facilities.
- The intensive support unit provided joint health and education to children
- Parenting courses were being delivered as a bi-lingual course to ensure the needs of the local community were being met.

## Is the service well-led?

### Outstanding

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

- The leadership drove continuous improvement and staff innovation was celebrated within the service and continuously encouraged.
- Managers strove to motivate staff to succeed and actively provided staff with learning and development opportunities.
- Managers demonstrated their passion and enthusiasm for the service and had high levels of experience.

# Specialist community mental health services for children and young people

- There were high levels of staff satisfaction. Staff told us they loved working in the service, had visible and approachable leaders and were proud to work in the service. Staff told us their leadership was compassionate, inclusive and effective and they were highly respected amongst the workforce.
- The visions and values of the trust were embedded in the service delivery model.
- There was an established work force of skilled, qualified and experienced staff to meet the needs of the local community.
- Services were developed with the full participation of those who use them. There was an active participation group and changes were made in collaboration with patients.
- There were consistently high levels of constructive engagement with staff, people who used the services and stakeholders.
- The service had created a GP training post within the Primary Care team. This had proved successful with the training post filled until 2020.
- A systematic approach was taken to work with other organisations to improve care outcomes and tackle health inequalities. This included a local partnership set up between the trust and Blackburn with Darwen Borough council to provide emotional health and support to the local authority.
- Systems were in place to monitor staff mandatory training, supervision and annual appraisals. Compliance rates were 99%, 100% and 94% respectively.
- Due to having a business intelligence role integrated into the team, managers had full access to data on the services performance, for example waiting times, mandatory training and outcomes from audits. They used this to drive improvement.
- The service had been accredited by the quality network for community child and adolescent mental health services. This service was one of only seven services in the country to have been accredited with this.
- The service is the improving access to psychological therapies lead for the improving access to psychological therapies partnership across East Lancashire and Blackburn with Darwen.
- The Trust was part of the NHS benchmarking report that looks at raising standards through sharing excellence. The service was recognised as having good practice by having the accreditation with the quality network for community children's services, dedicated IT support, low sickness levels, expansions of the assist self-harm group and a seven-day responsive service.
- The head of the service was the current vice chair of a clinical reference group that brought clinicians together to look at the clinical robustness of decisions made at the health and well-being board. This was attended by and not exclusive of paediatricians, psychiatrists, accident and emergency practitioners and GPs. The service was taking a leadership role to proactively address challenges and meet the needs of the population.

## Outstanding practice

We found outstanding practice in this service. See the Outstanding Practice 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	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

The inspection was led by Nicholas Smith, Head of Hospital Inspections. The team included two inspection managers, 13 inspectors, two assistant inspectors and 15 specialist advisers. Specialist advisers are experts in their field who we do not directly employ.