

# Salford Royal NHS Foundation 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 published at [www.cqc.org.uk/provider/RM3/Reports](http://www.cqc.org.uk/provider/RM3/Reports).

## Ratings

### Overall rating for this trust

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

Are resources used productively?

Outstanding 

Combined quality and resource rating

Outstanding 

# 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

Salford Royal NHS Foundation Trust is an integrated provider of hospital, intermediate care, community services, adult social care and primary care services.

The trust is part of the new Northern Care Alliance NHS Group, which brings together five local hospitals, specialist and acute services and a range of community services, known as Care Organisations. The Northern Care Alliance NHS Group was developed to align and be consistent with the priorities of the Greater Manchester Health and Social Care Partnership.

Salford Royal NHS Foundation Trust is one of the Care Organisations. It consists of a Chief Officer, Medical Director, Director of Nursing and Director of Finance. The Care Organisation manages and is responsible for the day to day running of Salford Royal Hospital and community services it delivers.

The trust employs 7,000 staff and provides local services to the population of Salford and specialist services to Greater Manchester and surrounding areas.

The trust has 828 inpatient beds, 43 day-case beds of which 32 are designated critical care beds. The trust also has 81 intermediate care beds in the community.

## Overall summary

**Our rating of this trust stayed the same . We rated it as Outstanding** 

## What this trust does

The trust provides urgent and emergency care, medical care, surgery, critical care, children and young people's services, end of life care and outpatients including community services. We inspected Salford Royal NHS Foundation Trust and the Community Dental Services.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

# Summary of findings

Between 24 April and 17 May 2018, we inspected services provided by this trust. We inspected urgent and emergency care, medical care, surgery and critical care as part of our continual checks on the safety and quality of healthcare services. We inspected outpatients because at the last inspection in 2015 it was rated as requires improvement. We inspected community dental services as we had not previously inspected this.

## What we found

### Overall trust

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

- For the services we rated safe and effective as good. We rated caring and responsive as outstanding. We rated well-led as good. We rated six of the trust's 12 services as good. In rating the trust, we took into account the ratings of the six services not inspected this time.
- We rated well-led for the trust overall as outstanding.

### Are services safe?

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

- Staffing levels and skill mix were planned, implemented and reviewed to keep patients safe. Any staff shortages were responded to adequately.
- Staff within the hospital, kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- There were processes and systems to mitigate risks to patients identified to be at risk of deterioration. The use of the surgical safety checklist had improved since the last inspection.
- The trust prescribed, gave and recorded medicines well. Patients received the right medication, at the right dose, at the right time.
- Patient safety incidents were managed well. Staff recognised incidents and reported them appropriately. The trust collected safety information and shared it with staff, patients and visitors.
- There are effective handovers and shift changes to ensure that staff managed patient risks.
- There were clearly defined systems, processes and standard operating procedures to keep people safe and safeguarded from abuse, using local safeguarding procedures whenever necessary.

However:

- There were staffing challenges particularly on medical wards. Staff said they did not always have the time to give the care they would want because of staffing levels.
- The storage of medicines was not always consistent in urgent and emergency care, surgery, medicine and critical care.
- There were gaps in recording of equipment checks in urgent and emergency care and surgery.
- There was inconsistency in record keeping on some of the medical wards.

### Are services effective?

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

- The trust monitored the effectiveness of care and treatment in most areas and used the findings to improve them.

# Summary of findings

- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide care.
- There was participation in relevant local and national clinical audits and other monitoring activities such as reviews of services, benchmarking and peer review and approved service accreditation schemes.
- 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:

- In urgent and emergency care and medicine the programme of re-audit was not always timely to ensure the services measured the impact of changes made to systems or practice.

## Are services caring?

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

- Staff were kind, caring and respectful of patients' privacy.
- Staff involved patients and those close to them in their care.
- Staff provided emotional support to patients to minimise their distress.
- In critical care, we saw outstanding practice that demonstrated staff consistently treated patients in a compassionate, dignified, and respectful way.

However:

There were some instances where patient's privacy and dignity were not always respected in urgent and emergency care.

## Are services responsive?

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

- The trust planned and provided services in a way that met the needs of local people.
- People's individual needs and preferences were central to the delivery of tailored services.
- The trust used innovative approaches to providing integrated person-centred pathways of care that involved other service providers.
- There were systems to support admission avoidance to the hospital and to discharge patients into a more appropriate care setting to meet their needs.
- People could access the service when they needed it. Most services were meeting NHS standards.
- The trust had an innovative approach to using technology.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- Access to information, communication tools and training to enable staff to provide person centred care for patients with a learning disability, mental health and dementia could be strengthened.

# Summary of findings

- Complaints were not always responded to in a timely way in surgery.
- The recording and management of mixed sex breaches in critical care was not in line with national guidance.

## Are services well-led?

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

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services.
- Managers across most services 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.
- There were examples where services engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and worked with partner organisations effectively.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- Managers took action to improve services by learning from when things go well and when they go wrong.
- The trust collected, analysed, managed and used information well to support all of its activities, using secure electronic systems with security safeguards. Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment, though an electronic records system that they could all update.
- The trust had a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There was a strong record of sharing work locally, nationally and internationally.

However:

- Not all medical wards had staff meetings and nurse managers were not always able to attend governance meetings because of staffing shortages.
- There were some cultural and staff morale issues in outpatients. The management team had taken several actions to try and improve the culture and morale. Some staff still had concerns about the culture within theatres.
- We found some gaps in the governance and risk management processes in outpatients. Not all risks had been identified, monitored or addressed.

## Acute health services

### **Salford Royal Hospital**

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

- We rated safe, effective and well led as good. We rated caring and responsive as outstanding.
- The ratings for urgent and emergency care and medicine went down. The rating for surgery had improved. The rating for critical care stayed the same. Because we previously inspected outpatients jointly with diagnostic services, we cannot compare our new ratings directly with previous ratings. The rating for outpatients was good.

# Summary of findings

## Community health services

### Community dental services

- We rated community dental services as good. This service had not been inspected previously.

## 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 Salford Royal NHS Foundation Trust. For more information, see the outstanding practice section of this report.

## Areas for improvement

We found areas for improvement 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.

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

## Action we have taken

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

## 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 trust was a national exemplar for integrated care. It directly employed social care and primary care staff. This was having positive benefits for patients, through their continuity of care; reducing delayed transfers of care and supporting the wider health and social care system, such as delivering training programmes to nursing homes.
- Services had comprehensive systems co-designed by staff embedded into practice to keep people safe. The Nursing Assessment and Accreditation System and Community Assessment and Accreditation System provided a high level of transparency to the Group, Care Organisation and to patients in relation to clinical performance indicators and measures. This information was publicised throughout the wards and clinical areas for people to consider and scrutinise.
- The trust was part of the Global Digital Exemplar programme which provided technology solutions to embed safe care. The electronic patient record was assessed against an international set of quality indicators and Salford Royal was in the top 5% internationally.

# Summary of findings

- There were a number of innovative medicines and pharmacy projects. Funding for innovation was available through various routes and the executive team were supportive of pharmacy pursuing these innovations. The pharmacy department had embraced working as an Integrated Care Organisation and staff worked across primary and secondary care boundaries.
- Salford Care Organisation was named as an exemplar centre in the management and reduction of venous thromboembolism using an electronic assessment tool.
- There were excellent examples which improved care for patients living with dementia. This was through pop-up reminiscence pods on the wards, a dementia courtyard, a colourful arm cover to help distract patients living with dementia from removing cannulas and refurbishment of day rooms.
- The stroke service worked with external partners to redesign and improve the service. The service provided in-house training for staff and was involved in the delivery of training to external staff and other agencies. The service was involved in significant research and there were two academics with internationally recognised portfolios of work.
- The trust had developed a Clinical Quality Academy to train senior leaders and clinical staff in quality improvement methods. There was significant work undertaken to develop a coaching collaborative style to support senior clinical and non - clinical managers.
- In community dental services staff on Thursday afternoons treated homeless patients from a local drop in centre. These patients were treated to help them maintain an adequate level of oral hygiene and prevent them from suffering toothache and getting infections.
- The community dental service was involved in the “mouth care matters” initiative. This involved staff visiting wards in the main hospital and assessing the oral health needs of patients. The aim was to provide knowledge, skills and support to staff and carers in order to improve the oral health of patients.
- The fracture clinic worked with physiotherapists to provide a service that enabled patients to exercise at home. The aim of the clinic was to reduce hospital visits and help the patient recover in the comfort of their own home. Physiotherapists coordinated the clinic and tailored exercises to suit the needs of the patient, these exercises were then sent to the patient virtually.

## Acute health services

### Salford Royal Hospital

#### In Urgent and Emergency Care:

- Innovative ‘virtual’ clinics were being held to minimise overnight stays and increase flow through the department and wider hospital. In virtual fracture clinics, a consultant and a physiotherapist reviewed patient records and decided which patients required an appointment.
- The service had worked to co-locate multidisciplinary teams including physiotherapy, medicine, paediatrics and diagnostics. This enhanced flow and efficiency and improved the experience for patients.

#### In Medical care (including older people’s care)

- There was a shop on one of the wards which was used to generate funds to support patient activities and buy items for patients who did not have family members to bring them in.

# Summary of findings

- There were activities available on the acute neurology ward and the Pendleton suite to support patient rehabilitation. On other wards patients were encouraged to get dressed and to eat their meals at tables if appropriate. There was also a garden for dementia patients and for patients on the acute neurology unit. This was used for patient rehabilitation and as a calm space for patients and their relatives
- The stroke service worked with external partners and there had been extensive workforce redesign to improve the service. The service provided in house training for staff and was involved in the delivery of training to external staff and other agencies. The service was involved in significant research and there were two academics with internationally recognised portfolios of work.
- The trust was working to improve outcomes for patients with acute kidney injury (AKI) and the wards involved had seen a reduction in patients developing AKI while in hospital and a reduction in patients progressing from early stage AKI to more severe AKI.

## **In Surgery:**

- The service had a tracheostomy steering group to help improve and standardise the care of tracheostomy patients with complex needs in the community. There was joint working with international colleagues, pre-discharge visits by district nurses to help understand patient needs, and the trialling of technology to help improve communication.
- There was exceptional work in the intestinal failure unit, including promoting self-care to improve patients' lives at home. Self-care included patients administering their own drugs, wound care and making their own snacks.
- Patients with dementia received admission packs, and refurbished bays helped patients to orientate. Staff had developed a colourful arm cover to help distract patients living with dementia from removing cannulas.

## **In Critical Care:**

- Infection control was given a high priority in the service. As a result, there had been no cases of hospital acquired methicillin resistant staphylococcus aureus in over eight years in the Critical Care Unit /High Dependency Unit, and over five years in the Neurosciences High Dependency Unit.
- Teddy bear sets had been knitted by a member of staff and were used to provide support for patients' children and grandchildren. Each set included an adult and child teddy bear; one bear would stay with the patient while the child could take the other bear home. This helped the child to maintain an emotional bond with their relative while they were apart.
- The service worked closely with the local organ donation team. As a result, the service achieved 100% compliance with family or carer agreement for organ donation where deceased patients had indicated their wish to be a donor.

## **In Outpatients:**

- The fracture clinic worked with physiotherapists to provide a service that enabled patients to exercise at home. The aim of the clinic was to reduce hospital visits and help the patient recover in the comfort of their own home. Physiotherapists coordinated the clinic and tailored exercises to suit the needs of the patient, these exercises were then sent to the patient virtually.
- The renal service offered a young adults transition service, this service aimed to improve the management of long term health conditions by empowering and educating patients and their carers by self-managing their condition. Volunteers supported the service by signposting patients to organisations that could help them as required.

# Summary of findings

## Community health services

### Community dental service

- Staff told us that on a Thursday afternoon they treated homeless patients. These patients were signposted from a local homeless drop in centre called “Salford Loaves and Fishes”. These patients were treated to help them maintain an adequate level of oral hygiene and prevent them from suffering toothache and getting infections.
- Staff at the service were involved in the “mouthcare matters” initiative. This involves staff going onto wards in the main hospital and assessing the oral health needs of the patients. Two particular wards where additional support for staff had been identified. They aim to provide knowledge, skills and support to staff and carers in order to improve the oral health of the patients. They also looked at whether patients have access to effective mouth care products.

## Areas for improvement

*Action the trust MUST take is necessary to comply with its legal obligations. Action the 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 SHOULD take to improve

### Trust wide:

- The trust should ensure that it improves its response times to complaints.
- The trust should ensure that serious investigation reports are consistent in quality and gaps in root cause analysis training are resolved.

### Acute health care

#### Salford Royal Hospital

##### In Urgent and Emergency Care:

- The trust should ensure care is provided in line with targets and recommendations set by the Department of Health and the Royal College of Emergency Medicine.
- The trust should ensure equipment checks are recorded in line with trust policy.
- The trust should ensure checks are undertaken of expired stock and action is taken to replace items.
- The trust should ensure that staff can access previous safeguarding information including the details contained within referrals and multi-agency risk assessment conference requests.
- The trust should ensure action is taken to remove and replace expired medicines, and recording of medicine refrigerator temperatures are in line with trust policy.
- The trust should ensure that privacy and dignity of patients is always maintained.
- The trust should ensure all staff are aware of the tools to enable them to provide person centred care for patients with a learning disability.
- The trust should consider reviewing the programme of re-audit to ensure the service measures the impact of changes made to systems or practice.

# Summary of findings

- The trust should consider reviewing the access for young children in and out of the main waiting area with a view to reducing the risk of exiting easily through automatic doors.
- The trust should consider a review of the children's environment such as waiting areas to ensure it is responsive to children's needs.

## **In Medical Care (including older people's care):**

- The trust should ensure there is sufficient nursing staff and appropriate skill mix to meet the agreed establishments for each ward.
- The trust should ensure that drug balance charts for controlled drugs are fully completed and fridge and room temperatures recorded. Intravenous fluids should be stored appropriately.
- The trust should ensure that patient care records and patient risk assessments are completed and reassessed within the appropriate timeframes.
- The trust should ensure it improves its diagnostic waiting times in neurology including nerve conduction studies.
- The trust should ensure ward cleaning checklists are completed and monitored.
- The trust should ensure senior nurses are able to attend divisional governance meetings and staff are given the time to attend ward meetings.

## **In Surgery:**

- The trust should ensure that its current system for monitoring fire safety is sufficiently robust to identify and act on areas of concern including fire extinguisher maintenance and ensuring that all fire exits and 'fire break glass units' are free from blockages.
- The trust should ensure that medicines are stored securely and staff understand how to monitor and record refrigeration and room temperatures and take appropriate action.
- The trust should ensure there are consistent processes for equipment to be safety tested.
- The trust should consider ways to improve the effectiveness of care, with regard to groin hernias and hip fractures, the average length of stay of patients, the number of delayed discharges, and theatre utilisation rates.
- The trust should consider ways to improve appraisal rates for non-medical staff.
- The trust should consider increasing staff awareness of the roles of the Freedom to Speak up Guardians.

## **In Critical Care:**

- The trust should ensure it reviews its mixed sex accommodation escalation policy and staff practice in recording accurate times of discharge decisions and managing discharges from the unit, so these are in line with national guidance on mixed sex accommodation.
- The trust should ensure that single-sex breaches are reported internally and externally as required by national guidance.
- The trust should ensure the time of the decision to admit to the unit is clearly recorded.
- The trust should ensure that omitting a medicine is clearly recorded.
- The trust should ensure that staff record ambient room and fridge temperatures daily in line with trust policy, including recording actions taken when temperatures are out of range.

# Summary of findings

- The trust should ensure stock is stored off the floor and stored sample trays are clean.
- The trust should consider reviewing the number of staff eligible for safeguarding children level three training, and to provide training accordingly, to assure itself of sufficient cover of trained staff when caring for older children.
- The trust should consider periodically reviewing security arrangements for coded access to secure rooms on the unit to prevent poor practice by staff compromising security.
- The service should clearly record decisions to apply or not apply reasonable adjustments for patients, who may benefit from them

## **In Outpatients:**

- The trust should ensure it reviews arrangements for bank staff working in clinics if they have never worked there before.
- The trust should ensure that all levels of staff understand what constitutes an incident and they report these accordingly.
- The trust should ensure there is appropriate information readily available for patients with mental health, learning disabilities or dementia if required.
- The trust should ensure there are provisions in place to meet the needs of patients who require reasonable adjustments or require assistance to enable communication.
- The trust should ensure it provides staff with opportunities to gain further skills and knowledge.
- The trust should ensure that all levels of staff understand how to escalate and follow-up safeguarding concerns.
- The trust should ensure that processes for documenting capacity and best interest decisions are understood by staff and are consistent and in line with the principles of the Mental Capacity Act 2005.
- The trust should continue to ensure that the culture in the outpatient department is improved
- The trust should ensure it reviews the risk management processes to ensure gaps are identified, monitored and included on the risk register.
- The trust should consider that areas in the main outpatients are reviewed to ensure there are sufficient emergency call bells.

## **Community health services**

### **In Community Dental Services:**

- The trust should ensure it reviews the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK).
- The trust should ensure the process for the regular checking of emergency oxygen is in line with the guidelines from the Resuscitation Council (UK).

# Summary of findings

## Is this organisation well-led?

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

Although we found some areas for improvement in leadership within some of the services we inspected, we were sufficiently assured of the trust's overall leadership, management and culture following our trust-wide well-led inspection. We rated well-led at the trust as outstanding because:

- There was a stable and highly cohesive senior leadership team who had the skills, knowledge, abilities and commitment to provide high-quality services. There was a strong record of service change delivery. Change programmes were clearly aligned to the strategic objectives of the organisation.
- The relationship between the Group and Care Organisation was respectful and the chief officer and directors were given sufficient autonomy to act. Non-executive directors were sighted on risks and had the ability to challenge through effective committee structures. Directors worked closely with the Council of Governors to ensure there is clear and comprehensive communication regarding quality, operational and financial performance.
- The leadership team demonstrated a high level of awareness of the priorities and challenges facing the trust. The challenges to quality and sustainability were clearly understood and articulated by the leaders. Proactive and innovative measures were used to improve areas of risk, such as staffing, where a real-time electronic nursing acuity tool had been adopted to ensure resources were directed where care was needed most. There were innovative recruitment initiatives such as appointment of physician associates, developing advanced skills for paramedics and nurse practitioners and the introduction of a Clinical Fellow Trainee programme.
- Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership. There was a credible overarching strategy which linked to the wider healthcare system and supported the development of an Integrated Care System for which the trust was a national exemplar.
- Governance frameworks were well established. Improvement was seen as the way to deal with performance and for the organisation to learn. The trust had comprehensive systems co-designed by staff embedded into practice to keep people safe. The use of timely information through integrated performance and quality dashboards held people to account.
- Improvement methods and skills were available and used across the organisation, and staff were empowered to lead and deliver change. The trust had developed a Clinical Quality Academy to train senior leaders and clinical staff in quality improvement methods. There was significant work undertaken to develop a coaching collaborative style to support senior clinical and non-clinical managers. The trust worked with external partners to pursue innovation and improvement work and share the learning from it.
- There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. Most staff felt positive and proud about working for the trust and their team. There was strong clinical engagement across the organisation. The consultant focus group were positive about the support they received from executive directors, they said that they were listened to, supported and encouraged to make changes to improve the quality of patient care.

# Summary of findings

- Most staff reported that leaders were visible and approachable. Directors and non-executive directors undertook a programme of working alongside staff and walkabouts.
- The leadership team sought the view of the public and relevant stakeholders regarding service development and performance. There were systems to ensure public engagement including the governor patient and public experience register, public led assessments of care and environment and input in proposed plans, like the new trauma centre build.
- Systems and processes were in place to support learning and continuous improvement. There was a record of sharing work locally, nationally and internationally. There were innovative approaches for using technology to deliver safe care for which the trust was a national exemplar. For example, earlier recognition and diagnosis of delirium and undiagnosed dementia which showed positive results for patients and the reduction of thromboembolism using a new electronic assessment tool.

However:

- Due to the scale and pace of change, the trust needed to ensure leadership teams had the capacity and capability to ensure quality of care was maintained across the services. There was deterioration in the well led rating from outstanding to good in medicine and urgent and emergency care. The senior leadership team were aware of the challenges faced by the leadership teams for these services and at Care Organisation level to ensure there was a continued focus on quality.
- There was some variability in the quality of serious incident investigation reports and timeliness of complaint responses which the trust was taking action to improve.
- There was inconsistency in workforce indicators for BME staff. Work was continuing to improve diversity and equality across the trust and at board level. A BME staff network supported development, mentorship and talent spotting. The Group Chief Executive was the lead sponsor for the BME mentoring programme.

## 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/RM3/Reports](http://www.cqc.org.uk/provider/RM3/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 ↔ Aug 2018	Good ↔ Aug 2018	Outstanding ↔ Aug 2018	Outstanding ↔ Aug 2018	Outstanding ↔ Aug 2018	Outstanding ↔ Aug 2018

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

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Salford Royal Hospital	Good ↔ Aug 2018	Good ↔ Aug 2018	Outstanding ↔ Aug 2018	Outstanding ↔ Aug 2018	Good ↔ Aug 2018	Outstanding ↔ Aug 2018
<b>Overall</b>	Good ↔ Aug 2018	Good ↔ Aug 2018	Outstanding ↔ Aug 2018	Outstanding ↔ Aug 2018	Good ↔ Aug 2018	Outstanding ↔ Aug 2018

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

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Good ↔ Aug 2018	Good ↔ Aug 2018	Outstanding ↔ Aug 2018	Outstanding ↔ Aug 2018	Good ↔ Aug 2018	Outstanding ↔ Aug 2018
Community	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Outstanding Aug 2018	Good Aug 2018
<b>Overall trust</b>	Good ↔ Aug 2018	Good ↔ Aug 2018	Outstanding ↔ Aug 2018	Outstanding ↔ Aug 2018	Outstanding ↔ Aug 2018	Outstanding ↔ Aug 2018

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 Salford Royal Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↓ Aug 2018	Good ↔ Aug 2018	Good ↓ Aug 2018	Good ↔ Aug 2018	Good ↓ Aug 2018	Good ↓ Aug 2018
Medical care (including older people's care)	Good ↓ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Outstanding ↔ Aug 2018	Good ↓ Aug 2018	Good ↓ Aug 2018
Surgery	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018
Critical care	Good ↔ Aug 2018	Good ↔ Aug 2018	Outstanding ↑ Aug 2018	Good ↓ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018
Services for children and young people	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Requires improvement Mar 2015	Good Mar 2015
End of life care	Good Mar 2015	Good Mar 2015	Outstanding Mar 2015	Outstanding Mar 2015	Outstanding Mar 2015	Outstanding Mar 2015
Outpatients	Good Aug 2018	N/A	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
<b>Overall*</b>	Good ↔ Aug 2018	Good ↔ Aug 2018	Outstanding ↔ Aug 2018	Outstanding ↔ Aug 2018	Good ↔ Aug 2018	Outstanding ↔ Aug 2018

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Mar 2015	Good Mar 2015	Outstanding Mar 2015	Good Mar 2015	Outstanding Mar 2015	Outstanding Mar 2015
Community health services for children and young people	Good Mar 2018	Good Mar 2015	Good Mar 2015	Requires improvement Mar 2015	Good Mar 2015	Good Mar 2015
Community health inpatient services	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Community end of life care	Good Mar 2015	Outstanding Mar 2015	Good Mar 2015	Outstanding Mar 2015	Outstanding Mar 2015	Outstanding Mar 2015
Community dental services	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
<b>Overall*</b>	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Outstanding Aug 2018	Good Aug 2018

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

# Acute health services

## Background to acute health services

The trust provides acute health services at Salford Royal Hospital. The services provided there are urgent and emergency care, medical care (including older people's care), surgery, critical care, services for children and young people, end of life care, and outpatients.

## Summary of acute services

**Outstanding**   

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

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

# Salford Royal Hospital

Stott Lane  
Salford  
Greater Manchester  
M6 8HD  
Tel: 01617897373  
www.srft.nhs.uk

## Key facts and figures

Salford Royal NHS Foundation Trust is an integrated provider of hospital, intermediate care, community services, adult social care and primary care services.

The trust is part of the new Northern Care Alliance NHS Group which brings together five local hospitals, specialist and acute services and a range of community services, known as Care Organisations.

Salford Royal NHS Foundation Trust is one of the Care Organisations. It consists of a Chief Officer, Medical Director, Director of Nursing and Director of Finance. The Care Organisation manages and is responsible for the day to day running of Salford Royal Hospital.

The trust has 828 in-patient beds and 43 day-case beds of which 32 are designated critical care beds. Urgent and Emergency care services are provided within the emergency village and the hospital is the principle major trauma receiving centre for Greater Manchester. There are 19 operating theatres.

## Summary of services at Salford Royal Hospital

**Outstanding**   

A summary of services appears in the Overall summary section above.

# Urgent and emergency services

Good  

## Key facts and figures

The trust provides urgent and emergency services to adults and children in and around the Greater Manchester area. The service is managed under the Emergency Medicine One directorate which forms part of the Integrated Care division. The service forms one of three major trauma centres in the Greater Manchester Trauma Collaborative providing major trauma care for adults. It also includes a GP streaming service.

Services are co-located with emergency admission and assessment areas and include triage and GP streaming areas, a minor injury unit with six bays, a majors area with 25 bays, a resuscitation area with eight bays and a paediatric assessment and decisions area (PANDA) with eight bays. X-ray and computerised tomography scanning facilities are situated within the department.

These areas collectively form the trust's Emergency Village. The service is led both by business managers and two clinical directors. The PANDA unit is jointly managed by one of the clinical directors and a community paediatrician.

Approximately 285 people attend the service each day. Approximately 70 admissions (25%) are children.

As part of the inspection we spoke with nine patients, one carer, and 52 members of staff including, nurses, doctors, consultants, managers and support staff. We also reviewed 16 patient care records and observed governance and bed meetings.

We inspected the service between 1 and 3 May 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 urgent and emergency services in March 2015. We rated the service as outstanding.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff.
- Staff understood how to protect patients from abuse and had training on how to recognise and report abuse.
- The service controlled infection risk well. The service had suitable premises and equipment.
- The service effectively assessed the risk to patients and took action where appropriate.
- The service deployed the right numbers of nurses and medical staff with the right qualifications, skills, training and experience to keep people safe.
- Staff kept appropriate records of patients' care and treatment. The service prescribed, gave and recorded medicines well.
- The service managed patient safety incidents and monitored safety well.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drinks to meet their needs and improve their health. Pain was assessed and managed by staff caring for patients.

# Urgent and emergency services

- The service made sure staff were competent in their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service supported patients by promoting healthier lifestyles.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The service planned and provided services in a way that met local people and some individual people's needs and people could access the service in the way they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The service had managers at all levels with the right skills and abilities to run the service, providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and we saw evidence of actions to achieve it.
- Managers promoted a positive culture that supported and valued staff, free from bullying, harassment or discrimination, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all of its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively
- The service took action to improve services by learning from when things go well and when they go wrong.

However:

- Waiting times to admit, treat and discharge patients did not consistently meet national targets.
- Although the right numbers of medical staff were deployed, the service was reliant on locums to fill gaps in the rota, particularly overnight and at weekends.
- The service did not always maintain appropriate records to demonstrate equipment was checked in line with trust policy.
- We identified that patient privacy and dignity were not always respected.
- Entertainment for children in the children's section of the main waiting area was minimal.

# Urgent and emergency services

## Is the service safe?

Good  

Our rating of safe went down. 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 had training on how to recognise and report abuse.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after most of them well.
- The service effectively assessed the risk to patients and took action where appropriate.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service deployed enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored 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.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors.

However:

- Although the right numbers of medical staff were deployed, the service was reliant on locums to fill gaps in the rota, particularly overnight and at weekends.
- The service did not always maintain appropriate records to demonstrate equipment was checked in line with trust policy.
- The service did not always promptly identify, remove and replace out of date items of equipment.
- There were instances where expired medicines had not been removed and there were gaps in the recording of medicine refrigerator temperatures.

## 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.

# Urgent and emergency services

- Staff gave patients enough food and drinks to meet their needs and improve their health.
- Pain was assessed and managed by staff caring for patients.
- The service made sure staff were competent in their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service was available at all times including a range of multi-disciplinary care and treatment.
- The service supported patients by promoting healthier lifestyles.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- Staff did not always re-audit practice regularly to check whether changes they had made had led to improvements for patients.

## Is the service caring?

Good ● ↓

Our rating of caring went down. We rated it as good because:

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

However:

- Patient privacy and dignity were not always respected.

## Is the service responsive?

Good ● → ←

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

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs which mirrored the findings from our previous inspection.
- Staff tried to find innovative ways of reducing waiting times and increasing the flow of patients through the department.
- The service performed better in the admission, treatment or discharge of patients within four hours compared to the England average for similar departments.

# Urgent and emergency services

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

However:

- Waiting times to admit, treat and discharge patients did not consistently meet national targets.
- Entertainment for children in the children's section of the main waiting area was limited.

## Is the service well-led?

**Good** ● ↓

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

- The service had managers at all levels with the right skills and abilities to run the service, providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and we saw evidence of actions to achieve it. There were examples of continued change, service improvement and development. This included several service reconfigurations and improvements initiated because of the Urgent Care Improvement Programme.
- Managers promoted a positive culture that supported and valued staff, free from bullying, harassment or discrimination, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all of its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively
- The service acted to improve services by learning from when things go well and when they go wrong.

However:

- The service acknowledged there was a lack of clarity about the purpose of the paediatric assessment and decision area.

## Outstanding practice

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

## Areas for improvement

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

# Medical care (including older people's care)

Good  

## Key facts and figures

The medical care service at the trust provided care and treatment for 14 specialties. There was 384 medical inpatient beds located across 27 wards.

The trust had 52,384 medical admissions from December 2016 to November 2017. Emergency admissions accounted for 19,241 (36.7%), 1,499 (2.9%) were elective, and the remaining 31,644 (60.4%) were day case.

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

We inspected the service between 24 and 26 April 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 the inspection team visited a number of wards and departments including the emergency assessment unit, the stroke service, the acute neurology ward, the respiratory ward, the Pendleton unit (a nurse led sub-acute ward), wards for older people, renal wards and general medical wards.

We spoke with 70 members of staff including divisional directors, nurses including matrons and ward managers, allied health professionals, consultants, middle grade and junior doctors, health care assistants and ward clerks. We spoke with 38 patients and 11 relatives and carers. We looked at 35 patients records including doctor's records and allied health professional records.

## Summary of this service

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

- There were systems and process in place to keep people safe. Mandatory training and safeguarding training rates met the trust target. Medicines were managed well and medical staffing was good.
- The service used evidence based care and practice and audits were carried out to monitor patient outcomes. Action plans were implemented if necessary. There was evidence of strong multi-disciplinary working and team working. Staff were competent and appraisals were completed.
- Staff were caring and patients were treated with dignity. Psychology services were available for patients as necessary. Patients and their relatives were involved in decisions about their care.
- Systems and processes were in place to support admission avoidance and to ensure that patients were treated in the most appropriate place for their care needs. Access and flow was good. Activities were provided on many wards to support patient rehabilitation and patients with a cognitive impairment were well supported.
- Managers were experienced and there was evidence of leadership development. Quality systems continuously improved service delivery.
- Senior managers were aware of the risks to the service and these were recorded on the risk register as appropriate.

However:

# Medical care (including older people's care)

- Nurse staffing rarely met the planned numbers for some wards. Patient safety was not affected by staffing levels. The service was looking at innovative ways to recruit staff to all wards and there was a focus on some of the wards with low staffing levels.
- Nursing records were sometimes incomplete with gaps in recording.
- The recording of fridge and room temperatures were not always completed.

## Is the service safe?

Good ● ↓

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

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection and cleanliness audits were carried out and areas were rated, for those areas that had not achieved the highest rating, action plans were put in place and then re-auditing took place.
- Medical staffing was good. There was consultant medical cover 24 hours a day, 7 days a week.
- The service used appropriate systems to detect and monitor the deteriorating patient and there were sepsis pathways in place. There were effective handovers of care and safety huddles to keep patients safe.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medicines, at the right dose, at the right time. Allergies were recorded and there was reconciliation of medicines according to trust policy.

However:

- There were challenges with nurse staffing. Nurse staffing levels rarely matched the historical planned rota, but we observed during the inspection that the level of harm and patient satisfaction had not been adversely affected. Staffing was flexed across the organisation to keep patients safe. This was alongside a new acuity and staffing tool which was being used to match staffing levels with patient acuity and activity. This demonstrated that historic rotas no longer met the needs of the clinical areas and more skill mix and flexible staffing models were being introduced.
- Nursing records were not always fully completed. This included patient risk assessments and intentional rounding charts.
- On some wards there were gaps in the recording of fridge temperatures and room temperatures. There were gaps in the recording of drug balance charts.
- Intravenous fluids were not always stored securely.

## Is the service effective?

Good ● → ←

# Medical care (including older people's care)

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. All standard operating procedures followed national guidance.
- 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. The service took part in national and local audits to assure quality outcomes for patients. There were action plans in place for several audits to improve outcomes.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. There was strong evidence of multi-disciplinary working and staff gave examples of these including relationships with the mental health liaison team. The service liaised with community services to support patient discharge and continuous care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Doctors mainly undertook the assessments for the Mental Capacity Act and Deprivation of Liberty safeguards. There was good documentation for these and for best interest meetings held for patients who lacked capacity.

## 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 that staff treated patients with privacy and dignity. Patients said that they did not have to wait long if they rang their call bell.
- In the National Friends and Family Test the service had a higher than average response rate than the England average. Patient feedback about staff was very positive.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and their relatives said that staff explained things well and they were confident about what they had been told.
- Staff provided emotional support to patients to minimise their distress.
- There was a psychology and a psychiatry service available for patients.
- Relatives could stay with patients if necessary and facilities for mothers and babies were available on the neurology ward.

However:

- Staff said that they did not always have the time to give the care they would want because of staffing challenges.

# Medical care (including older people's care)

## Is the service responsive?

**Outstanding**   

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

- The trust planned and provided services in a way that met the needs of local people. Facilities and premises were innovative and met the needs of a range of people who used the service.
- There were systems to support admission avoidance to the hospital and to discharge patients into a more appropriate care setting to meet their needs. There were services to support patients in their homes for a time limited period before appropriate care could be put in place.
- People could access the service when they needed it. Waiting times for treatment were and arrangements to admit, treat and discharge patients were in line with good practice.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs.
- There were daily flow meetings on the stroke unit to help to support patient discharge, these were multi-disciplinary and there was an early supported discharge team and a stroke co-ordinator to facilitate this.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- There was a delay in some diagnostic tests such as nerve conduction studies. There was a plan in the neurology service to improve the referral to treatment times.

## 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. Senior leadership in the service was strong and leaders were competent and experienced. The ward managers and matrons were capable and staff told us that they were approachable and that their leadership had made a difference. There was evidence of leadership development for junior staff.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The culture was open and there was evidence of strong team work and multi-disciplinary working where staff worked together to support each other. Staff were proud to work for the organisation and were proud of their work.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. There were effective governance systems in place and risk was well managed. Information and learning was shared with staff.

# Medical care (including older people's care)

- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The divisional risk register reflected the issues that had been raised by staff during the inspection.
- There was a performance assessment framework in place to improve service delivery and quality standards. There was a rating for each ward and action plans were in place to support wards that did not achieve the highest rating.
- The trust collected, analysed, managed and used information well to support all of its activities, using secure electronic systems with security safeguards.
- The service learned from mortality and there was a mortality dashboard in development. There were multi-disciplinary reviews of deaths.

However:

- Not all wards had staff meetings and we were concerned that mechanisms were not in place so that staff could communicate their views upwards in the organisation and that staff did not always receive communication from divisional managers.
- Nurse Managers told us that were not always able to attend governance meetings because of staffing shortages as they were included in the staffing numbers for the wards.
- Staff told us that they often worked through their breaks and stayed late to keep patients safe.

## Outstanding practice

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

## Areas for improvement

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

# Surgery

Good ● ↑

## Key facts and figures

The division of surgery and neurosciences provides a range of general and specialist surgical services, including neurosurgery, spinal surgery, and complex elective and emergency surgery. It includes the second largest intestinal failure unit in the country. The division provides services including urology, orthopaedics and dental surgery to the local population. Due to the specialist nature of some of its services the division receives patients from across the country.

The division has 17 wards across two sites, with all but one ward based at Salford Royal Hospital. There are between 286 and 292 inpatient beds depending on demand. It also has 19 day case beds. The wards are spread throughout the hospital, including different buildings and on different floors. There are 19 operating theatres on two levels.

Between December 2016 and November 2017, the trust had 28,134 surgical admissions. Emergency admissions accounted for 8,613 (30.6%), 14,424 (51.3%) were day case, and the remaining 5,097 (18.1%) were elective.

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

We inspected the division of surgery and neurosciences between 24 and 26 April 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 the inspection team visited 15 wards and departments. We also visited both theatre levels and the recovery areas, and inspected the surgical triage unit both during the day and evening.

The inspection team spoke with 17 patients and carers who were using the service, and 60 members of staff including managers, consultants, nurses, healthcare assistants and administrative staff. We reviewed 14 patient records, four surgical safety checklists and ten complaint files. We observed staff interactions with patients, and team meetings and huddles.

We previously inspected the division in January 2015. The service was previously rated as requires improvement.

## Summary of this service

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

- The service provided mandatory training to staff and made sure the majority completed it. Staff understood how to protect patients from abuse and could articulate the process they would follow.
- The service used safety monitoring results well, and had implemented plans to improve its compliance with the surgical safety checklist.
- There were good examples of multidisciplinary working to benefit patients, especially on the wards, during theatre huddles and handovers.
- Staff had good knowledge of their responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 and could provide examples where they had provided excellent support to patients with mental ill health.

# Surgery

- Staff cared for patients with compassion and kindness. We observed some excellent patient care particularly on the intestinal failure ward. Staff ensured that patients understood the care they would receive, and helped to minimise their distress.
- There was a positive culture in the service and staff generally felt supported in their roles. There was a clear vision for what the service and its staff wanted to achieve.
- The service had good governance arrangements with weekly and monthly meetings to discuss directorate specific concerns, and processes to escalate risk.

However:

- Some of the premises were not suitable and equipment was not always maintained.
- The service did not consistently store medicines well.
- Services were not always effective when benchmarked against national averages.
- Not all staff were aware of the role or purpose of the Freedom to Speak up Guardians, there was some concerns about the culture in theatres.

## Is the service safe?

**Good** ● ↑

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

- The service provided mandatory training in key skills to all staff and made sure the majority completed it. In most instances compliance rates were above the trust's target.
- Staff understood how to protect patients from abuse and worked well with other agencies to do so. There was a clear process for reporting safeguarding concerns and other incidents, and staff knew how to follow them.
- The service controlled infection well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Surgical equipment was checked regularly and was available for use.
- The service used safety monitoring results well. Patients were routinely assessed and screened on admission to wards and theatres. There were improvements in compliance with the surgical safety checklists compared to our previous inspection; and this was appropriately monitored by the division and executive team.
- There were adequate staffing levels with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave and recorded medicines well. Patients received the right medication, at the right dose, at the right time. The pharmacy facilities were appropriate.
- The service managed patient safety incidents well. Staff recognised incidents and knew how to report them. There was evidence of learning.
- The service planned for emergencies and staff understood their roles if one should happen.

# Surgery

However:

- We identified issues with the management of fire risks, including the maintenance of some fire extinguishers in level one theatres, there was equipment blocking a fire exit on B3 annex and on the surgical triage unit a fire 'break glass unit' was blocked.
- Some equipment within the wards did not show they had been safety tested.
- The service did not consistently store medicines well. We observed examples of out of date medication in one clinic area, and medication for a patient that had been discharged in another.
- Staff did not routinely record medicines refrigeration or room temperatures in all areas.
- Not all staff on the orthopaedic ward were aware of the never events that had occurred, including wrong level spinal 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 guidelines, and staff knew how to access these.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other beliefs. Staff ensured that patients received appropriate pain relief quickly and monitored its effect.
- 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 and gain experience.
- Staff of different kinds worked together as a team to benefit patients. There were regular multidisciplinary meetings from admission through to discharge planning.
- There were good examples of health promotion, especially in the surgical admissions lounges and the intestinal failure unit.
- Staff we spoke to understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- Patient outcomes for patients with hip fractures and groin hernias and length of hospital stays did not meet the national average. The service was working to improve patient outcomes.
- Appraisal rates for staff in non-medical roles did not meet trust targets.

## Is the service caring?

Good   

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

# Surgery

- Staff cared for patients with compassion. Feedback from patients showed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment, ensuring that they spoke to patients in a way they could understand.
- Staff provided emotional support to patients to minimise their distress.

However:

- The National Friends and Family test scores were mixed. Internal patient surveys for surgery showed mixed patient satisfaction levels.

## Is the service responsive?

Good   

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

- The service planned and provided services in a way that met the needs of local people.
- The service took account of individual needs including patients living with dementia, physical or learning disabilities and communication difficulties.
- Patient's religious and cultural beliefs were considered when delivering the service.
- People could access the service when they needed it. Most surgical specialities were meeting the NHS standards.
- The service prioritised the care and treatment of patients with the most need. Urgent patients were prioritised by consultants for surgery.
- There was a strong focus on bed management with multidisciplinary working between divisions and external agencies to ensure patients were treated in the right place and at the right time.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results which were shared with staff.

However:

- Despite introducing several measures to improve patient flow we did not see an improvement in the average length of stay since our previous inspection.
- Theatre utilisation rates for the 12 months prior to inspection fell below the trust target, with a further decline noted in the three months to March 2018. Utilisation is used as the principal marker of theatre performance in the NHS.
- Despite improvements in response rates to complaints, the service took too long to investigate and close complaints and was not meeting trust targets.

## Is the service well-led?

Good  

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

# Surgery

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and had workable plans to turn it into action. This included improving the theatre environment and culture.
- Most managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There was generally a positive atmosphere in theatres and wards, and most staff were enthusiastic about their work.
- The service collected, analysed, managed and used information well, including the local and corporate risk registers, to support its activities. There were good governance systems to ensure that managers were cited on issues affecting performance, and information was shared with frontline staff.
- The service used a systematic approach to continually improve the quality of its services to ensure it was on track to become the safest organisation in the NHS.
- The service engaged well with staff. It had set up focus groups to understand the issues affecting staff morale and performance.
- The service was committed to improving services by learning when things go well and when they go wrong. There were several initiatives, including collaboration with other organisations, to improve services.

However:

- Not all staff were aware of the roles or purpose of the Freedom to Speak up Guardians.
- Some staff still had concerns about the culture within theatres.
- Whilst most departments felt supported and valued by the executive team and senior managers, some departments did not feel recognised by their peers, for example, in oral surgery. The oral surgery department had recently accessed the Freedom to Speak Up service resulting in the division undertaking a full comprehensive review within oral surgery that was going to be presented nationally.

## Outstanding practice

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

## Areas for improvement

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

# Critical care

Good   

## Key facts and figures

The service provided treatment to adult patients who required advanced care in a purpose-built critical care unit. The unit provided intensive treatment and high dependency care in 32 beds across four 'pods'. Each eight-bedded pod consisted of four side rooms with the remaining beds situated in bays. There was sufficient capacity to isolate patients being treated for infectious diseases.

Staff flexibly provided level two and level three care to patients in pods A to C, while staff in pod D provide specialist neurological high dependency care. Level two patients included those needing extended post-operative care, patients receiving single organ support, and patients requiring additional respiratory, cardiovascular, renal, neurological or dermatological support. Level three patients included those who needed advanced respiratory support or support for two or more organs.

The service was clinically led and provided within the trust's division of clinical support services and tertiary medicine, which included the trust's allied health professional staff.

At the time of our inspection, the service was part-way through a five-year transformation strategy to achieve full compliance with The Faculty of Intensive Care Medicine's Guidelines for the provision of intensive care services and the Core Standards for Intensive Care Units (the core standards), and the requirements of Healthier Together: The Greater Manchester Vision.

As part of the inspection we spoke with two sets of patients' carers, and 27 members of staff including, nurses, doctors, consultants, managers and support staff. We reviewed 10 patient care records and medication prescription records to support our decision on ratings.

We inspected the service between 1 and 3 May 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 critical care in March 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:

- 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.
- Completion rates for mandatory and safeguarding training were high across the service. Staff were able to identify and knew how to report safeguarding concerns and incidents, which were appropriately investigated. There was governance oversight of incidents and complaints. Learning from these was shared with staff and teams across the service.
- The service's environment, layout and facilities supported the delivery of good quality care and helped staff to maintain appropriate levels of cleanliness and hygiene. Hospital acquired infection risks were appropriately managed.
- Patients received comprehensive risk assessments and were closely monitored for signs of deterioration. Staff escalated care to medics appropriately and quickly.

# Critical care

- Care and treatment was evidence based. The was effective multidisciplinary working within the teams that took account and assessed patients' capacity to consent to treatment.
- The service collected data across a range of patient outcome measures, and benchmarked itself against similar units.
- Staff were kind and compassionate in the care and treatment provided to their patients. Staff involved people in decisions and ensured people understood the care and treatment provided to them, and supported people emotionally when appropriate.
- The service worked with local commissioners in planning the services offered to people, and took into account individuals' needs. People could access the service when they needed to and there were sufficient staff and resources to provide care 24 hours a day, seven days a week.
- The leaders of the service understood the challenges the service faced, and had a vision and plans for development to achieve full compliance with national and local policy and guidance.
- A positive and supportive culture was evident within the service which encouraged engagement with staff, patients and the public.

However,

- We were not assured there were sufficient staff trained in safeguarding vulnerable children level three to support those occasions when older teenagers were cared for on the unit.
- The service did not have sufficient numbers of allied health professional staff to provide dedicated dietetic or speech and language therapy support for pods A to C.
- We were not assured that staff practices in relation to recording the decision to discharge a patient to the ward only when a bed was available for imminent transfer, or the service's mixed sex accommodation escalation policy within the unit was in line with national guidance. As such, we were not assured that single-sex breaches were being appropriately reported internally and externally.

## 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. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service assessed monitored and managed people and provided care and treatment in a way that supported people to stay safe.
- The service had enough nursing and medical 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.

# Critical care

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medicine, at the right dose, at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learnt. When things went wrong staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.

However:

- The service had only identified and trained four nursing staff in safeguarding children level three. We were not assured that sufficient numbers of staff had received this training to ensure adequate shift coverage when the service occasionally cared for teenagers under the age of 18.
- The service did not currently have sufficient numbers of physiotherapists, speech and language therapists, and dedicated dieticians to meet the requirements of the core standards. As a recognised risk the service was supporting a business case to recruit additional staff.
- There was inconsistent recording of maximum and minimum ambient room and fridge temperatures and of recording actions taken when temperatures were out of range.

## 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 gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- The service assessed and managed patients' pain well.
- 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.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service provided care and treatment 24 hours a day, seven days a week.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005, including the Deprivation of Liberty Safeguards. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

# Critical care

## Is the service caring?

**Outstanding**  

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

- There was a strong, patient-centred culture on the unit from all levels of staff. Staff were motivated and inspired to offer care for patients with kindness, compassion, dignity and respect through supportive relationships with patients and their families.
- Staff understood that patients' emotional needs were as important as their physical needs. Feedback from patients about how they were cared for was consistently positive. All neurological high dependency unit patients who responded to an internal survey rated their care as excellent or very good.
- Staff were respectful when sharing information about patients in their care during handovers.
- Staff provided emotional support to patients to minimise their distress and understood the impact a person's care and treatment had on their wellbeing and those close to them.
- Patients' needs were recorded and communicated appropriately. Although there was no dedicated psychological support, patients were carefully supported during discharge from the unit to the ward, and the service provided opportunities for patients to discuss their experiences, concerns or fears with staff in follow-up appointments.
- Staff involved patients and those close to them as active partners by planning and making shared decisions about their care and treatment.
- Patients' individual preferences and needs were reflected in how care was delivered, and staff helped patients to identify support networks. Staff encouraged relatives to be involved in and assist in care, and relatives were given daily updates by medical staff. The service was responsive to and supported the needs of patients, including those at end of life.

## Is the service responsive?

**Good**  

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

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs and made reasonable adjustments to support patients and their carers.
- People could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- The percentage of non-delayed out of hour's discharges from the critical care unit to the ward was significantly worse than expected.

# Critical care

- We were not assured that staff practices in relation to recording the decision to discharge a patient to the ward only when a bed was available for imminent transfer, or the service's mixed sex accommodation escalation policy for the reporting and management of single-sex breaches within the unit was in line with national guidance.

## Is the service well-led?

Good ● → ←

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision and strategy for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and key groups of stakeholders.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all of its activities, using secure electronic systems with security safeguards. Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment, through an electronic records system that they could all update.
- The trust engaged well with patients, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- There were systems and process for learning and continuous improvement.

## Outstanding practice

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

## Areas for improvement

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

# Outpatients

Good 

## Key facts and figures

The trust provided outpatient services to adults across the UK. The service was managed under the clinical support services and tertiary medicine division and offered clinics for 15 specialities.

Clinics were in various locations of the hospital but the main outpatient's department was situated near entrance four.

The service was currently led by an assistant director of nursing and senior service manager who reported to the deputy director of nursing and divisional operations manager.

Between October 2016 and September 2017, the trust had 748,813 outpatient attendances. Dermatology attendance accounted for 134,975 (18%) and other medical specialities accounted for 336,296 (45 %) attendances.

As part of the inspection we spoke with 13 patients, eight carers, and 37 members of staff including, nurses, healthcare assistants, consultants, managers, administrative staff and support staff. We also reviewed 13 patient care records and observed nine consultations.

We inspected the service between 2 and 4 May 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.

The department was previously inspected in January 2015. We previously inspected outpatients jointly with diagnostic services, so we cannot compare our new ratings directly with previous ratings.

## Summary of this service

We rated the service as good because:

- Environmental concerns raised at the previous inspection had been addressed at the time of this inspection.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The department had plans for dealing with major incidents and staff understood their roles.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service prescribed, gave, recorded and stored medicines well.
- The service provided care and treatment based on national guidance.
- Patients had access to food and drinks whilst waiting for their appointment.
- Pain was assessed and managed by staff caring for patients.
- Doctors, nurses and healthcare professionals from different specialities supported and worked together as a team to improve patient care.
- The service supported patients by promoting healthier lifestyles.
- Care was delivered in a compassionate way and staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

# Outpatients

- Feedback from patients confirmed that staff treated them well and with kindness.
- Patients could access the service in the way they needed it.
- The service had managers at all levels with the right skills and abilities to run the service, providing high-quality sustainable care. Specialist clinics were well-led, organised and responsive.
- Individual clinics used a systematic approach to continually improve the quality of its services to create a service in which clinical care would flourish.

However:

- Some staff raised concerns about bank staff being left to run clinics alone without working there before.
- All staff had received safeguarding training but some staff lacked understanding of how to escalate or follow-up safeguarding concerns.
- The main outpatient area was less responsive to meeting the needs of patients.
- Because of a management vacancy in the main outpatient's department the leadership team needed to ensure it had the capacity to deliver the quality of its service.
- Senior managers acknowledged there were staff satisfaction issues in the main outpatient's department. We heard some staff describe the culture in the department as an 'us and them' culture and felt that staff morale was low.

## Is the service safe?

**Good** ●

We rated safe as good because:

- The department was clean and equipment was maintained. The department had addressed all environmental issues from the last inspection.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service planned for emergencies and staff understood their roles if one should happen.

However:

- We found inconsistencies in the number of staff who recognised what constituted a clinical or non-clinical incident. During the inspection we heard of examples where incidents were appropriately managed but not reported using the trust reporting system.
- All staff had received safeguarding training but some staff lacked understanding of how to escalate or follow-up safeguarding concerns.

## Is the service effective?

**Good** ●

# Outpatients

We rated effective as good because:

- Care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and technologies.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff worked together as a team for the benefit of patients, care and treatment was planned across clinics and departments to ensure continuity of care was maintained.
- All staff were appraised on a regular basis.
- Patients were offered services to help promote healthier lifestyles.

However:

- Not all staff felt they were supported to develop skills or given the opportunity to enhance their roles.
- The processes for documenting capacity and best interest decision were not always consistent and in line with the principles of the Mental Capacity Act 2005.

## Is the service caring?

**Good** ●

We rated caring as good because:

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

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- 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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service used the learning from complaints and concerns as an opportunity for improvement.

However:

- Not all staff were clear about the support they could offer patients living with a mental illness or those who lacked the capacity to make decisions about their care.
- In the main outpatient area there was limited access to communication aids for patients with communication needs such as a learning disability or patients living with dementia.

## Is the service well-led?

**Good** ●

# Outpatients

We rated well-led as good because:

- Leaders had the skills, knowledge and integrity to deliver care across the service. Most staff felt local leadership was visible and approachable. The specialist clinics were well-led, organised and responsive.
- The governance, risk management and quality measurement processes were aligned to the trust wide process. It allowed information to be escalated up to the executive board and cascaded down to the relevant teams.
- Outpatients planned their services in line with the trusts vision and strategy.
- The service engaged and sought feedback from patients and staff to plan and manage appropriate services.
- Individual clinics gave examples of innovation, to improve patient experience.

However:

- Because of a management vacancy in the main outpatient's department the leadership team needed to ensure it had the capacity to deliver the quality of its service.
- Senior managers acknowledged there were staff satisfaction issues in the main outpatient department. Some staff described the culture in the department as an 'us and them' culture and felt that staff morale was low. The management team had taken a number of actions to try and improve the culture and morale.

## Outstanding practice

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

## Areas for improvement

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

# Community health services

## Background to community health services

The trust provides Community health services for adults and for children and young people, Community health inpatient services, Community end of life care and Community dental services.

## Summary of community health services

**Good** ●

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

- We inspected Community dental services and rated them as good. We had not rated them before.
- Taking into account the ratings of other services inspected in 2015 gave an overall rating of good.

# Community dental services

Good 

## Key facts and figures

Community Dental is provided at Walkden Gateway, Pendleton Gateway, Eccles Gateway, Ordsall health centre and Barton Moss. The services provided include clinical assessments, treatments under local anaesthesia, inhalation sedation. General anaesthesia, if needed, is carried out in theatres on the Salford Royal NHS Foundation Trust (SRFT) hospital site. Patients are primarily children with some requiring special care dentistry. A regular dedicated theatre session is provided for patients with special care needs requiring comprehensive care.

Education for undergraduate students takes place at a range of health centres across the city. All dental procedures are carried out by qualified dentists and dental therapists. Domiciliary visits are undertaken by the team as and when required.

We received feedback from four patients and spoke with 13 members of staff and four undergraduate dental students. We looked at dental care records for 12 people.

Before the inspection, we reviewed information that we held about the trust.

Our inspection between 1 and 3 May 2018 was short-announced, which means that staff knew we were coming a few days beforehand.

## Summary of this service

This service has not been inspected before. We rated it as good because:

- Infection control procedures were in line with nationally recognised guidance. Premises and equipment were well maintained. Staff had the right qualifications, skills and experience to keep people safe. Processes had been put in place to prevent avoidable harm. Staff were knowledgeable about issues relating to safeguarding and there were systems in place to refer children and vulnerable adults.
- Staff provided care and treatment based on nationally recognised guidance. Staff worked together as a team and with other healthcare professionals in the best interest of patients. Staff understood their responsibilities under the Mental Capacity Act 2005 and with regards to Gillick competence.
- Staff cared for patients with compassion and kindness. We observed staff treating patient with dignity and respect. Patients and their families were involved in decisions about treatment.
- The service took into account patients' individual needs. The service reached out to vulnerable people including those with medical, physical or social issues. Clinics had been adjusted to enable persons with disabilities to access care and treatment.
- The service was currently undergoing a period of change as the clinical lead and head dental nurse had recently left. There was resilience in the service to ensure the safety and quality of care and treatment was not compromised. There were systems and processes in place for identifying risks and planning to reduce them. Staff engaged with patients and other healthcare professionals in order to continually improve the service.

# Community dental services

## Is the service safe?

**Good** ●

This service has not been inspected before. We rated it as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Effective systems were in place to assess and respond to patient risk. Processes had been put in place to avoid wrong site surgery. This was in the form of a Local Safety Standards for Invasive Procedures.
- 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. X-ray equipment and equipment used in sterilisation was well maintained according to current guidance and legislation.
- The service prescribed, gave, recorded and stored medicines well. Prescription pads were stored securely and gasses used in the provision of inhalation sedation were stored appropriately.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory training included immediate life support (ILS), safeguarding children level one and two, safeguarding adults level one, and infection prevention and control.
- The service had enough staff with the right qualifications, skills and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

However:

- Not all emergency equipment was available as described in current guidance.
- Emergency oxygen cylinders were readily available and functional at each location we visited but regular checks were not carried out according to nationally recognised guidance.

## Is the service effective?

**Good** ●

This service has not been inspected before. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. The dentists followed national guidelines to ensure patients received the most appropriate care.

# Community dental services

- The service monitored the effectiveness of care and treatment and used the findings to improve them. Audits of X-rays, dental care records, conscious sedation and WHO checklists were carried out. Results of audits were disseminated to the teams.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Multidisciplinary team meetings were held for patients with complex needs and as part of best interest decision making.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

## Is the service caring?

**Good** ●

This service has not been inspected before. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed staff treating patients with dignity and respect.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and their families were appropriately involved in and central to making decisions about care options and the support needed.
- Staff provided emotional support to patients to minimise their distress. We observed and were provided with examples of when staff provided emotional support to patients to help them relax and overcome anxieties.

## Is the service responsive?

**Good** ●

This service has not been inspected before. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. At each location which we visited reasonable adjustments had been made to enable patients with various disabilities to access treatment.
- People could generally access the service when they needed it. Waiting times from treatment were generally good. Arrangements to admit, treat and discharge patients were in line with good practice.
- The service took account of patients' individual needs. Domiciliary visits were available for patients who could not access the clinics. The service had a dedicated clinic for homeless people.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- The waiting list for general anaesthetics for special care patients was approximately six months. A process to reduce this waiting time had been put in place.

# Community dental services

## Is the service well-led?

**Good** ●

This service has not been inspected before. We rated it as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There had recently been a great deal of change within the leadership of the service. Leadership was provided by the dental service manager and one of the senior dentists who was acting up as the clinical lead until a suitable candidate was recruited.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action, developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were passionate about their work and were proud to work for the service.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. A comprehensive risk register was maintained and reviewed on a regular basis.
- The trust collected, analysed, managed and used information well to support all of its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- Staff felt there was some disconnect between themselves and senior management at the trust.

### **Outstanding practice**

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

## Areas for improvement

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

# Our inspection team

Amanda Stanford, Interim Deputy Chief Inspector, led this inspection. An executive reviewer, Siobhan Harrington, a chief executive officer, supported our inspection of well-led for the trust overall.

The team included 17 inspectors, 16 specialist advisers, and two experts by experience.

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