

# Stockport NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Requires improvement 

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.

# Summary of findings

## Background to the trust

Stockport NHS Foundation Trust became one of the first foundation trusts in the country in 2004. They provide hospital services for children and adults across Stockport and the High Peak area, as well as community health services for Stockport. The trust works as part of the 'Stockport Together' partnership to integrate local health and social care more closely to people's homes. The trust serves a population of approximately 350,000 people.

The trust operates from three hospital locations, 24 community locations across Stockport and their staff also provide care in people's homes. Stepping Hill Hospital is the trust's main acute site, which provides emergency, surgical and medical services. The medical services provided at the hospital include general medicine, endoscopy, cardiology, geriatric medicine, endocrinology, gastroenterology, rehabilitation, respiratory and stroke medicine. The trust also offers a specialist 'hub' centre for emergency and high risk general surgery, one of only four in Greater Manchester and covering the south-east sector of the region. The other hospital locations are Devonshire Centre for Neuro-rehabilitation and Bluebell Ward – The Meadows.

The trust employs approximately 5000 people including 160 consultants and 1190 nurses. From April 2017 – March 2018 the trust had 80,424 medical admissions including day case admissions. 30,978 of these admissions were from A&E, there were 365,972 outpatient attendances. There were 97,001 A&E attendances (265 per day). In maternity there were 3,094 deliveries. Trust wide there were 1,466 deaths. In March 2018 the trust had 670 beds. It had 717 beds at the time the PIR was submitted.

## Overall summary

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



## What this trust does

The trust operates from three hospital locations, 24 community locations across Stockport and their staff also provide care in people's homes. Stepping Hill Hospital is the trust's main acute site, which provides emergency, surgical and medical services. The medical services provided at the hospital include general medicine, endoscopy, cardiology, geriatric medicine, endocrinology, gastroenterology, rehabilitation, respiratory and stroke medicine. The trust is being developed as a specialist 'hub' centre for emergency and high risk general surgery, and will be one of only four in Greater Manchester and covering the south-east sector of the region. The other hospital location is Devonshire Centre for Neuro-rehabilitation.

Since our last inspection, there has been a change to the community services the trust provides. The trust does not provide community inpatient services or community services in Tameside and Glossop. As these services had moved to another NHS trust, they have not been inspected during our latest inspection. However, we did inspect Bluebell Ward – The Meadows as a new community inpatient location.

## 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.

# Summary of findings

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

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. At the last inspection, we rated some core services as requiring improvement and some as inadequate. At this inspection we inspected Urgent and Emergency Care, Medicine at the trust's two hospital locations, Maternity, community inpatients and services for Community Adults. These inspections were undertaken between 11 September and 14 September 2018.

Our comprehensive inspection of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed Is this organisation well-led? The well-led inspection took place between 2 and 4 October 2018.

## What we found

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – <https://www.cqc.org.uk/provider/RWJ>.

### Overall trust

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

- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating. In rating the trust, we took into account the current ratings of the seven services not inspected this time.
- We rated safe, effective and responsive as requires improvement. We rated caring as good. In terms of well-led, although we rated leadership at service level as good, the overall trust rating is determined by our trust-wide assessment of well led, which we rated as requires improvement.
- We rated Stepping Hill Hospital as requires improvement. Whilst the overall rating was the same as at the last inspection, there was notable improvement in the safe and well-led domains.
- We rated the Devonshire Centre for Neuro-rehabilitation overall as good. However, in terms of being effective we rated the centre as requires improvement.
- We rated Bluebell Ward - The Meadows as good across all domains.
- The trust had made changes following our comprehensive inspection in 2016 and our responsive inspections in 2017. Most services showed improvements, but further work was still required in urgent and emergency care, medicine and maternity services.
- The trust had experienced staff turnover in the board since our last inspection. This included within key roles. However, substantive appointments had been made to most roles. At the time of our inspection the board were working together to improve services.
- Significant changes had been made below board since our last inspection in 2017. The trust had established new management groups (an associate medical director, associate nursing director and Business Group Director) to manage business groups within the trust. Further development work was required, but clear positive changes were evident, as outlined in the service's well-led sections of this report.

# Summary of findings

- In medicine and maternity services we still had concerns regarding patient safety. However, in urgent and emergency care and medicine there had been improvements since our last inspection.
- We were concerned regarding some of the systems and processes within the trust. These included the process for assessing whether directors were fit and proper, parts of the governance and risk management systems. We also had some concerns regarding learning from serious incidents, although this had improved since our 2017 inspections.
- Across the trust there were no facilities for room temperature monitoring in locations we inspected where medicines were stored.
- The Sentinel Stroke National Audit Programme (SSNAP) audit identified the stroke services at the hospital as the top performing unit nationally. Stroke patients received care in a dedicated unit from a highly motivated and effective multidisciplinary team. We identified this as an area of outstanding practice.

## Are services safe?

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

- In urgent and emergency care, medicine and maternity services we still had concerns regarding patient safety.
- Across urgent and emergency care, maternity and medical services the trust did not have sufficient numbers of trained staff, including support staff. Whilst this position had improved since our last inspection, the trust was still heavily reliant on the use of bank and agency staff.
- The majority of nursing and medical staff had completed their mandatory training. However, the 90% training completion target had not been achieved for several training topics, including conflict resolution, information governance and essentials in end of life care.
- In six out of ten of the serious incidents we reviewed, we noted that there was inconsistency across the template that was used and the trust missed opportunities for learning. We escalated this to the trust at the time of the inspection.
- Across the trust medicines were returned to pharmacy for disposal. Records were kept for controlled drug disposal and medicines that were returned to stock. Medicines deemed unfit for further use were disposed of but evidence of numbers returned and disposed of was not recorded. In medicine we had concerns regarding the trust's compliance with the British Thoracic Society (BTS) Quality Standards for acute non-invasive ventilation in adults (April 2018).
- In maternity we were concerned regarding the emergency buzzer system in place within the birth centre. We escalated our concerns to the trust at the time of the inspection and immediate action was taken.
- Across the trust we were not assured regarding the effectiveness of the system to ensure equipment was maintained and in service. We found out of date items during our core service inspections, which we escalated to the trust. They completed an audit which identified 281 items of equipment that were out of service. The trust removed these items from use and put in place an action plan.
- In maternity only one of the birthing rooms had a facility to resuscitate a baby next to its mother and father, meaning mother and baby would have to be separated in an emergency situation.
- We were concerned that community midwives transported medications for home births in a variety of ways. For example, two or three different vials of medication were transported in a cardboard box meant for one specific medication or loosely. This meant there was a risk of administration of the wrong medication in an emergency.

However,

- We rated the Devonshire Centre for Neuro-rehabilitation and Bluebell Ward - The Meadows as good for safe, along with services for community adults.

# Summary of findings

- Across the trust we identified an improved incident reporting culture. Staff told us that they had started to receive feedback on learning from incidents which was an improvement from our 2017 inspections.
- Staff that we spoke with 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 in practice.
- Most staff had access to the information that they needed to assess, plan and deliver care, treatment and support to patients in a timely way. Whilst there were different systems in place between urgent and emergency care and medicine, these were coordinated.
- Across the trust we noted that staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- We noted improvements in medicines management. Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Most patients received their medicines as prescribed and in a timely way.

## Are services effective?

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

- In urgent and emergency care, medicine and the Devonshire Centre for Neuro-rehabilitation we had concerns regarding the services' effectiveness.
- Whilst care assessments generally considered the full range of people's diverse needs, care provided did not consistently reflect the adjustments made particularly in relation to patients with learning disabilities.
- Whilst most staff had the skills and competencies required to deliver their roles, the trust did not have an effective system to record this. Due to staff moves, staff were not always placed in areas where their competencies could be best utilised.
- We continued to be concerned regarding capacity assessments and staff's understanding around them.
- In relation to Deprivation of Liberty Safeguards, records we reviewed did not consistently evidence that care was provided in line with patients' 'best interests'. The trust did not have an effective system in place to evidence that these patients were monitored to ensure care delivery was in their 'best interests'.

However,

- We rated maternity, services for community adults and Bluebell Ward - The Meadows good for their effectiveness.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Services participated in relevant local audits such as the safety dashboard to monitor people's care and treatment to improve quality.
- We saw evidence of different teams and services working well together to meet the needs of the patients and their families.
- Staff were consistent and proactive in supporting people to live healthier lives.

## Are services caring?

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

- Patients were supported, treated with dignity and respect, and were involved as partners in their care.

# Summary of findings

- Across all services we inspected we saw that staff cared for patients with compassion and kindness. Most feedback from people who used the services and those close to them was positive about the way staff treated people.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Are services responsive?

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

- We still had concerns regarding the performance of the urgent and emergency care service.
- The services did not always take account of patients' individual needs. The website was not user-friendly to make it easy to find available community services for adults.
- Leaflets were not always readily available in different languages, easy read or pictorial formats.
- In medicine, patients were moved to other beds and wards during the night to meet bed capacity demands.
- The average length of stay for non-elective patients in geriatric medicine and cardiology was longer than the England average from April 2017 to March 2018. Work was on-going to improve patient length of stay through improvements in patient discharge processes.

However,

- We rated medicine, maternity, services for community adults, the Devonshire Centre for Neuro-rehabilitation and Bluebell ward - The Meadows as good for responsive.
- We noted improvements in medicine and maternity. Services were planned and delivered to meet the needs of local people. Daily bed management meetings took place to address any issues relating to patient flow.
- The number of delayed discharges had improved since our last inspection in March 2017. Routine multidisciplinary meetings identified patients ready for discharge and there was an increased presence of consultants and allied healthcare professionals on the wards with a focus on discharging patients, including on weekends.
- The medical care services performed better than the England average for patient referral to treatment within 18 weeks between June 2017 and April 2018.
- Medical patients admitted to other wards (medical outliers) were routinely reviewed by doctors from their specialty area.

## Are services well-led?

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

- Across all core services we noted an improvement in how well-led they were. In terms of well-led, although we rated leadership at service level as good, the overall trust rating is determined by our trust-wide assessment of well led, which we rated as requires improvement.
- We were concerned regarding some of the systems and processes within the trust. These included the process for assessing whether directors were fit and proper, parts of the governance and risk management systems. We also had some concerns regarding learning from serious incidents, although this had improved since our 2017 inspections.
- The trust did not have a current strategy at the time of our inspection. A draft strategy had been approved at the trust board in September 2018.
- Whilst staff identified most risks to good care, the trust did not always take sufficient action to eliminate or minimise risks.

# Summary of findings

However,

- We noted improvements within urgent and emergency care, medicine, maternity and services for community adults.
- There were changes in the leadership within the business groups which were having a positive impact on service delivery and improvement.
- Staff felt there was more of a focus on quality and safety, although they acknowledged there was more work to do.
- The trust had a vision and values that most staff were aware of.
- The trust had recently introduced arrangements for improving the quality of care and promoting high standards. Managers were more involved in monitoring performance and had started to use the results to help improve care.

## **Stepping Hill Hospital**

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

- We rated safe, effective and responsive as requires improvement. We rated caring and well-led as good.
- We noted improvements within the safe and well-led domains in medicine and urgent and emergency care. However, there were still patient safety concerns.
- In maternity there was improvement in the effective and well-led domains. We had concerns regarding patient safety for different reasons than those outlined in our last inspection.
- Staffing remained a challenge. Across medical services the hospital did not have sufficient numbers of trained staff, including support staff. Whilst this position had improved since our last inspection, the trust was still heavily reliant on the use of bank and agency staff.
- Across the medicine business group, whilst care assessments generally considered the full range of people's diverse needs, care provided did not consistently reflect the adjustments made particularly in relation to patients with learning disabilities.
- Whilst most staff had the skills and competencies required to deliver their roles, the hospital did not have an effective system to record this. Due to staff moves, staff were not always placed in areas where their competencies could be best utilised.
- In relation to Deprivation of Liberty Safeguards, records we reviewed did not consistently evidence that care was provided in line with patients' 'best interests'. The trust did not have an effective system in place to evidence that these patients were monitored to ensure care delivery was in their 'best interests'. We continued to be concerned regarding capacity assessments and staff's understanding around them.
- In medicine, patients were moved to other beds and wards during the night to meet bed capacity demands.
- The average length of stay for non-elective patients in geriatric medicine and cardiology was longer than the England average from April 2017 to March 2018. Work was on-going to improve patient length of stay through improvements in patient discharge processes.
- Patients were supported, treated with dignity and respect, and were involved as partners in their care.
- There were changes in the leadership within the business groups, which were having a positive impact on service delivery and improvement.

## **Devonshire Centre for Neuro-rehabilitation**

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

# Summary of findings

- The service had enough staff with the right skills, qualifications and experience. Staff knew who their managers were and received regular feedback on their work.
- Doctors, nurses and other health professionals continued to work together to support each other and provide good care.
- Staff knew what incidents to report and how to report them. Managers investigated incidents and shared lessons learned. They identified any themes and monitored near misses.
- Staff kept patients safe from harm and abuse. They understood and followed procedures to protect vulnerable adults or children.
- Staff treated patients with compassion, dignity and respect. Staff involved patients and those close to them in decisions about their care and treatment. They made sure patients were aware of their goals and plan of care. However, there was limited evidence in the patient records of discussions with the patient and their families.
- The trust planned and provided services in a way that met the needs of local people.
- Managers monitored performance and used the results to help improve care. All staff identified risks to good care.
- In relation to Deprivation of Liberty Safeguards, records we reviewed did not consistently evidence that care was provided in line with patients' 'best interests'. The trust did not have an effective system in place to evidence that these patients were monitored to ensure care delivery was in their 'best interests'.

## **The Meadows – Bluebell ward**

Our rating of this unit was good. We rated them as good because:

- Patient safety and quality improvement were high priorities on the ward. Management had identified lessons from incidents and complaints and were implementing changes to improve nursing practice and quality of care.
- Staff were familiar with the systems in place to escalate patients for admission to acute care or assessment in the local accident and emergency department.
- Staff took a proactive approach to safeguarding and were familiar with mental capacity assessment and application of deprivation of liberty safeguards.
- Appraisal rates for nursing staff had significantly improved during 2018 and training rates were improving with outstanding sessions booked. A band six nurse was assigned to manage training and development and nursing staff were involved in link nurse roles.
- People's emotional and social needs were seen as being as important as their physical needs.
- We saw evidence of different teams and services working well together to enable patients with long-term complex needs to achieve a safe and timely discharge.
- There had been positive cultural changes on the ward in 2018. Transparency, honesty and challenges to poor practice were established as the norm. Staff told us morale had improved and they felt supported by ward leadership.
- Leadership was accessible and visible at every level with executive ward visits, daily visits from the matron and proactive team building by the ward manager.
- Further work was required in terms of medicines prescribing as there was a lack of sufficient pharmacy monitoring on site.

## **Services for Community Adults**

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

# Summary of findings

- There were high compliance rates of mandatory training and most mandatory training module targets had been met.
- Services had suitable premises and equipment. They were kept clean to minimise the risk of infection.
- There were enough staff, with the right qualifications, skills and training to meet key performance indicators so that patients were seen and assessed in a timely way and within the prescribed targets.
- The service provided care and treatment based on national guidance. There were processes in place to ensure that guidance was promptly reviewed, disseminated and embedded.
- The effectiveness of care and treatment was monitored regularly and reported to the trust board. Services were involved in the annual clinical audit programme. Audit results and patient outcome monitoring were used to drive improvements.
- Staff received regular supervision and role-specific training. They were encouraged to take up external training courses that were relevant to their roles.
- Staff worked collaboratively with the acute hospital, GPs and local authority to deliver effective care and treatment and support people to live healthier lives and manage their own conditions.
- Staff cared for patients with compassion and respected their privacy and dignity. They offered adequate emotional support and involved patients and their carers in decisions about patients' care and treatment.
- Staff were valued and supported by managers and a positive culture and the wellbeing of staff was promoted.
- Improvements were required in the crisis response team. This team were not carrying out the expected nursing assessments required for patients which was particularly important given their role as the first response. We found that records were incomplete.
- The crisis response team were not operating in line with their terms of reference and did not have a clear exclusion policy. They were not measuring expected key performance indicators such as bed days saved due to the intervention of the team and whether patients were admitted to hospital when patients were discharged from the service.
- The arrangements for meeting individual patient needs and access to information could be improved. For example, it was difficult to establish from the trust website what community services were offered, where those services were and a choice of methods to contact the services.

## 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 medicine and services for community adults.

## Areas for improvement

We found areas for improvement including five breaches of legal requirements that the trust must put right. We found 45 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.

# Summary of findings

## Action we have taken

We issued a requirement notice to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

**Our action related to breaches of legal requirements in medicine, maternity and trust-wide. For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.**

## What happens next

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

## Outstanding practice

We found examples of outstanding practice in medicine at Stepping Hill Hospital and service for community adults.

- The Sentinel Stroke National Audit Programme (SSNAP) audit identified the stroke services at the hospital as the top performing unit nationally. Stroke patients received care in a dedicated unit from a highly motivated and effective multidisciplinary team.
- The integrated transfer team, made up of staff from Stockport NHS Foundation Trust, social care and the voluntary sector were making an impact on actively identifying elderly patients across hospital wards who were medically fit to leave a hospital bed and arrange their transfer home or to a community environment, ensuring that all additional requirements were swiftly put in place.
- The team was proactive in identifying where delays in the patient pathway to discharge were occurring and were putting into place additional staff and measures to alleviate and minimise the delays. For example, a trusted assessor care home lead to assess which care homes could meet the ongoing needs of patients ready for discharge rather than the care homes having to make the assessment which had been identified as a common delaying factor.

## Areas for improvement

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

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

We told the trust that it must take action to bring services into line with four legal requirements. This action related to medicine, urgent and emergency care and trust-wide.

#### Trust-wide

- The trust must ensure that it is fully compliant with the requirements laid out in legislation applicable to fit and proper persons: directors.

# Summary of findings

- The trust must ensure that care and treatment meets all individual needs of patients including those with learning disabilities and mental capacity concerns.
- The trust must ensure that best interests' decision making is documented within patient records.
- The trust must ensure it has systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This includes legacy risks from the previous recording system.
- The trust must improve the quality and consistency of serious incident investigations.
- The trust must improve performance in prescription of patients' regular medications.
- The trust must take appropriate actions to ensure patients restricted under the Deprivation of Liberty Safeguards receive an on-going review or assessment of their needs.
- The trust must ensure that equipment is maintained in line with its policies and processes and manufacturers' guidance.

## Core services

- The service must take appropriate actions so that sufficient numbers of trained nursing staff are in place at all times.
- The service must take appropriate actions so that patients restricted under the Deprivation of Liberty Safeguards receive an on-going review or assessment of their needs.
- The trust must ensure that governance processes are sufficient to mitigate identified clinical risks.
- The service must ensure that compliance with mandatory training is increased, including safeguarding training, particularly for medical staff.

## Action the trust SHOULD take to improve:

We told the trust that it should take to improve services.

## Trust-wide

- The trust should consider developing a documented talent map or succession plan.
- The trust should move at pace to implement the medium term financial strategy.
- The trust should consider involving patients in the development of the patient experience strategy.
- The trust should consider improving the quality of appraisals.
- The trust should consider embracing the spirit of duty of candour in all applicable incident investigations.
- The trust should consider board level clinical staff sign off of all clinical serious incidents.
- The trust should consider auditing all areas for medicines reconciliation.
- The trust should strengthen performance management arrangements for the business units.
- The trust should consider improving governors' understanding of the trust's strategic direction.
- The trust should ensure the ambient temperature of the medicines storage room is monitored to make sure medicines are stored within their accepted temperature range.
- The trust should take appropriate actions so that staff competency records are reviewed, maintained and kept up to date.

## Core services

# Summary of findings

## Medicine

- The service should take appropriate actions so that sufficient numbers of trained nursing staff are in place at all times.
- The service should take appropriate actions so that acute non-invasive ventilation patients receive care and treatment in line with British Thoracic Society (BTS) Quality Standards.
- The service should take appropriate actions to improve staff mandatory training and appraisal process compliance.
- The service should take appropriate actions to improve staff compliance in fluid balance monitoring and the management of patients with sepsis.
- The service should take appropriate actions to reduce patient moves to other beds and wards during the night.
- The service should take appropriate actions to improve the average length of patient stay for non-elective patients in geriatric medicine and cardiology specialties.
- The service should take appropriate actions so that records are maintained for medicines returned to pharmacy for disposal.

## The Meadows – Bluebell ward

- The service should ensure there is sufficient pharmacy oversight of prescribing on site, including lithium blood level monitoring, timing of administration for pre-food medications and allergy recording on hard copy medication records.
- The service should ensure that sufficient clinical handwashing facilities are accessible to staff in patient care areas.
- The service should ensure that there is senior nurse representation at department of medicine for older people quality board meetings.

## Service for community adults

- The service should consider reviewing the security arrangements at Kingsgate House.
- The service should ensure that the crisis response team carry out the expected nursing assessments based on the acuity and referral criteria of the patient.
- The service should ensure the crisis response team review their terms of reference and key performance indicators.
- The service should improve arrangements for meeting individual patient needs and access to information.
- The service should consider reviewing targets for referral to treatment times.

## Devonshire Centre for Neuro-rehabilitation

- The service should take appropriate action so staff can access all mandatory training.
- The service should secure patient records at all times.
- The service should secure the doors leading to the ward area at all times.
- The service should consider introducing regular engagement with patients and their families to identify areas requiring improvement that will improve care and experience.
- The service should take appropriate actions so patients have access to psychiatric support.
- The service should take action so that patients have regular access to an activity co-ordinator.

# Summary of findings

- The service should provide appraisals to all members of staff.

## Maternity

- The service should consider installing neonatal resuscitation equipment in all birthing areas to prevent separation of mum and baby in an emergency.
- The service should continue to work towards staffing the unit to full establishment for the safety of women and babies, to improve the access and flow for women and to optimise their choices of place of birth.
- The service should consider redesign of the birthing room where the toilet is behind a curtain.

## Urgent and Emergency Services

- The service should ensure patient records evidence capacity and delirium assessments.
- The service should ensure a review of the staffing model in the paediatric department is completed to ensure staffing complies with the Royal College of Paediatrics and Children's Health standards.
- The service should ensure that patients receive care in a timely way and work towards improving performance against national standards such as the time from arrival to treatment and median total time in the department.
- The service should ensure that all patients receive an initial assessment within 15 minutes of arrival, in line with the Royal College of Emergency Medicine standards.
- The service should ensure that plans for a new room for mental health assessments are completed.
- The service should ensure staff follow national guidance and patient pathways to ensure patients receive treatment that meets best practice.
- The service should continue to develop the number of substantive medical staff.
- The service should ensure that privacy and dignity of patients is always maintained.
- The service should take action to promote a positive culture within the emergency department.

## Is this organisation well-led?

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

We rated well-led at this organisation as requires improvement. This is because some overarching systems and processes within the trust did not meet the requirements of the Health and Social Care Act:

- At the time of our inspection we had concerns regarding the trust's fit and proper person process, a legal requirement. We were not assured that the process in place meant the trust could ensure that people who had director level responsibility for the quality and safety of care, and for meeting the fundamental standards, were fit and proper to carry out these important roles.
- We were concerned regarding the systems and processes the board used to assure themselves in relation to adult safeguarding concerns. The systems and processes did not give the board sufficient oversight of the way patients with

# Summary of findings

learning disabilities were managed within the trust. We also had concerns regarding the records for patients' subject to Deprivation of Liberty Safeguards. Patient records did not provide sufficient evidence that best interests were used for day-to-day care provision. We escalated these issues to the trust at the time of our inspection and the trust took immediate action.

- Significant improvement had been made in the way the trust managed risk. However, clinical risks, concerns around adult safeguarding and poor performance were not always dealt with appropriately or quickly enough. We found that risks were not consistently comprehensively assessed and addressed with sufficient priority when they had come to the board's attention through internal mechanisms. During our inspection we identified times when the trust's approach to service delivery and improvement was reactive and focused on short-term outcomes.
- There was no trust strategy in place at the time of our inspection as this was being revised. In September 2018 a draft strategy had been approved by the trust's board.
- The trust acknowledged further work was required to meet national standards and local agreements in relation to patients with mental health and other additional needs.
- Staff satisfaction was mixed. The staff survey evidenced that engagement figures had deteriorated slightly from 2016 to 2017 and were below the national average for similar trusts. Appraisal quality varied significantly across the trust and more work needed to be done on this. Concerns were also expressed to us regarding the freedom to speak up process within the trust.
- The sustainable delivery of quality care was put at risk by the financial challenge.
- Further work was needed to be undertaken with governors to ensure they were clear on the trust's strategic and operational direction.
- During our inspection we could not find evidence of a clearly documented talent map or succession plan: Senior staff told us these documents did not exist.
- Improvements had been made in relation to staff being held to account for delivery of their roles, but further work in this area was required for teams below board level.

However,

- The trust had had significant changes to their leadership team since our last inspection. At the time of our inspection we found a leadership team that had the capacity, capability and integrity to deliver qualitative improvements in relation to patients' care. Senior staff were knowledgeable about issues and priorities for the quality and sustainability of services, understood what the trust's challenges were and acted to begin addressing them. In terms of finance, more work was required to ensure pace of improvement was owned by staff at all levels. Senior staff were visible and approachable.
- The trust had a clear vision and values, which most staff were aware of. The draft strategy was being developed through a structured planning process in collaboration with people who use the service, staff and, external partners. It was aligned to local plans in the wider health and social care economy.
- Most staff told us that leaders modelled and encouraged compassionate, inclusive and supportive relationships so that they felt respected, valued and supported. The trust had processes to support staff and promote their positive wellbeing. Improvements had been made and leaders shared values and prioritised high-quality, compassionate care.

# Summary of findings

- The trust's chair took the lead for equality and diversity to ensure everyone was aware of the importance of it. Leaders focused attention on the needs and experiences of people who used services. We saw evidence that behaviour and performance that was inconsistent with the vision and values was identified and had started to be dealt with swiftly and effectively. However, further work was still required in this area.
- The trust was clear on their priorities when it came to driving improvement for Black Minority Ethnic staff through the workforce race equality standard. However, in discussions with the Equality and Diversity Lead, it was clear that key solutions that the trust had proposed to reduce any gaps in Black Minority Ethnic and white staff experience had yet to be introduced, developed or matured.
- The trust was clear on its equality, diversity and inclusion priorities, providing information regarding the revised governance arrangements in respect of the equality, diversity and inclusion agenda. This included the equality, diversity and inclusion steering group, which had representation from the staff networks and the freedom to speak up guardian. The equality, diversity and inclusion manager provided information on the plans for this year's Workforce Race Equality Standard actions. In the last year the trust had developed Black and Minority Ethnic and Lesbian, Gay, Bi-sexual and Transgender staff networks and improvement in the Workforce Race Equality Standard indicators. The equality, diversity and inclusion agenda is supported by equality, diversity and inclusion coordinators and advocates within the services.
- Significant work had been undertaken to revise the trust's governance processes. This included introduction of structures, processes and systems of accountability. Senior staff acknowledged the improvement in these systems, but explained that there was still further work to do. At inspection we identified that further work was required on the governance and management of partnerships, joint working arrangements and shared services. Senior leaders were aware of this and had plans in place to address this. Staff were clear about their roles and were developing awareness of their accountabilities.
- During our inspection we noted that most performance issues were escalated to the appropriate committees and the board through clear structures and processes.
- The board received information on service quality and sustainability. Leaders used meeting agendas to address quality across the trust. Staff said they had access to all necessary information and were encouraged to challenge its reliability. However, senior leaders explained that too much data was provided and that this needed to be streamlined to information required for decision making.
- The trust was aware of its performance through the use of key performance indicators and other metrics. This data fed into a board assurance framework. Most team managers had access to a range of information to support them with their management role. This included information on the performance of the service, staffing and patient care.
- Data or notifications were consistently submitted to external organisations as required. There were robust arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Information technology systems were used effectively to monitor and improve the quality of care.
- In view of our inspection findings in 2017, senior leaders told us the trust needed to put significant focus on improving the quality of care provided to patients. At this inspection we found that the trust had done this. There were notable improvements within most core services. Senior leaders told us the improvements had resulted from significant structural, organisational and personnel changes. We found there was a focus on continuous learning and improvement at most levels of the organisation, including through appropriate use of external accreditation and participation in research. The trust was developing staff's knowledge of improvement methods. More work was now needed on developing staff's use of these skills at all levels across the organisation.

## Summary of findings

- The trust had previously been criticised for the way it engaged with staff and other stakeholders. However, at this inspection we found that significant steps had been taken to try and increase stakeholder engagement. Senior leaders were determined that staff would be involved with and consulted on the new strategy. The board had commissioned and approved a people's strategy with staff engagement as one of the five fundamental priorities. Work was being undertaken to complete a patient experience strategy. However, this needed further work as patients had not been involved in its creation.
- The trust had organisational systems to support some improvement and innovation work, including staff objectives and rewards. Further work needed to be undertaken to promote the sharing improvement work.

## 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/RWJ/Reports](http://www.cqc.org.uk/provider/RWJ/Reports).

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 2018	Good ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 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.

### Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 2018	Good ↔ Nov 2018	Requires improvement ↔ Nov 2018	Good ↑ Nov 2018	Requires improvement ↔ Nov 2018
Community	Good Nov 2018	Good Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↑ Nov 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 Stepping Hill Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↑ Nov 2018	Requires improvement ↔ Nov 2018	Good ↑ Nov 2018	Requires improvement ↔ Nov 2018	Good ↑↑ Nov 2018	Requires improvement ↑ Nov 2018
Medical care (including older people's care)	Requires improvement ↑ Nov 2018	Requires improvement ↔ Nov 2018	Good ↔ Nov 2018	Good ↑ Nov 2018	Good ↑ Nov 2018	Requires improvement Nov 2018
Surgery	Good Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016
Critical care	Good Oct 2016	Good Oct 2016	Good Oct 2016	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016
Maternity	Requires improvement Nov 2018	Good ↑ Nov 2018	Good Nov 2018	Good Nov 2018	Good ↑ Nov 2018	Good ↑ Nov 2018
Services for children and young people	Requires improvement Oct 2016	Good Oct 2016	Outstanding Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016
End of life care	Good Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016
Outpatients	Good Aug 2016	N/A	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Outpatients and Diagnostics	Good Oct 2016	N/A	Good Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016
<b>Overall*</b>	Requires improvement ↑ Nov 2018	Requires improvement ↔ Nov 2018	Good ↔ Nov 2018	Requires improvement ↔ Nov 2018	Good ↑ Nov 2018	Requires improvement ↔ Nov 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 Devonshire Centre for Neuro-rehabilitation

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good ↔ Nov 2018	Requires improvement ↓ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018
<b>Overall*</b>	Good ↔ Nov 2018	Requires improvement ↓ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 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 ↑ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↑ Nov 2018	Good ↑ Nov 2018
Community health services for children and young people	Good Aug 2016	Good Aug 2016	Outstanding Aug 2016	Outstanding Aug 2016	Outstanding Aug 2016	Outstanding Aug 2016
Community health inpatient services	Good Nov 2018	Good Nov 2018	Good Nov 2018	Good Nov 2018	Good Nov 2018	Good Nov 2018
Community end of life care	Good Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016
<b>Overall*</b>	Good Nov 2018	Good Nov 2018	Good Nov 2018	Good Nov 2018	Good Nov 2018	Good Nov 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.

# Devonshire Centre for Neuro-rehabilitation

Cherry Tree Lane  
Stockport  
Greater Manchester  
SK2 7PZ  
Tel: 01614195678  
[www.stockport.nhs.uk](http://www.stockport.nhs.uk)

## Key facts and figures

Stepping Hill Hospital is the main hospital location providing inpatient care as part of Stockport NHS Foundation Trust.

The Devonshire Centre for neuro-rehabilitation is located at another site, close to the main hospital and provides neurological rehabilitation care for patients over the age of 18 years with an acquired brain injury or those who suffer from chronic neurological illnesses.

The service is part of the Greater Manchester Operational Delivery network and takes referrals from across the north-west region.

The 19-bedded unit and facilities include a patient kitchen, therapy room, gymnasium, communal dining area, garden and a self-contained rehabilitation flat.

Care is provided by a multidisciplinary team including nurses, medical staff, health care assistants, physiotherapist, occupational therapists, therapy staff, speech and language and a psychologist.

We have previously inspected the Devonshire Centre in 2016 and we rated the service 'good' across all five domains of Safe, Effective, Caring, Responsive and Well Led.

We carried out an unannounced inspection (staff did not know we were coming) on the 11 to 13 September 2018.

During our inspection we:

- Spoke with 18 members of staff across all specialisms and grades.
- Spoke with four patients and one family member.
- Reviewed three sets of patient records including nursing, medical and therapy records.
- Reviewed three prescription charts.
- Observed care provided by therapy and nursing staff.

## Summary of services at Devonshire Centre for Neuro-rehabilitation



# Summary of findings

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

- The service had enough staff with the right skills, qualifications and experience. Staff knew who their managers were and received regular feedback on their work.
- Doctors, nurses and other health professionals continued to work together to support each other and provide good care.
- Staff knew what incidents to report and how to report them. Managers investigated incidents and shared lessons learned. They identified any themes and monitored near misses.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff kept patients safe from harm and abuse. They understood and followed procedures to protect vulnerable adults or children.
- Staff treated patients with compassion, dignity and respect. Staff involved patients and those close to them in decisions about their care and treatment. They made sure patients were aware of their goals and plan of care.
- The trust planned and provided services in a way that met the needs of local people.
- The trust had a clear governance structure for overseeing performance, quality and risk to improve patient care, safety and outcomes.
- Managers monitored performance and used the results to help improve care. All staff identified risks to good care.
- The trust engaged well with local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff described the culture within the service as open and transparent. Staff could raise concerns and felt listened to.

However:

- We did not see sufficient evidence in patient's records to demonstrate that patients restricted under the Deprivation of Liberty Safeguards (DoLS) had an on-going review or assessment of their needs after the initial Deprivation of Liberty Safeguards application had been made. This meant there was a risk that patients could be deprived of their liberties unnecessarily for a prolonged period of time.
- If patients lacked the capacity to make their own decisions, staff made decisions about care and treatment in the best interests of the patient. However, there was no standardised process for documenting best interest meeting discussions and decisions.
- There was limited evidence in the patient records of discussions with the patient and their families.
- Staff had access to equipment, which had not been maintained and was therefore potentially unsafe to use.
- The service did not regularly engage with the patients or their families to understand and identify how the service could be improved.

# Medical care (including older people's care)



## Key facts and figures

Stepping Hill Hospital is the main hospital location providing inpatient care as part of Stockport NHS Foundation Trust

The Devonshire Centre for Neuro-rehabilitation is located at another site, close to main hospital and provides neurological rehabilitation care for patients over the age of 18 years with an acquired brain injury or those who suffer from chronic neurological illnesses.

The service is part of the Greater Manchester Operational Delivery network and takes referrals from across the north-west region.

The 19-bedded unit and facilities include a patient kitchen, therapy room, gymnasium, communal dining area, garden and a self-contained rehabilitation flat.

Care is provided by a multidisciplinary team including nurses, medical staff, health care assistants, physiotherapist, occupational therapists, therapy staff, speech and language and a psychologist.

We have previously inspected the Devonshire centre in 2016 and we rated the service 'good' across all five domains of Safe, Effective, Caring, Responsive and Well Led.

We carried out an unannounced inspection (staff did not know we were coming) on the 11 to 13 September 2018.

During our inspection we:

- Spoke with 18 members of staff across all specialisms and grades.
- Spoke with four patients and one family member.
- Reviewed three sets of patient records including nursing, medical and therapy records.
- Reviewed three prescription charts.
- Observed care provided by therapy and nursing staff.

## 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 skills, qualifications and experience. Staff knew who their managers were and received regular feedback on their work.
- Doctors, nurses and other health professionals continued to work together to support each other and provide good care.
- Staff knew what incidents to report and how to report them. Managers investigated incidents and shared lessons learned. They identified any themes and monitored near misses.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff kept patients safe from harm and abuse. They understood and followed procedures to protect vulnerable adults or children.

# Medical care (including older people's care)

- Staff treated patients with compassion, dignity and respect. Staff involved patients and those close to them in decisions about their care and treatment. They made sure patients were aware of their goals and plan of care.
- The trust planned and provided services in a way that met the needs of local people.
- The trust had a clear governance structure for overseeing performance, quality and risk to improve patient care, safety and outcomes.
- Managers monitored performance and used the results to help improve care. All staff identified risks to good care.
- The trust engaged well with local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff described the culture within the service as open and transparent. Staff could raise concerns and felt listened to.

However

- We did not see sufficient evidence in patient's records to demonstrate that patients restricted under the Deprivation of Liberty Safeguards (DoLS) had an on-going review or assessment of their needs after the initial application had been made. This meant there was a risk that patients could be deprived of their liberties unnecessarily for a prolonged period of time.
- If patients lacked the capacity to make their own decisions, staff made decisions about care and treatment in the best interests of the patient. However, there was no standardised process for documenting best interest meeting discussions and decisions.
- There was limited evidence in the patient records of discussions with the patient and their families.
- Staff had access to equipment, which had not been maintained and was therefore potentially unsafe to use.
- The service did not regularly engage with the patients or their families to understand and identify how the service could be improved.

## Is the service safe?

Good   

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

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff kept patients safe from harm and abuse. They understood and followed procedures to protect vulnerable adults or children.
- The service controlled infection risk well.
- Patients' risks were assessed and reviewed regularly by staff from admission to discharge. Staff monitored changes in patients' conditions using nationally recognised systems.
- Staffing levels were planned to meet requirements of patients.
- There were systems in place for the safe handling and disposal of medicines.

# Medical care (including older people's care)

- Staff knew what incidents to report and how to report them. Managers investigated incidents and shared lessons learned.

However:

- The service was not meeting the trust's target for staff completing 10 out of 21 of the mandatory training modules.
- Equipment that had not been maintained and therefore potentially was not safe to use, was accessible to staff to use.

## Is the service effective?

**Requires improvement** ● ↓

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

- Although we found the service largely performed well, it did not sufficiently evidence best interests decision making processes once a Deprivation of Liberty Safeguards form had been submitted to the local authority. This meant the service could not evidence it was using the list restrictive method of reducing a patients deprivation of their liberty. We escalated to the trust at the time of our inspection and they took immediate action.
- If patients lacked the capacity to make their own decisions, staff made decisions about care and treatment in the best interests of the patient. However, there was no standardised process for documenting best interest meeting discussions.
- Documentation within the patients records did not clearly evidence that families were fully informed and involved in decisions.
- Staff did not consistently follow the Mental Capacity Act and Deprivation of Liberty Safeguards policy.
- Not all staff had received an appraisal.

However:

- The service provided care and treatment based on national guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles, although we found no evidence that the service used a specific competency tool.
- Staff at all levels and from all disciplines worked together as a team for the benefit of the patients.
- Therapy services were not providing seven days services. However, ward staff were aware of treatment goals and plans to support patients.

## Is the service caring?

**Good** ● → ←

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

# Medical care (including older people's care)

- Care was delivered by caring and compassionate staff. We observed patients being treated with dignity, respect and kindness in a timely manner.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

## Is the service responsive

Good   

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

- The trust planned and provided services in a way that met the needs of local people.
- The facilities and premises were appropriate for the services that were delivered.
- The service took account of patients' individual needs.
- People could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

Good   

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- Managers monitored performance and used the results to help improve care. All staff identified risks to good care.
- Staff and managers were clear about the challenges the department faced. They understood the risks to the department and the plans to deal with them.
- The trust engaged well staff and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Staff described the culture within the service as open and transparent. Staff could raise concerns and felt listened to. They said leaders were visible and approachable.

However:

- The serviced did not regularly engage with the patients or their families to understand and identify how the service could be improved.

## Areas for improvement

We found areas for improvement in this service.

Action the service **must** take to improve

# Medical care (including older people's care)

- The trust must take appropriate actions to ensure patients restricted under the Deprivation of Liberty Safeguards receive an on-going review or assessment of their needs.

Action the trust **should** take to improve

- The trust should take appropriate actions so that best interest meeting decisions are documented in a standardised and consistent manner.
- The trust should take appropriate action so staff can access all mandatory training.
- The trust should secure patient records at all times.
- The trust should secure the doors leading to the ward area at all times.
- The trust should consider introducing regular engagement with patients and their families to identify areas requiring improvement that will improve care and experience.
- The trust should take appropriate action to improve the systems and processes in place so equipment that is not maintained is not accessible for use.
- The trust should take appropriate actions so patients have access to psychiatric support.
- The trust should take action so that patients have regular access to an activity co-ordinator.
- The trust should provide appraisals to all members of staff.

# Stepping Hill Hospital

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## Key facts and figures

Stepping Hill Hospital is the trust's main acute site, which provides emergency, surgical and medical services. The medical services provided at the hospital include general medicine, endoscopy, cardiology, geriatric medicine, endocrinology, gastroenterology, rehabilitation, respiratory and stroke medicine. The trust also offers a specialist 'hub' centre for emergency and high risk general surgery, one of only four in Greater Manchester and covering the south-east sector of the region. The other hospital location is Devonshire Centre for neuro-rehabilitation.

At Stepping Hill from April 2017 to March 2018 the hospital had 80,424 inpatient admissions and 365,972 outpatient attendances. Over the same time period the urgent and emergency care service has 97,001 attendances. The hospital had 3306 births and 1,466 deaths. There are 670 beds, including 56 maternity beds.

## Summary of services at Stepping Hill Hospital

**Requires improvement** ● → ←

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

- We rated safe, effective and responsive as requires improvement. We rated caring and well-led as good.
- We noted improvements within the safe and well-led domains in medicine and urgent and emergency care. However, there were still patient safety concerns.
- In maternity there was improvement in the effective and well-led domains. However, we had concerns regarding patient safety for different reasons than those outlined in our last inspection.
- Staffing remained a challenge. Across maternity and medical services the hospital did not have sufficient numbers of trained staff, including support staff. Whilst this position had improved since our last inspection, the trust was still heavily reliant on the use of bank and agency staff.
- Across the medicine business group, whilst care assessments generally considered the full range of people's diverse needs, care provided did not consistently reflect the adjustments made particularly in relation to patients with learning disabilities.
- Whilst most staff had the skills and competencies required to deliver their roles, the hospital did not have an effective system to record this. Due to staff moves, staff were not always placed in areas where their competencies could be best utilised.

# Summary of findings

- In relation to Deprivation of Liberty Safeguards, records we reviewed did not consistently evidence that care was provided in line with patients' 'best interests'. The trust did not have an effective system in place to evidence that these patients were monitored to ensure care delivery was in their 'best interests'. We continued to be concerned regarding capacity assessments and staff's understanding around them.
- In medicine, patients were moved to other beds and wards during the night to meet bed capacity demands.
- The average length of stay for non-elective patients in geriatric medicine and cardiology was longer than the England average from April 2017 to March 2018. Work was on-going to improve patient length of stay through improvements in patient discharge processes.

However,

- Most care was provided in line with best practice and current national guidance.
- Patients were supported, treated with dignity and respect, and were involved as partners in their care.
- There were changes in the leadership within the business groups, which were having a positive impact on service delivery and improvement.
- The most recent Sentinel Stroke National Audit Programme (SSNAP) audit identified the stroke services at the hospital as the top performing unit nationally.

# Urgent and emergency services

Requires improvement  

## Key facts and figures

Adult and paediatric urgent and emergency care services are provided at Stepping Hill Hospital under the trust's integrated care group. The service can also accept patients who require a mental health assessment.

Urgent and emergency services are provided by the trust at Stepping Hill Hospital. From April 2017 – March 2018 the trust saw 97,001 A&E attendances (265 per day). The emergency department is managed collaboratively by the senior managers from medical, nursing and business group.

The department provides emergency care 24 hours a day, seven days a week throughout the year. Services are provided to both adults and children for trauma, medical and surgical emergencies.

At the last inspection in March 2017, the urgent and emergency care services at Stepping Hill Hospital were rated as inadequate. The urgent and emergency care service was rated as inadequate for safe and well led and requires improvement for being caring, effective and responsive.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

We visited the emergency department, clinical decisions unit and ambulatory ill unit during our inspection. The inspection took place from 11 to 14 September. During the inspection visit, the inspection team:

- Spoke with 15 patients and relatives who were using the service
- Spoke with 30 members of staff across all specialisms and grades including clinical directors, medical staff, matrons, nurses, emergency nurse practitioners, health care assistants, reception and domestic staff.
- Reviewed 32 electronic and paper records including patient risk assessments, observations and medication records.
- Observed daily activity and clinical practice within the department. Prior to and following our inspection we analysed information about the service which was provided by the trust.

## Summary of this service

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

- The trust did not meet their national performance targets for patients admitted, transferred or discharged within four hours of arrival at the department.
- The service did not always follow pathways when delivering care and treatment which consequently led to incidents. We saw evidence through four reported incidents in July 2018 that staff requested x-rays of the wrong site and this was recognised as a theme across the emergency department. Through discussions with clinicians on site we heard that this led to care and treatment not being delivered in line with best practice. However, work was being done to address this at the time of inspection.
- Whilst the trust had improved their mandatory training levels since our last inspection, there was still further work to do. Data received from the trust indicated that training compliance rates for nursing staff did not meet the trust's target in six areas. For medical staff they did not meet the trust's target in 15 out of 17 areas.

# Urgent and emergency services

- Not all staff had completed safeguarding training required for their roles. Records indicated that compliance with level two training for nursing staff and levels two and three for medical staff were low.
- Although the service demonstrated nurse staffing fill rates of 94% between April and August 2018, on all the four days of inspection the service reported a 75% fill rate .
- The service did not always have sufficient paediatric trained nursing staff to meet national recommendations for a minimum of two paediatric staff during opening hours. However, staffing was aligned to the activity in the department. Senior managers recognised a review of the nursing workforce across the emergency department was needed and were redesigning their staffing model to implement the Royal College of Paediatric and Children's Health standards.
- The service did not conduct hourly intentional rounding in line with national guidelines so that aspects of care such as pain, personal needs and positioning could be regularly checked.
- There was an inconsistent approach to storing paper-based staff competency assessment records.
- Staff did not always have an appraisal. Data showing the percentage of nursing and medical staff who were appraised was lower than the trust target and had deteriorated since our last inspection.

However;

- Staff were compassionate, approachable and kept patients informed of their treatment plans.
- Staff from different specialties worked together as a team to benefit patients presenting the emergency department. We observed positive examples of staff working well together.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The trust took action to improve services by learning from when things go well and when they go wrong.
- The leadership team was visible and proactive in making improvements to the service. We saw through data and observations that qualitative improvements had been made since the last inspection.

## Is the service safe?

**Requires improvement** ● ↑

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

- Intentional rounding (the act of nursing staff seeing each patient at a specified time) was carried out at two hourly intervals. Whilst this was an improvement since our last inspection, it was not in line with national guidance which recommends this is done hourly within an emergency department.
- The trust had improved their mandatory training levels since our last inspection. However, there was still further work to do. Data received from the trust indicated that training compliance rates for nursing staff did not meet the trust's target in six areas. For medical staff they did not meet the trust's target in 15 out of 17 areas. The service provided safeguarding training to staff on how to recognise how to keep patient safe from harm and abuse. However, the compliance rates for safeguarding level three children's training needed to be improved so that the service could assure themselves that staff had the right knowledge and understanding of how to keep patients safe from harm and abuse.

# Urgent and emergency services

- There was no induction course for the administrative staff to ensure consistency in response to presenting symptoms ie red flags.
- The service did not have two registered children's nurses on every shift to meet national recommendations.
- Although staffing fill rates prior to the inspection showed that 94% of shifts were filled, at the time of inspection the department were running at 75% fill rate.
- We found staffing during the inspection led to some delays in the administration of medication. An audit of timeliness of medication between 3 -10 September 2018, showed on average the timeliness of administration was within the trust's standards. However, the trust accepted that there were times when patients did not receive their medications in a timely manner.
- The service did not record the temperature of the room where medications were stored. This meant the service could not assure itself that it stored medicines in line with manufacturing guidelines.

However:

- Infection prevention control protocols had improved since the last inspection and were mostly embedded in practice. Staff kept the equipment and the premises clean when the department was not busy. Control measures to prevent the spread of infection were observed during clinical practice.
- Patients' risks were assessed, monitored, managed and responded to in an appropriate way. Staff completed life support training including adult and children's basic, intermediate and advanced life support.
- When things went wrong, managers appropriately investigated reported incidents to determine the contributory factors and to identify areas for individual and systemic improvement, and shared learning.

## Is the service effective?

**Requires improvement**   

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

- Staff delivered care and treatment in line with best practice guidance. Pathways reflected current national standards and guidelines. However, we found examples where staff did not always follow pathways which had led to serious incidents. We observed that when the department was busy, staff were not always attentive to patients nutritional and hydrational needs.
- The service participated in the Royal College of Emergency Medicine audits between 2016 and 2017 but achieved inconsistent results in two audits. It failed to meet standards of the consultant sign-off and unplanned re-attendance rate within seven days audits.
- We found a lack of evidence in three patient notes we reviewed on inspection that assured us that patients had undergone a mental capacity assessment. This was because doctors did not always use the free text box and the patient record did have a mandatory field to record this. We escalated to the trust at the time of the inspection. They took action to address this.
- We also did not see any completed competency frameworks whilst on inspection.

However,

- Pain was assessed and managed by staff for those patients who presented with pain.

# Urgent and emergency services

- Staff across different specialties worked together in the department. Doctors, nurses and other healthcare professionals supported each other to provide the right care in a timely way.
- Health promotion information was available to patients if they required it, staff signposted patients to the health promotion team to support their choice to become healthier
- Whilst the service was not compliant against the trust's target for completion of nursing and medical appraisals, they had completed appraisals for 87.8% of staff compared to the trust target of 95%.
- Staff were offered a range of training sessions to ensure they had the skills, knowledge and competencies to deliver care and treatment but couldn't always attend.

## Is the service caring?

**Good** ● ↑

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

- Staff cared for patients with compassion and respect. Staff introduced themselves to patients by name and reassured anxious patients and relatives.
- The majority of the feedback we received from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Patients and those close to them felt involved in decisions about their care and treatment. Friends and Family test data showed 90% of patients said they would recommend the care and treatment provided by the urgent and emergency service in August.

However,

- Staff could not always maintain patients' privacy when they reached full capacity because of the size and layout of the department.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The trust did not meet the Department of Health's target of 95% of patients admitted, transferred or discharged within four hours of arrival at the department. From July 2017 to June 2018 the trust failed to meet the standard.
- Over the 12 months from July 2017 to June 2018, 174 patients waited more than 12 hours from the decision to admit until being admitted. During the same period, the department reported 7566 of patients waited more than four hours to admission.
- On inspection the hospital we saw patients in the emergency department were waiting for long periods of time in department before being admitted to wards.
- The service did not always take steps to meet the needs of individuals. We saw examples where there was a lack of evidence to ensure patients were appropriately identified and care adjustments made accordingly.

However

# Urgent and emergency services

- The service planned and provided care and treatment in a way that met the needs of local people. Ongoing work with local commissioners and other healthcare providers to better understand current and future demand was underway.
- The service treated concerns and complaints seriously, investigated them and used them to improve the quality of care. Senior staff incorporated complaint feedback in daily safety huddles.

## Is the service well-led?

Good   

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

- The leadership team had been working together for 11 months and had made qualitative improvements which were evident through analysing data and observing care during the inspection process.
- There was vision and strategy for the service which was incorporated in the overall improvement plan. The vision and strategy for the emergency department was embedded within the overall partnership working model between NHS Local commissioning group, Healthier together, Stockport together, Viaduct, Master call.
- Mortality figures were reported to the board in response to national guidance on learning from deaths report (published March 2017).
- The service had a governance structure which escalated information to the business group and then to the trust board. It had effective systems for identifying risks both the expected and unexpected.
- The service collected, analysed, managed and used information to support all its activities, using secure electronic systems.
- The service engaged well with patients, staff the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation and improving patient outcomes. There was a culture of supportive learning, improvement and development in the department, which was supported by the trust's director of continuous improvement.
- The service had systems for identifying risks and actions to reduce them but had not identified all the risks we recognised on the inspection. For example, risks associated around not recording capacity assessments had not been identified at the time of the inspection but was acted upon once escalated to the senior executive team.

However,

- The culture and morale in the department was low and staff described the pressure in the department as relentless
- The service did not meet a range of national and internal targets such as the national targets for triaging patients who used the service, the internal trust targets in training, safeguarding, and staff appraisals.
- The senior leadership team acknowledged that audit performance was poor in some areas and recognised that more work was needed to improve these areas.
- In the absence of the matron, sisters were managing the day to day activity in the department. This meant they did not always get time to address all activities they had to undertake. However, the service was clinically led by the clinical director, associate director of nursing and business group director who were visible in the department and supported the service.

# Urgent and emergency services

## Areas for improvement

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

- The service must ensure that compliance with mandatory training is increased, including safeguarding training, particularly for medical staff.

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

- The service should ensure patient records evidence capacity and delirium assessments.
- The service should ensure a review of the staffing model in the paediatric department is completed to ensure staffing complies with the Royal College of Paediatrics and Childrens Health standards.
- The service should ensure that patients receive care in a timely way and work towards improving performance against national standards such as the time from arrival to treatment and median total time in the department.
- The service should ensure that all patients receive an initial assessment within 15 minutes of arrival, in line with the Royal College of Emergency Medicine standards.
- The service should ensure that plans for a new room for mental health assessments are completed.
- The service should ensure staff follow national guidance and patient pathways to ensure patients receive treatment that meets best practice.
- The service should continue to develop the number of substantive medical staff.
- The service should ensure that privacy and dignity of patients is always maintained.
- The service should take action to promote a positive culture within the department.
-

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

Stepping Hill Hospital is the main hospital location providing inpatient care as part of Stockport NHS Foundation Trust. The hospital provides a range of elective and acute medical care services, including cardiology, respiratory, stroke, services for older people, haematology, general medicine, endocrinology and diabetes and rheumatology.

The medical care services at the Stepping Hill Hospital consist of 369 in-patient beds located across 14 medical wards. There were 32,970 medical admissions from April 2017 to March 2018. Emergency admissions accounted for 22,542 (68.4%), 760 (2.3%) were elective, and the remaining 9,668 (29.3%) were day case patients.

Admissions for the top three medical specialties were:

- General medicine: 24,928 (75.6%)
- Geriatric medicine: 2,411 (7.3%)
- Clinical haematology: 2,284 (6.9%)

We visited Stepping Hill Hospital as part of our unannounced inspection during 11 to 14 September 2018. We visited all the medical wards as part of the inspection. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

At the last inspection in March 2017, the medical care services at Stepping Hill Hospital were rated as requires improvement. The medical care service was rated as inadequate for safe, good for caring and requires improvement for being effective, responsive and well-led. We also carried out a focussed inspection of the medical care services at this hospital in June 2017 but did not rate the services.

As part of the inspection, we spoke with seven patients and the relatives of two patients. We observed care and treatment and looked at 31 care records. We also spoke with 38 staff across a range of disciplines including staff nurses, senior nurses, ward managers, matrons, physiotherapists, occupational therapists, junior doctors, a registrar, consultants, care support workers, the governance and quality manager, the associate director of nursing, the associate medical director, the business group director, the matron for patient experience, the trust adult safeguarding lead and the deputy chief nurse.

## Summary of this service

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

- The medical wards did not have sufficient numbers of trained nursing staff. Staffing levels were maintained through the use of bank and agency staff, by increasing care staff numbers and by transferring staff to wards with nurse staffing shortfalls.
- We did not see sufficient evidence in patient's records to demonstrate that patients restricted under the Deprivation of Liberty Safeguards (DoLS) had an on-going review or assessment of their needs after the initial Deprivation of Liberty Safeguards application had been made. This meant there was a risk that patients could be deprived of their liberties unnecessarily for a prolonged period of time.

# Medical care (including older people's care)

- If patients lacked the capacity to make their own decisions, staff made decisions about care and treatment in the best interests of the patient. However, there was no standardised process for documenting best interest meeting discussions and decisions.
- The trust carried out an analysis to measure compliance with the British Thoracic Society (BTS) Quality Standards for acute non-invasive ventilation in adults (April 2018). The analysis looked at 21 standards and identified the trust was compliant in eight standards (38%), partially compliant in eight standards (38%) and not compliant in five standards (24%). Actions were being taken to improve compliance where non-compliance was identified.
- A non-invasive ventilation audit was carried out during 2017 to assess the quality of care and treatment against the British Thoracic Society quality standards. This identified areas of poor compliance such as only 53% of non-invasive ventilation patients were reviewed by a respiratory consultant within 14 hours of starting treatment, compared with the standard of 100%. An action plan was in place to improve compliance with the British Thoracic Society standards and a further audit was completed in 2018.
- The majority of nursing and medical staff had completed their mandatory training. However, the 90% training completion target had not been achieved for a number of training topics.
- The majority of nursing staff (91.5%) in the medical care services at the hospital had received an appraisal. However, this was below the trust target of 95%.
- Staff had guidelines and care pathways in place for the management of patients with sepsis. However, an internal audit on the acute medical unit (AMU) in May 2018 identified poor staff adherence to the sepsis care bundle and none of the internal audit standards were met. Remedial actions were put in place to improve compliance.
- Staff carried out an assessment of patients' nutritional requirements. However, fluid balance monitoring audit (April 2018) highlighted areas for improvement. Actions such as updated guidelines were being implemented to improve compliance.
- There was an inconsistent approach to storing paper-based staff competency assessment records.
- Medicines were returned to pharmacy for disposal; however records were not kept of the medicines that were returned.
- Patients were moved to other beds and wards during the night to meet bed capacity demands. The average length of stay for non-elective patients in geriatric medicine and cardiology was longer than the England average from April 2017 to March 2018. However, work was on-going to improve length of stay through improvements in patient discharge processes.
- Nursing staff told us that being moved to other medical wards had a negative impact on staff morale.

However;

- The services participated in national and local clinical audits. The most recent Sentinel Stroke National Audit Programme (SSNAP) audit identified the stroke services at the hospital as the top performing unit nationally. Where standards had not been achieved, actions had been taken to improve compliance in audits such as the national audit of inpatient falls 2017.
- Services were planned and delivered to meet the needs of local people. The number of delayed discharges had improved since our last inspection in March 2017 and the services performed better than the England average for patient referral to treatment within 18 weeks between June 2017 and April 2018.
- Patient safety was monitored and incidents were investigated to assist learning and improve care. There were systems in place to support vulnerable patients, such as patients living with dementia or a learning disability.

# Medical care (including older people's care)

- Patients spoke positively about their care and treatment and they were treated with dignity and compassion. Staff kept patients and their relatives involved in their care and supported their emotional needs.
- There was effective teamwork and visible local leadership within the services and staff worked well as part of a multidisciplinary team. Staff were positive about the leadership changes and felt there was a clear focus on quality and meeting performance objectives. There was routine public and staff engagement.

## Is the service safe?

**Requires improvement** ● ↑

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

- The medical wards did not have sufficient numbers of trained nursing and support staff. Staffing levels were maintained through the use of bank and agency staff. Staffing levels were also maintained by increasing care staff numbers on shifts with nurse shortfalls and by transferring nursing staff to wards with staffing shortfalls.
- A number of vacant nursing posts had been recruited to. However, the majority of nursing recruits were newly qualified staff with scheduled start dates between September 2018 and November 2018.
- The trust carried out an analysis to measure compliance with the British Thoracic Society (BTS) Quality Standards for acute non-invasive ventilation in adults (April 2018). The analysis looked at 21 standards and identified the trust was compliant in eight standards (38%), partially compliant in eight standards (38%) and not compliant in five standards (24%). Actions were being taken to improve compliance where non-compliance was identified.
- The majority of nursing and medical staff had completed their mandatory training. However, the 90% training completion target had not been achieved for a number of training topics, including conflict resolution, information governance, essentials in end of life care.
- Medicines were returned to pharmacy for disposal; however records were not kept of the medicines that were returned.
- Staff had guidelines and care pathways in place for the management of patients with sepsis and understood how to identify the signs of sepsis. However, an internal audit to assess staff adherence to the sepsis care bundle on the acute medical unit (AMU) in May 2018 showed the audit criteria was not adhered to and none of the standards were met. Remedial actions were put in place to improve compliance.

However;

- Patient safety was monitored and incidents were investigated to assist learning and improve care. Patients received care in safe, clean and suitably maintained premises with the right equipment. Staff were aware of current infection prevention and control guidelines.
- Patient records were legible, complete and up to date. Staff used intentional rounding observations and an early warning score (EWS) system to monitor patients whose condition was deteriorating. Early warning score audits showed most patients were escalated appropriately and received appropriate treatment.
- Medicines were stored safely and given to patients in a timely manner. Patient records were completed appropriately.

## Is the service effective?

**Requires improvement** ● → ←

# Medical care (including older people's care)

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

- We did not see sufficient evidence in patient's records to demonstrate that patients restricted under the Deprivation of Liberty Safeguards (DoLS) had an on-going review or assessment of their needs after the initial Deprivation of Liberty Safeguards application had been made. This meant there was a risk that patients could be deprived of their liberties unnecessarily for a prolonged period of time.
- If patients lacked the capacity to make their own decisions, staff made decisions about care and treatment in the best interests of the patient. However, there was no standardised process for documenting best interest meeting discussions and decisions.
- There was an inconsistent approach to storing paper-based staff competency assessment records. The paper-based staff files did not fully show evidence of competency training for staff within the specialty area and did not always match the staff competency information stored electronically.
- Staff carried out an assessment of patients' nutritional requirements. However, fluid balance monitoring audit (April 2018) highlighted poor compliance in areas such as recording hourly fluid intake and output, prescribed intravenous (IV) fluids given on time and fluids given by volumetric pump. An action plan was in place to provide guidance to staff on fluid balance monitoring and to source additional volumetric pumps.
- The hospital did not achieve any of the four aspirational standards in the national audit of inpatient falls 2017. A trust-wide safer mobility collaborative project was started in June 2018, which aimed to improve the risk of patient harm resulting from falls.
- The majority of nursing staff (91.5%) in the medical care services at the hospital had received an appraisal. However, this was below the trust target of 95%.
- A non-invasive ventilation audit was carried out during 2017 to assess the quality of care and treatment against the British Thoracic Society quality standards. This identified areas of poor compliance such as only 53% of non-invasive ventilation patients were reviewed by a respiratory consultant within 14 hours of starting treatment, compared with the standard of 100%. An action plan was in place to improve compliance with the British Thoracic Society standards and a further audit was completed in 2018.

However;

- The Sentinel Stroke National Audit Programme (SSNAP) audit showed that performance had been consistently good with grade A achieved since August to November 2016. The most recent SSNAP audit results identified the stroke services at the hospital as the top performing unit nationally.
- The medical care services performed in line with the England average for all five indicators in the national lung cancer audit 2017. The 2017 National Diabetes Inpatient Audit (NaDIA) showed the proportion of patients with diabetes that were satisfied with their care was better than the England average.
- Staff across the medical care services worked well as part of a multidisciplinary team.

## Is the service caring?

Good   

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

- We spoke with seven patients and the relatives of two patients. They all spoke positively about the care and treatment they received. They told us they were treated with dignity and compassion and their privacy was respected.

# Medical care (including older people's care)

- Patients and their relatives were kept fully involved in their care and the staff supported them with their emotional and spiritual needs.
- Patient feedback from the NHS Friends and Family Test between July 2017 and June 2018 showed most medical wards consistently scored above 95%. This showed that most patients were positive about recommending the medical care services at the hospital to friends and family.

## Is the service responsive?

Good  

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

- Services were planned and delivered to meet the needs of local people. Daily bed management meetings took place to address any issues relating to patient flow.
- The number of delayed discharges had improved since our last inspection in March 2017. Routine multidisciplinary meetings identified patients ready for discharge and there was an increased presence of consultants and allied healthcare professionals on the wards with a focus on discharging patients, including on weekends.
- The medical care services performed better than the England average for patient referral to treatment within 18 weeks between June 2017 and April 2018. Performance was monitored on a weekly basis to improve waiting times in specialty areas that were below the England average, such as general medicine and rheumatology.
- Medical patients admitted to other wards (medical outliers) were routinely reviewed by doctors from their specialty area.
- There were systems in place to support vulnerable patients, such as patients living with dementia or a learning disability. There were plans to improve the ward environment and facilities to make the services more appropriate for patients living with dementia.
- Patients living with dementia were supported by the 'Forget me not' team that carried out one to one observations and participated in activities with patients.
- The medical wards were accessible for people in wheelchairs. Staff used a reasonable adjustments care plan for patients with a learning disability and this included a carer's care plan.
- Complaints about the services were not always responded to within the timelines specified by the trust policy. However, there was a focus on improving the quality of responses to complaints. Complaints about the services were shared with staff to aid learning.

However;

- Patients were moved to other beds and wards during the night to meet bed capacity demands.
- The average length of stay for non-elective patients in geriatric medicine and cardiology was longer than the England average from April 2017 to March 2018. Work was on-going to improve patient length of stay through improvements in patient discharge processes.

## Is the service well-led?

Good  

# Medical care (including older people's care)

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

- The hospital's vision and values had been cascaded across the medical care services and staff had a clear understanding of these. The medical and clinical support services business group objectives 2018/19 outlined the strategy for the medical care services.
- There was effective teamwork and visible local leadership within the services. The medical and clinical support services business group leadership and a number of ward managers and matrons were appointed less than 12 months ago. Staff were positive about the leadership changes and felt there was a clear focus on quality and meeting performance objectives.
- The medical care services had a clear governance structure and lines of accountability. The governance structures provided assurance of oversight and performance against safety measures.
- There were systems in place to monitor key risks to the services, audit findings and quality and performance through routine departmental and business group quality and governance meetings.
- There was routine public and staff engagement and actions were taken to improve the services.

However;

- Staff were positive about the culture within the medical care services. However, nursing staff told us that being moved to other medical wards to cover for staffing shortfalls had a negative impact on staff morale.

## Outstanding practice

- The Sentinel Stroke National Audit Programme (SSNAP) audit identified the stroke services at the hospital as the top performing unit nationally. Stroke patients received care in a dedicated unit from a highly motivated and effective multidisciplinary team. We identified this as an area of outstanding practice.

## Areas for improvement

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

- Take appropriate actions so that sufficient numbers of trained nursing staff are in place at all times.
- Take appropriate actions so that patients restricted under the Deprivation of Liberty Safeguards (DoLS) receive an on-going review or assessment of their needs.

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

- Take appropriate actions so that best interest meeting decisions are documented in a standardised and consistent manner.
- Take appropriate actions so that staff competency records are reviewed, maintained and kept up to date.
- Take appropriate actions to improve staff mandatory training and appraisal process compliance.
- Take appropriate actions to improve staff compliance in fluid balance monitoring and the management of patients with sepsis.
- Take appropriate actions to reduce patient moves to other beds and wards during the night.
- Take appropriate actions to improve the average length of patient stay for non-elective patients in geriatric medicine and cardiology specialties.

# Medical care (including older people's care)

- Take appropriate actions so that records are maintained for medicines returned to pharmacy for disposal.
- Take appropriate actions so that acute non-invasive ventilation patients receive care and treatment in line with British Thoracic Society (BTS) Quality Standards.

# Maternity

Good ● ↑

## Key facts and figures

The service provides 24-hour maternity services for women that reside in the Stockport and High Peak areas. Between January 2017 to December 2017 there were 3,306 births at the trust.

The service has 56 maternity beds situated at Stepping Hill Hospital. These consist of ward M2, the combined antenatal and postnatal ward (28 beds), labour ward (nine birthing rooms, one bereavement room and 10 induction of labour rooms) and the birth centre (four beds and one four bedded postnatal bay).

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

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

We inspected the maternity department as part of an unannounced inspection between 11 and 14 September 2018. We visited all clinical maternity areas within the hospital maternity department including obstetric theatres. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During the inspection we spoke to over 38 members of their maternity staff including administrative support staff, midwifery assistants, associate practitioners, student midwives, midwives, midwifery managers, midwifery matrons, the head of midwifery, obstetricians of varying grades, anaesthetists and operating department practitioners and seven women and three partners.

During the inspection we reviewed 36 sets of maternity records and 13 prescription charts.

## Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our ratings directly with previous ratings. We rated it as good because:

- Records were kept contemporaneously and securely.
- There was a good process for incident reporting and feeding back to all staff.
- Guidelines were up to date.
- Food and drink was available to women and their partners at all times.
- Women were offered a variety of conventional and non-conventional forms of pain relief and were able to self-medicate where appropriate.
- The department had been working with external bodies on safety initiatives and as a result their stillbirth rates were low.
- Staff were competent to carry their roles appropriately and there was sufficient training opportunities for staff to access above their mandatory training.
- There was good multi-disciplinary working both within the department and with wider community.

# Maternity

- There was good health promotion in the unit with regards to vaccines uptake, smoking cessation screening and breastfeeding support and we observed appropriate consent being obtained and recorded.
- We found the department to be caring as they provided compassionate care to women and their partners, women were encouraged to ask questions and to be involved in their care planning and women privacy and dignity were respected whilst in the unit.
- We found that the service was responsive to the needs and wishes of the service users. The department employed specialist midwives who could co-ordinate care for women with specific needs and women with anxiety disorders were offered a listening service if they wished.
- The department had a visible leadership team and we were told on several occasions during our inspection how visible and approachable the head of midwifery was and there was a good vision with a robust strategy. We found no evidence of any cultural issues and there was good engagement with staff and service users. There was a good governance structure and continual engagement with the service users.

However,

- Within the birth centre none of the birthing rooms we visited had a facility to resuscitate a baby next to its mother and father, meaning they would have to be separated in such conditions. Furthermore, if a lone midwife had to take the baby for resuscitation this meant that the mother may be left alone in the immediate postnatal period with either a member of staff not qualified to deal with an obstetric emergency, or no member of staff.
- Midwifery staffing was below establishment meaning that woman's access to maternity care was adversely affected at times. Labour ward co-ordinators were not supernumerary.
- Whilst medicines within the hospital were managed well, we had concerns regarding the way community midwives carried medication to home births. The method used did not provide assurance that either the wrong medication would be used in an emergency or that the glass vials that medicines were stored in would not be broken when in transit.

## Is the service safe?

### Requires improvement

We previously inspected maternity jointly with gynaecology so we cannot compare our ratings directly with previous ratings.

We rated safe as requires improvement because:

- None of the birthing rooms had a facility to resuscitate a baby next to its mother and father, meaning mother and baby would have to be separated in an emergency situation. Furthermore, due to the staffing numbers and model, if a midwife took the baby to the resuscitaire for resuscitation they would be leaving the woman with either a member of staff unqualified to deal with an obstetric emergency or no staff member at all.
- In one birthing room on the Stockport birthing centre there were three emergency buzzers which could lead to confusion in an emergency. In another room, the nearest emergency buzzer was outside the birthing room. We were not assured that there was another person with the midwife to activate this at all times, despite being told that partners were made aware of where this buzzer was. This could lead to a delay in emergency assistance being summoned.
- In one birth room there was a toilet which was only separated from the rest of the room by a floor length curtain.

# Maternity

- Community midwives transported medications for home birth in a variety of ways. For example they transported two or three different vials of medication in a cardboard box meant for one specific medication transported them loosely. As different types of medication were in the same box, this did not provide assurance that the risk of administration of the wrong medication being given in an emergency had been fully addressed. We were also concerned that medication vials were not protected during transit, meaning they could be damaged and unsuitable for use when needed.
- During the inspection we found two pieces of equipment, a cardiotocograph machine used to monitor fetal wellbeing antenatally and during labour and baby weighing scales. Both were taken out of service immediately. Following the inspection, we were sent a list of a further 30 pieces of equipment in the maternity department that were out of date for servicing.

However,

- The service provided mandatory training in key skills to all staff.
- Staff that we spoke with understood how to protect women and their babies 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 into practice.
- All clinical areas and equipment appeared visibly clean and all equipment has “I am clean” stickers on them.
- The service had, on the whole, suitable premises that were fit for purpose with the exception of the aforementioned birthing centre rooms.
- We observed the World Health Organisations surgical safety checklist being carried out correctly whilst at caesarean section births and also documented correctly in women’s records.
- Data supplied by the trust following our inspection highlighted that their midwife to birth ratio for July 2018 was one to 28.6 which was in line with national averages. The one to one care in established labour during August 2018 was 97.9%.
- Women’s maternity records were completed contemporaneously and were stored securely and were available to all staff caring for the women.
- Within the hospital, the service prescribed, gave, recorded and stored medications well. Women and babies received the correct medication at the correct dose at the right time.
- The service managed safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women honest information and suitable support.
- Babies did not have a security tagging system to prevent them being taken from the unit without permission. However, there was a robust process in place, whereby no one could enter or leave the clinical areas without being authorised to do so by a staff member.

## Is the service effective?

**Good** 

We previously inspected maternity jointly with gynaecology so we cannot compare our ratings directly with previous ratings.

We rated effective as good because:

# Maternity

- The service provided care and treatment based on national guidance. The service carried out audits to ensure both compliance with and effectiveness of care provided.
- Staff gave women and babies sufficient nutrition and hydration to meet their needs and improve their health. They used special feeding and hydration techniques and equipment where necessary.
- Staff managed pain well. Women had access to a variety of analgesia throughout their pregnancy continuum.
- The service achieved good outcomes for women and babies. The service was achieving above their target for breastfeeding initiation rates and were achieving low rates for third and fourth degree tear rates.
- The service made sure that staff were competent to carry out their roles. Managers' appraised staff's work performance and held supervision meetings with them to provide support and to monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit women and their babies. Midwives, obstetricians and other maternity staff supported each other to provide good care.
- The service promoted the health and wellbeing of mother and baby at various opportunities during the pregnancy continuum and worked well with the wider trust to ensure that it was compliant with the mental capacity act.

## Is the service caring?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our ratings directly with previous ratings.

We rated caring as good because:

- Staff cared for women and their families with compassion. Feedback and observations confirmed that all staff treated them well, with kindness and compassion. Women described care from midwifery and obstetric staff as good or excellent.
- Staff provided emotional support to women and their partners to minimise their distress.

Staff involved women and those close to them in decisions about their care and treatment and respected their decisions. We observed staff interacting positively with women and those close to them.

## Is the service responsive?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our ratings directly with previous ratings.

We rated responsive as good because:

- The service planned and provided services to meet the needs and wishes of its service users. Services were provided to reflect the needs of the local population such as specialist clinics.
- Women could access services when they needed and wanted to.

# Maternity

- The service took account of people's individual needs. The service provided additional support and services to women such as pregnant teenagers and women with mental health needs.
- The service took complaints and feedback seriously, investigated them and shared them with staff as part of their ongoing learning.
- Maternity services were, for the most part, available to women seven days per week, 24 hours per day. Midwifery, obstetric and anaesthetic cover was provided outside of normal working hours and virtually all of the staff that we spoke to told us that they felt supported during these periods.
- The service made adjustments for women's cultural, religious and other preferences. Midwifery staffing was below establishment meaning that women's access to maternity care was adversely affected at times.

However,

- The unit had closed to admissions twenty times in the last year: 16 of these were due to inadequate staffing numbers. The birth centre had been closed once due to staffing shortages.

## Is the service well-led?

**Good** 

We previously inspected maternity jointly with gynaecology so we cannot compare our ratings directly with previous ratings.

We rated well-led as good because:

- The service had leaders at all levels with the right skills and abilities to run a good maternity service. Staff were positive about their leadership team and especially the head of midwifery.
- The leadership team were always visible in the clinical areas and were approachable.
- The service had a vision of what it wanted to achieve and workable plans to turn this vision into action developed with involvement from staff, women and key groups representing the local community.
- The service engaged well with women, staff, the general 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 also when they go not so well, promoting training, research and innovative practice.
- The service supported staff leadership training and staff development.
- The service had a robust data collection system and utilised this data to adjust future care provision at this service.

## Outstanding practice

- During our inspection we observed the "red hat initiative". This was an initiative whereby babies who required extra care, such as extra clinical observations due to infection, wore red knitted hats as an extra safeguard against missing these vital observations.
- During our inspection we were shown a newly devised email referral form that would be sent to relevant agencies such as GP, health visitor and social workers, where there were concerns such as safeguarding, mental health or teenage pregnancy, following receiving consent to share such information.

# Maternity

- The quality and safety boards in each clinical area had been adapted by a band five midwife, supported by the leaders in the department, to add more information about what women wanted to see on these boards.
- All women with conditions such as anxiety were offered a one hour listening visit in the antenatal period with their midwife.
- In cases of domestic abuse, the department refer perpetrators onto a recognised programme that aims to help them stop abusing their partner.
- We were told of an example whereby a woman had a phobia of green scrubs, so she was escorted around theatre in preparation for her birth and when she was admitted to birth her baby all staff wore different coloured scrubs.

## Areas for improvement

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

- The trust must ensure that governance processes are sufficient to mitigate identified clinical risk.

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

- The trust should consider installing neonatal resuscitation equipment in all birthing areas to prevent separation of mum and baby in an emergency.
- The trust should continue to work towards staffing the unit to full establishment for the safety of women and babies, to improve the access and flow for women and to optimise their choices of place of birth.
- The trust should consider redesign of the birthing room where the toilet is behind a curtain.

# Bluebell Ward - The Meadows

The Meadows  
Owens Farm Drive  
Stockport  
Greater Manchester  
SK2 5EA  
Tel: 016145024546  
[www.stockport.nhs.uk](http://www.stockport.nhs.uk)

## Key facts and figures

Bluebell ward at The Meadows, provides medical care as well as a small amount of end of life care provision in a community inpatient setting.

Bluebell ward is the only ward at this location operated by Stockport NHS Foundation Trust and this is the first time Bluebell ward has been inspected.

The ward has 25 single ensuite rooms and provides palliative care and care for patients with long-term complex conditions who are undergoing a continuing care assessment prior to discharge. The assessment establishes whether these patients qualify for free social care arranged and funded solely by the NHS.

(Source: Routine Provider Information Request AC1 - Acute context, RPIR - Universal sites)

Bluebell ward had 277 medical admissions from April 2017 to March 2018 and the average length of stay for this period was 26 days.

## Summary of services at Bluebell Ward - The Meadows

**Good** 

We rated safe, effective, caring, responsive and well-led as good.

We rated it as good because:

- Patient safety and quality improvement were high priorities on the ward. Management had identified lessons from incidents and complaints and were implementing changes to improve nursing practice and quality of care.
- Staff were familiar with the systems in place to escalate patients for admission to acute care or assessment in the local accident and emergency department. We saw evidence that assessment for sepsis had been acted upon appropriately resulting in a patient transferring to acute care.
- Staff took a proactive approach to safeguarding and were familiar with mental capacity assessment and application of deprivation of liberty safeguards. Patients and family were involved in care and discharge planning decision-making and told us they felt supported.

# Summary of findings

- Appraisal rates for nursing staff had significantly improved during 2018 and training rates were improving with outstanding sessions booked. A band six nurse was assigned to manage training and development and nursing staff were involved in link nurse roles.
- People's emotional and social needs were seen as being as important as their physical needs. We saw the emotional benefits to patients of socialising at meal times, having music therapy and allowing long-stay patients with pets to have contact on the ward. Events were organised to encourage patients to be involved with national celebrations such as the royal wedding in 2018.
- We saw evidence of different teams and services working well together to enable patients with long-term complex needs to achieve a safe and timely discharge.
- There had been positive cultural changes on the ward in 2018. Transparency, honesty and challenges to poor practice were established as the norm. Staff told us morale had improved and they felt supported by ward leadership.
- Leadership was accessible and visible at every level with executive ward visits, daily visits from the matron and proactive team building by the ward manager.

However:

- Medicines prescribing lacked sufficient pharmacy monitoring on site.
- The room where medicines were stored had no facility for room temperature monitoring.
- There no clinical handwashing sinks available to staff in the corridors of the ward.
- We saw a lack of nursing representation at the department of medicine for older people quality board in the minutes reviewed.

# Community Inpatients

Good 

## Key facts and figures

Bluebell ward at The Meadows, provides medical care as well as a small amount of end of life care provision in a community inpatient setting.

This is the only ward at this location operated by Stockport NHS Foundation Trust and is the first time Bluebell ward has been inspected.

The ward has 25 single ensuite rooms and provides palliative care and care for patients with long-term complex conditions who are undergoing a continuing care assessment prior to discharge. The assessment establishes whether these patients qualify for free social care arranged and funded solely by the NHS. Bluebell ward had 277 medical admissions from April 2017 to March 2018 and the average length of stay for this period was 26 days.

*(Source: Routine Provider Information Request AC1 - Acute context, RPIR - Universal sites)*

We spoke with five patients, two relatives and 13 staff. Staff included the associate director of nursing, business manager and medical director for the medicine and clinical support business group, matron and clinical director for the department of medicine for older people, the ward manager, two band six nurses, two band five nurses, one healthcare assistant, a GP and discharge coordinator.

We reviewed five sets of patient records and five sets of bedside records. The CQC pharmacy inspector reviewed medicines management on the ward.

## Summary of this service

We rated safe, effective, caring, responsive and well-led as good.

We rated it as good because:

- Patient safety and quality improvement were high priorities on the ward. Management had identified lessons from incidents and complaints and were implementing changes to improve nursing practice and quality of care.
- Staff were familiar with the systems in place to escalate patients for admission to acute care or assessment in the local accident and emergency department. We saw evidence that assessment for sepsis had been acted upon appropriately resulting in a patient transferring to acute care.
- Staff took a proactive approach to safeguarding and were familiar with mental capacity assessment and application of deprivation of liberty safeguards. Patients and family were involved in care and discharge planning decision-making and told us they felt supported.
- Appraisal rates for nursing staff had significantly improved during 2018 and training rates were improving with outstanding sessions booked. A band six nurse was assigned to manage training and development and nursing staff were involved in link nurse roles.
- People's emotional and social needs were seen as being as important as their physical needs. We saw the emotional benefits to patients of socialising at meal times, having music therapy and allowing long-stay patients with pets to have contact on the ward. Events were organised to encourage patients to be involved with national celebrations such as the royal wedding in 2018.

# Community Inpatients

- We saw evidence of different teams and services working well together to enable patients with long-term complex needs to achieve a safe and timely discharge.
- There had been positive cultural changes on the ward in 2018. Transparency, honesty and challenges to poor practice were established as the norm. Staff told us morale had improved and they felt supported by ward leadership.
- Leadership was accessible and visible at every level with executive ward visits, daily visits from the matron and proactive team building by the ward manager.

However:

- Medicines prescribing lacked sufficient pharmacy monitoring on site.
- The room where medicines were stored had no facility for room temperature monitoring.
- There were no clinical handwashing sinks available to staff in the corridors of the ward. Installation of sinks was planned.
- We saw a lack of nursing representation at the department of medicine for older people quality board in the minutes reviewed.

## Is the service safe?

**Good** 

We rated it as good because:

- The service provided mandatory training in key skills to all staff. Training levels were at or above target for nine out of 15 modules. Training sessions were planned for those modules where training levels needed improvement.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service managed infection risk according to trust guidelines and used control measures to prevent the spread of infection. The maintenance of the environment and equipment kept people safe.
- Staff recognised and responded appropriately to changes in the risks to people who used the service.
- The service planned, implemented and reviewed nurse staffing levels to keep people safe; staffing levels had improved during 2018.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff could access the information they needed to assess, plan and deliver care, treatment and support to people in a timely way. Records were clearly written, signed and dated.
- 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.
- The service used safety monitoring results well and the track record for safety was improving.

However:

- Medicines were generally well managed, but lacked sufficient pharmacy oversight of prescribing on site.
- The room where medicines were stored had no facility for room temperature monitoring.

# Community Inpatients

- There were no clinical handwashing sinks available to staff in the corridors of the ward. Installation of sinks was planned.

## Is the service effective?

**Good** ●

We rated it as good because:

- People's care and treatment was planned and delivered in line with current evidence-based guidance, standards and best practice.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The ward participated in relevant local audits such as the safety dashboard to monitor people's care and treatment to improve quality.
- Staff were supported to deliver effective care and treatment through training and appraisal. At the time of inspection, the appraisal rate was 97%.
- We saw evidence of different teams and services working well together to meet the needs of the patients and their families.
- There was 24 hour a day access to medical consultation via the GP service that supported the ward and access to the consultants Monday to Friday. Patients were transferred to the main hospital for acute care if needed.
- Consent to care and treatment was sought in line with legislation and guidance. Nursing staff were aware of the role of mental capacity assessment and when this was required. Deprivation of Liberty safeguards were used appropriately.

## Is the service caring?

**Good** ●

We rated it as good because:

- People were supported, treated with dignity and respect, and were involved as partners in their care.
- We saw that staff cared for patients with compassion and kindness. Feedback from people who used the service and those close to them were positive about the way staff treated people.
- People's emotional and social needs were seen as being as important as their physical needs.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Good** ●

# Community Inpatients

We rated it as good because:

- People's needs were met through the way services were organised and delivered.
- The needs and preferences of different people were taken into account when delivering and coordinating services, including people who may be approaching the end of their life and people who were in vulnerable circumstances or had complex needs.
- Patients were transferred to Bluebell for palliative care or continuing health care (CHC) assessment following treatment in acute care at the main hospital site. The multidisciplinary team worked closely together to achieve safe discharge into the community or home for continuing health care patients.
- The service took concerns and complaints seriously, investigated them and learned lessons from the results which were shared with staff.

## Is the service well-led?

**Good** 

We rated it as good because:

- The leadership was knowledgeable about issues and priorities for the quality and sustainability of services on the ward, understood what the challenges were and acted to address them.
- Staff were aware of the trust values and these were reflected in the approach to seeking continuous improvement in the quality of care, the environment and culture on the ward.
- The ward manager and senior nurses actively promoted staff empowerment to drive improvement and raising concerns was encouraged and valued.
- The arrangements and structure for governance and performance management were clear.
- There was an effective process to identify, understand, monitor and address current and future risks.
- Trust information technology systems were used effectively to monitor and improve the quality of care; however, the ward had experienced problems with IT connectivity. Action was ongoing to improve the service to the ward.
- There were positive and collaborative relationships with stakeholders about the challenges within the patient flow system and the needs of complex needs patients to enable discharge.
- The ward participated in the ward accreditation scheme and sought improvement in their rating.

However:

- We reviewed three sets of department of medicine for older people quality board minutes from March to June 2018 and saw that none were attended by a matron; there was no nursing input and nurse staffing levels for the department were not discussed at these meetings.

## Areas for improvement

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

Action the service should take to improve:

# Community Inpatients

- The service should ensure there is sufficient pharmacy oversight of prescribing on site including lithium blood level monitoring, timing of administration for pre-food medications and allergy recording on hard copy medication records.
- The service should monitor room temperature where medicines are stored.
- The service should ensure that sufficient clinical handwashing facilities are accessible to staff in patient care areas.
- The service should ensure that there is senior nurse representation at department of medicine for older people quality board meetings.

# Community health services for adults

Good  

## Key facts and figures

Stockport NHS Foundation Trust is commissioned to provide adult community and specialist nursing services and community therapy services. Community health services for adults are delivered to patients aged 18 and above across the borough of Stockport.

In 2017, the trust commenced the implementation of the integrated service solution as part of the “Stockport Together” programme. The programme involves the trust and its partners, the local authority, another NHS trust providing mental health services and the local GP federation, in the delivery of integrated neighbourhood community services. Deployment of the integrated service solution commenced in November 2017 and was substantially complete by April 2018.

Community domiciliary and clinic based services for all adults cover a wide range of generic and specialist services primarily across one clinical commissioning group and a single local authority. The services are managed through a neighbourhood or boroughwide structure. Community health services for adults are delivered in peoples’ homes, at the central clinical hub in Kingsgate House in Stockport town centre, in health centres across the borough and from Stepping Hill Hospital.

District nursing teams are co-located with social work teams in eight neighbourhoods, which are clinically led by a neighbourhood GP, to form an integrated model of care.

Other boroughwide therapy and specialist teams include crisis response; active recovery; podiatry; falls diabetes; heart failure; continence; physiotherapy; nutrition and dietetics; chronic obstructive pulmonary disease (COPD); wheelchair, orthotics and an integrated transfer team.

From 1 October 2017 to 30 September 2018 community health services for adults made 361,460 face-to-face patient contacts. These included 349,107 by integrated care teams; 6466 by tissue viability nurses and 4287 by the orthopaedic assessment service. From 1 October 2017 to 30 September 2018 community health services for adults made 5497 telephone contacts with patients. These included 4953 by integrated care teams, 525 by tissue viability nurses and 19 by the orthopaedic assessment service.

We inspected the whole service against all key questions due to concerns raised at the last inspection and information gathered as part of our continual monitoring and engagement with the trust. At the time of our last inspection Stockport NHS Foundation Trust also provided community services in Tameside and Glossop. Since our last inspection, these services have moved to another NHS trust and were therefore not inspected during our latest inspection.

Our inspection was unannounced.

Site visits were carried out over four days from 11 to 14 September 2018. As part of our inspection we:

- visited five locations where patient care was provided including five clinic settings.
- three community nursing services.
- the crisis response team.
- the integrated transfer hub.
- and we observed six home visits.

# Community health services for adults

During our inspection we:

- Spoke with 45 members of staff across all specialisms and grades.
- Spoke with six patients and one carer.
- Reviewed 19 sets of patient records.
- Observed two nursing handover meetings.
- Reviewed trust policies and standard operating procedures relating to the community health services for adults services.
- Observed care delivered to patients.

## Summary of this service

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

- There were high compliance rates of mandatory training and most mandatory training module targets had been met.
- Services had suitable premises and equipment. They were kept clean to minimise the risk of infection.
- There were enough staff, with the right qualifications, skills and training to meet key performance indicators so that patients were seen and assessed in a timely way and within the prescribed targets.
- The service provided care and treatment based on national guidance. There were processes in place to ensure that guidance was promptly reviewed, disseminated and embedded.
- The effectiveness of care and treatment was monitored regularly and reported to the trust board. Services were involved in the annual clinical audit programme. Audit results and patient outcome monitoring were used to drive improvements.
- Staff received regular supervision and role-specific training. They were encouraged to take up external training courses that were relevant to their roles.
- Staff worked collaboratively with the acute hospital, GPs and local authority to deliver effective care and treatment and support people to live healthier lives and manage their own conditions.
- Staff cared for patients with compassion and respected their privacy and dignity. They offered adequate emotional support and involved patients and their carers in decisions about patients' care and treatment.
- Complaints and concerns were treated seriously and lessons were learned and shared with staff.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. The views of staff and patients were used to drive improvements.
- Staff were valued and supported by managers and a positive culture and the wellbeing of staff was promoted.

However:

- The crisis response team was not carrying out the expected nursing assessments required for patients which was particularly important given their role as the first response. We found that records were incomplete.

# Community health services for adults

- The crisis response team were not operating in line with their terms of reference and did not have a clear exclusion policy. They were not measuring expected key performance indicators such as bed days saved due to the intervention of the team and whether patients were admitted to hospital when patients were discharged from the service.
- The security arrangements in Kingsgate House could be improved with addition of secure doors between patient waiting areas and clinic room corridors.
- The arrangements for meeting individual patient needs and access to information could be improved. For example, it was difficult to establish from the trust website what community services were offered, where those services were and a choice of methods to contact the services.
- Most services did not have information leaflets printed in different languages, easy read or pictorial versions.

## 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 that everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service had enough staff, with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Most records were clear, up to date and easily available to all staff providing care.
- The service followed best practice when prescribing and giving medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff collected safety information and shared it with staff. Managers used this to improve the service.

However:

- The security arrangements at Kingsgate House could be improved. Staff collected patients from the waiting area for their clinic appointments but the doors between the waiting areas and clinic room corridors were not secure and could enable unauthorised persons to enter clinic areas.
- Staff did not always complete risk assessments for each patient. Some records were not clear.

# Community health services for adults

## Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Where appropriate, patients were given advice on nutrition and hydration to meet their needs and improve their health.
- Staff assessed patients' pain levels when they attended appointments. They supported those who were unable to communicate and could get additional pain relief for patients.
- Most managers monitored the effectiveness of care and treatment and used the findings to improve them. There were no processes nationally to benchmark clinical outcomes in community healthcare. Therefore, the trust was unable to measure patient outcomes against other community services.
- 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, other healthcare professionals, social workers and other local authority staff supported each other to provide good care.
- Staff worked with patients to improve their health and promote self-care where this was appropriate.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

## Is the service caring?

Good ● → ←

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

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

## Is the service responsive?

Good ● → ←

# Community health services for adults

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

- The trust planned and provided community health services for adults in a way that met the needs of local people.
- The services worked well with staff from the local authority to meet the needs of people in vulnerable circumstances.
- People could access community health services for adults when they needed them. Waiting times from referral to treatment were better than the locally set targets for all adult community services.
- The services treated concerns and complaints seriously, investigated them, learned lessons from the results and shared these with staff.

However:

- The services did not always take account of patients' individual needs. The website was not user-friendly to make it easy to find available community services for adults.
- Leaflets were not always readily available in different languages, easy read or pictorial formats.
- Locally set aspirational targets were unrealistic for every service to initially assess and treat a patient within 49 days of referral. The locally set targets for referral to treatment times for all community adult services did not best reflect what each service does and realistic expectation times for delivering treatment to the patient. For example, the crisis response team worked to a different target and pledged to see patients within two hours of referral and discharge within 72 hours.

## Is the service well-led?

**Good** ● ↑

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

- Managers at all levels had the right skills and abilities to run a service providing high quality, sustainable care.
- The Stockport Together programme had a vision and strategy for what it wanted to achieve and workable plans to turn it into action, developed with involvement from staff, patients and key groups representing the local community.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- There was a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care could flourish. We noted that a lot of improvements to services had been made in a reasonably short time period and were continuing.
- There were effective systems in place for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected.
- Information was collected, analysed, managed and used well to support activities, using secure electronic systems with security safeguards.
- The services engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborate with partner organisations effectively.
- There was a commitment to improving services by learning from things that went well and when they went wrong, promoting training, research and innovation.

# Community health services for adults

## Outstanding practice

We found examples of outstanding practice in this service.

- The integrated transfer team, made up of staff from Stockport NHS Foundation Trust, social care and the voluntary sector were making an impact on actively identifying elderly patients across hospital wards who were medically fit to leave a hospital bed and arrange their transfer home or to a community environment, ensuring that all additional requirements were swiftly put in place.
- The team was proactive in identifying where delays in the patient pathway to discharge were occurring and were putting into place additional staff and measures to alleviate and minimise the delays. For example, a trusted assessor care home lead to assess which care homes could meet the ongoing needs of patients ready for discharge rather than the care homes having to make the assessment which had been identified as a common delaying factor.

## Areas for improvement

We found areas for improvement in this service..

- The security arrangements at Kingsgate House could be improved. Staff collected patients from the waiting area for their clinic appointments but the doors between the waiting areas and clinic room corridors were not secure and could enable unauthorised persons to enter clinic areas.
- The crisis response team was not carrying out the expected nursing assessments based on the acuity and referral criteria of the patient and their role as the first response. We found that records were incomplete.
- The crisis response team were not operating in line with their terms of reference and did not have a clear exclusion policy. They were not measuring expected key performance indicators such as:
  1. bed days saved due to the intervention of the team; and
  2. whether patients were admitted to hospital when patients were discharged from the service.
- The arrangements for meeting individual patient needs and access to information could be improved. For example, it was difficult to establish from the trust website what community services were offered, where those services were and a choice of methods to contact the services.
- Most services did not have information leaflets printed in different languages, easy read or pictorial versions.
- The locally set targets for referral to treatment times for all community adult services should be reviewed to best reflect what each service does and realistic expectation times for delivering treatment to the patient.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

#### Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

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

Diagnostic and screening procedures

Maternity and midwifery services

Nursing care

Treatment of disease, disorder or injury

#### Regulated activity

#### Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Diagnostic and screening procedures

Maternity and midwifery services

Nursing care

Treatment of disease, disorder or injury

#### Regulated activity

#### Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Nursing care

Treatment of disease, disorder or injury

This section is primarily information for the provider

## Requirement notices

### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Family planning services

Nursing care

Treatment of disease, disorder or injury

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Maternity and midwifery services

Nursing care

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Nicholas Smith led this inspection. An executive reviewer, Rowan Procter, Executive Chief Nurse, supported our inspection of well-led for the trust overall.

The team included one inspection manager, seven inspectors, one executive reviewers and ten specialist advisers.

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