Chesterfield Royal Hospital NHS Foundation Trust

Inspection report

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

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

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

Ratings

Overall rating for this trust	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good
Are resources used productively?	Good
Combined quality and resource rating	Good

Summary of findings

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

Background to the trust

Chesterfield Royal Hospital NHS Foundation Trust provides acute services from Chesterfield Royal Hospital The trust provides a full range of acute services plus a 24-hour emergency department, specialist children's services including child and adolescent mental health services (CAMHS) as well as primary medical services for the population of Chesterfield and North Derbyshire.

The Trust was authorised as an NHS foundation trust in January 2005. Due to its location it is part of two Sustainability and Transformation Systems; Derbyshire and South Yorkshire.

The Trust has 547 inpatient beds, employs around 3,900 people and has approximately 100 volunteers. In 2017, the trust opened a new purpose-built cancer centre which was supported in part through the Macmillan and the National Garden Scheme charities.

The trust has an annual income of around £235 million.

Overall summary

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

What this trust does

This trust provides full emergency department services including critical care. Patients are admitted for emergency and planned surgery and a full range of medical care services. There are a range of outpatient services, services for older people, acute stroke care, cancer services and a full pharmacy service.

The trust provides comprehensive maternity services including community midwifery. The trust has a level two neonatal unit and children's services including inpatient and outpatient services.

Diagnostic services include pathology, CT scanning, MRI scanning, ultrasound, cardiac angiography and interventional radiology. There are a wide range of therapy services.

The trust also provides primary care services at Royal Primary Care as well as community child and adolescent mental health services.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

Summary of findings

What we inspected and why

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

We inspected five core services in September 2018. The core services were, Medicine, surgery, children and young people, end of life care and community child and adolescent mental health services.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspection now include an inspection of the well-led key questions at trust level. Our findings are in the section headed “Is this organisation well led?”

Prior to our inspection on site we gathered information and data from the trust, NHSI Improvement, and stakeholders (community organisations with an interest in healthcare provided by the trust and the clinical commissioning group). We held focus groups with different staff during this inspection.

We considered all the information we held about the trust when deciding which core services to inspect and based our inspection plan on the areas considered to be the highest risk.

What we found

Overall trust

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

- We rated safe, effective, caring, responsive and well led as good. In rating this trust we took into account the four core services not inspected this time. We did not take into account the ratings from the core services providing primary medical services.
- We rated well led for the trust as good. The leadership, management and governance of the organisation assured the delivery of high quality and person-centred care, supported learning and innovation and promoted an open and fair culture. Leaders had the capacity and capability to deliver high quality care. Leaders understood the challenges to quality and sustainability and they were visible and approachable. Leaders were visible and approachable. The strategic plans for the trust linked to those of the wider health and social care system which the trust played an active part. There were processes for managing risk issues and performance.
- The medical service was rated as good overall. Effective, caring, responsive and well led were rated as good but the rating of safe domain required improvement. This was because, although the service generally controlled infection risk well, not all staff followed the infection control guidance or complies with trust’s policy. Outcomes for patients had been improving and there were action plans in place to improve outcomes even further. Services were planned to consider the individual needs of patients and adjustments were made for patients living with a physical disability. The service was committed to improving services by learning from when things went well and when they went wrong, promoting training research and innovation.
- The surgical service was rated as good overall, with all five domains being rated as good. The service had enough staff to keep people safe and staff were supported by managers and had annual appraisals. The environment in the operating theatres was clean, tidy and equipment was readily available, clean and well maintained. There were thorough pre- assessment screening processes for patients requiring surgery and they considered patients individual needs. Managers supported staff, promoted learning from incidents and used available information to improve to the service. However, the systems that were in place to protect people from infection were not always robust. The trust took immediate action to rectify our concerns.

Summary of findings

- The children's and young people's service was rated as good in all of the five domains. The service had made improvements to all the areas that required improvement following our last inspection. Staff knew how to identify and respond to changing risks to babies and children in their care. This included deteriorating health, medical emergencies and challenging behaviour. There were reliable systems in place to prevent and protect people from a healthcare associated infection. Staff were observed adhering to trust policy regarding infection prevention and control. There were facilities appropriate for children and their families. This included child-friendly signage and play areas and rooms with en-suite facilities and space for a bed for a parent/carer to stay with their child for long-stay patients. There was a dedicated children's outpatient service at the hospital, known as 'The Den' which included a same-day phlebotomy service. The Den was child friendly and members of the multidisciplinary team reviewed and treated children. The service investigated and responded to all serious events. We saw that the service had put additional measures in place to ensure that children who had their scheduled surgery cancelled due to being unwell were reviewed by the paediatric consultant for a full examination before going home. The service worked in partnership with the community nursing team, specialist nurses and GPs to provide a comprehensive discharge plan. There was a direct referral facility for GPs and other health professionals to admit a child directly onto the ward via the assessment unit. Children with a long- term condition and those recently discharged also had direct access to the unit. Some children with complex conditions could be self-referred on a long-term basis.
- The end of life care service was rated as good with the caring domain rated as outstanding. Safe, responsive and well led were rated as good with the effective domain rated as requires improvement. Staff had a good understanding of how to protect patients from abuse and could describe what safeguarding was and the process to refer alerts. There were comprehensive risk assessments completed in the medical and nursing notes. We saw good examples of good multi-disciplinary working and involvement of other agencies and support services. Staff cared for patients with compassion. We saw several examples of staff from all disciplines being supportive and kind to patients and their relatives. Most patients and their relatives told us they were fully included in discussions around their plan of care. The majority, (49%) of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders we viewed were not completed properly and reflected the information included in the patient's mental capacity assessment.
- The child and adolescent mental health service was rated as good. Safe, effective, responsive and well led were rated as good and caring was rated as outstanding. The service had suitable premises and equipment and looked after them well. The psychiatrists prescribed within guidance and any off-licence prescribing was done in discussion with the pharmacy team. Records were clear, up-to-date and available to all staff providing care. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment. There was good multi-disciplinary working within the team and good joint working with external professionals. However, Caseloads were high, particularly for core CAMHS staff and psychiatrists. Waiting lists were long for Attention Deficit Hyperactivity Disorder assessment, Autism Spectrum Disorder assessment and Cognitive Behavioural Therapy and EMDR (Eye movement desensitisation and reprocessing).

Are services safe?

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

- There were enough staff with the right qualifications, skills and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment. The service assessed patient risks and responded appropriately where risks were identified.
- There were robust procedures in place to identify and manage safeguarding concerns.
- Systems were in place to ensure that all incidents were reported and investigated. Lessons learned were shared with staff. Staff were aware of the duty of candour.

Summary of findings

- Staff adhered to the trust policy for safe management of medicines which was in line with best practice guidelines.
- Resuscitation equipment was suitable for all sized children including young adults.
- There was improved oversight of children across the hospital. Matrons were consulted about any issues relating to a child who was being treated in non-paediatric areas of the hospital, and their advice was sought when required.
- Young people on waiting lists were being monitored regularly to ensure any deterioration in their health was noticed.

However;

- Mandatory training in the medical service was low.
- Not all staff groups on the wards had an embedded culture of shared responsibility for infection prevention and control.
- The service mostly controlled infection risks well. However, not all nursing and medical staff used appropriate control measures to prevent the spread of infection. We observed nursing staff not adhering to the trust dress code policy regarding the wearing of jewellery.
- Staff kept appropriate records of patients care and treatment. However, not all records were kept in locked trolleys to maintain confidentiality.
- Staff in the medicine service had little awareness of the processes and procedures should room temperatures exceed the recommended ranges.
- The service had suitable premises in most areas and systems were in place to ensure equipment was well looked after. However, we did not see cleaning schedules or checklists to ensure equipment and environment was clean. We found some cleanliness concerns within some of the surgical wards. The trust took immediate action to address this.

Are services effective?

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

- Care and treatment was based on national guidance Managers assessed staff compliance with guidance and identified areas for improvement.
- Staff gave patients enough food and drinks to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- patients' pain was managed effectively and patients were provided or offered pain relief regularly.
- The effectiveness of care and treatment was monitored and findings were used to improve performance. Where outcomes for patients were variable there were action plans in place to manage variances across the service for example; the stroke and diabetic service.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However

- The majority, (49%) of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders we viewed were not completed properly and reflected the information included in the patient's mental capacity assessment.

Are services caring?

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

Summary of findings

- Staff cared for patients with compassion. We saw several examples of staff from all disciplines being supportive and kind to patients and their relatives.
- We saw outstanding practice in the Children and Adolescent Mental Health core service in relation to how they had engaged with children and young people.
- We saw outstanding practice in the End of Life Care Service in relation to how they had used volunteers to support patients and carers.
- Staff involved patients and those close to them in decisions about their care and treatment. The trust's April 2018 mini communication survey results showed that 96% of patients were happy with the care and information given.
- Feedback from care givers and relatives told us that staff treated patients with dignity and respect, explained what was happening and were caring.
- The chaplaincy team offered support to patients of all faiths and no faith. They were available to patients 24 hours a day.
- Staff provided emotional support to patients to minimise their distress.
- All the young people and parents we spoke with said that all the staff were kind, caring and showed a good understanding of their needs. They felt involved in their care and had crisis plans in place where appropriate.
- There was good participation and involvement of young people in the service delivery and development and a 'you said, we did' board that showed changes had been made because of feedback from young people.

Are services responsive?

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

- People could access the service close to their home when they needed it.
- The service was accessible to all who needed it and took account of patients' individual needs.
- Patients could access the service when required and there was minimal waiting time for patients to receive their procedure. The referral to treatment time (RTT) for admitted pathways for medical care was consistently better than the England average for all specialities. The average length of stay was just below the England average of six days at five days.
- Staff managed theatre admissions, responding to patient need.
- Complaints and concerns were treated seriously, investigated and lessons were learnt from the results. Learning was shared with staff across the hospital.
- Staff were aware of the adjustments which may be needed for children and young people with a learning disability and/or autism.
- The children's and young people's team worked in close partnership with the community nursing team. This included specialist nurses and allied health professionals from children's services who visited children and young people in school and at home where appropriate to provide additional support and advice.

However

- Waiting lists were over 18 weeks for Attention Deficit Hyperactivity Disorder assessment, Autism Spectrum Disorder assessment and Cognitive Behavioural Therapy and EMDR (Eye movement desensitisation and reprocessing). These had not improved since the last inspection. Patients waiting on the waiting list were subject to a risk assessment so they could be prioritiorised.

Summary of findings

Are services well-led?

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.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of the service and safeguard high standards of care.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities.
- The trust effectively engaged with its staff and the public, kept people informed and listened to people's views.

However, we also found that:

- The systems to ensure clinical areas were kept clean were not robust.

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 relevant size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in the child and adolescent mental health service,

the children's and young people service and the end of life care service.

Areas for improvement

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

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

Action we have taken

We issued a requirement notice to the trust and took one enforcement action. Our action related to breaches of one legal requirement in one core service. 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 relationships with the trust and our regular inspections.

Summary of findings

Outstanding practice

Child and adolescent mental health service

- The Eating Disorder team at the time of inspection, was in the process of becoming a member of the Quality Network for Eating Disorders. There was excellent joint working between the CAMHS Eating Disorder team and the ward staff on the general paediatric ward. Records showed and staff and parents told us the weekly multi-disciplinary reviews for young people admitted to the ward monitored the mental and physical health of the young person. Parents and young people felt involved in their care, felt very supported and that the staff had a good understanding of their needs.
- The Learning Disability team had successfully bid for funding to develop a screening tool for young people with a moderate to severe learning disability, to predict which young people would be at risk of admission to a specialist service. This tool was designed in conjunction with a local university and the data was collected from special schools and the local authority. It was in the stage of having the data analysed at the time of inspection. The team was also looking to use the same principles to develop another screening tool to predict which higher functioning young people on the Autism spectrum would be at risk of being admitted to a psychiatric unit.
- A Non-Executive Director had recently met with staff to explain their role and determine how they could support the service to access charitable funds for use in service improvement and development.

Children and Young People

We found areas of outstanding practice;

- The epilepsy service was at risk due to the number of patients on a consultant's list leading to a 10 week wait time. The service changed their model and increased provision from two clinics per month to two clinics a week with the result that all child epilepsy patients were seen within two weeks.
- The service developed an HDU package which was recognised as good practice and transferred across the Paediatric Critical Care Network.
- The service developed a winter plan which was reviewed by other care units. This included changes to the management of the assessment unit to free up medical staff time and give ownership to senior nursing staff. This resulted in more streamlined access to direct admissions and reduced the number of unnecessary admissions. This had not yet been evaluated.
- The service increased capacity on the Autistic Spectrum Disorder (ASD) pathway by improving triage arrangements. This meant that children could be seen within six weeks rather than 19 weeks.
- The service improved access to the child development clinic by allocating more consultant time to a community clinic which enabled a one stop clinic with school doctors and child development clinic doctors, resulting in reduced wait time from 34 weeks to nine weeks

End of Life Care

- The trust also had an end of life Volunteer Companion project in place which was a joint initiative led by the voluntary services manager and the Macmillan Senior Matron for End of Life Care. There were eight volunteers who worked across the adult medical wards.

Summary of findings

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

End of Life care

- The trust must ensure that the processes for completing DNACPR is clear and that where mental capacity assessments are undertaken, they must be done on a situation specific basis and include all relevant parties in that situation specific assessment.
- The trust must ensure staff understand the requirements of the Mental Capacity Act 2005 in relation to their role and responsibilities.

Action the trust SHOULD take to improve

Medicine

- The trust should monitor staff compliance with the infection control practices across the medical service.
- The trust should monitor compliance and ensure that all staff complete their mandatory training.
- The trust should monitor compliance and ensure that all staff complete their safeguarding training
- The trust should monitor compliance of staff's awareness of processes when clinical room temperatures exceed expected ranges.
- The trust should monitor that records are stored appropriately to maintain confidentiality.
- The trust should ensure outcomes for patients improve.

Surgery

- The trust should ensure that there are robust systems in place to prevent and protect people from a healthcare associated infection.
- The trust should ensure that surgical ward corridors are clear of clutter.
- The trust should ensure that substances hazardous to health (COSHH) cleaning equipment is locked away safely
- The trust should ensure that disposable equipment is checked to ensure it is well within its use by date.
- The trust should ensure patient records are kept securely.
- The trust should ensure its partnership working agreements for surgical specialities do not cause delays for patients.
- The trust should consider improving pre-operative checks to prevent duplication and reduce time wasted for patients.
- The trust should consider improving their pre-admission and admission process to check for unnecessary duplication.
- The trust should consider improving the systems for recording that staff have completed the required training.

Summary of findings

- The trust should consider improving engagement with staff about incident reporting so that staff at all levels are comfortable with reporting incidents using the electronic system.

Children and Young People

- The service should continue to seek resolution for the gap in hours for the matron role.
- The service should take steps to improve central visibility of mandatory training compliance.
- The service should monitor clinic delays and inform patients and parents of waiting times.
- The service should consider formal training for staff to manage more challenging behaviour.
- The service should ensure that all policies are up to date prior to uploading onto new IT system.

Child and adolescent mental health services

- The trust should ensure waiting lists for Attention Deficit Hyperactivity Disorder assessment, Autism Spectrum Disorder assessment and Cognitive Behavioural Therapy and EMDR (Eye movement desensitisation and reprocessing) improve.

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.

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

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

Summary of findings

Use of resources

Please read the separate use of resources report for details of the assessment and the combined rating.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Jan 2019	Good ➔➔ Jan 2019	Good ➔➔ Jan 2019	Good ➔➔ Jan 2019	Good ➔➔ Jan 2019	Good ➔➔ Jan 2019

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

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ➔➔ Jan 2019	Good ➔➔ Jan 2019	Good ➔➔ Jan 2019	Good ➔➔ Jan 2019	Good ➔➔ Jan 2019	Good ➔➔ Jan 2019
Mental health	Good ↑ Jan 2019	Good ➔➔ Jan 2019	Outstanding ↑ Jan 2019	Good ➔➔ Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019
Overall trust	Good	Good	Good	Good	Good	Good

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 Chesterfield Royal Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015
Medical care (including older people's care)	Requires improvement →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019
Surgery	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019
Critical care	Good Jul 2016	Good Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015
Maternity	Good Jul 2016	Good Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015
Services for children and young people	Good ↑ Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019
End of life care	Good →← Jan 2019	Requires improvement →← Jan 2019	Outstanding ↑ Jan 2019	Good ↑ Jan 2019	Good →← Jan 2019	Good ↑ Jan 2019
Outpatients	Requires improvement Jul 2016	Not rated	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Overall*	Requires improvement →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019

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

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Specialist community mental health services for children and young people	Good ↑ Jan 2019	Good →← Jan 2019	Outstanding ↑ Jan 2019	Good →← Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019
Overall	Good ↑ Jan 2019	Good →← Jan 2019	Outstanding ↑ Jan 2019	Good →← Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019

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

Acute health services

Background to acute health services

Chesterfield Royal Hospital serves a population of around 441,000 across the Bolsover, Chesterfield, Derbyshire Dales and North Amber Valley, High Peak and North East Derbyshire districts. It is a medium sized District General Hospital based a mile outside the centre of Chesterfield in an area known as Calow. The hospital is the town's largest employer with a workforce in excess of 3,500 staff and has a total revenue of £221.2 million. It provides all eight core services; Urgent and Emergency Care, Medicine, Surgery, Critical Care, Children and Young People, Maternity, End of Life Care and Outpatients.

Summary of acute services

Good  

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

- The service had enough staff with the right qualifications, skills and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff assessed the risks to patients and monitored their safety to ensure they were supported to stay safe.
- Staff provided patients with enough food and drink to meet their needs and improve their health.
- The service managed patients' pain effectively and provided or offered pain relief regularly.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However

- Staff did not always understand their roles and responsibilities under the Mental Health Act (MHA) 1983, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards. Training figures were below the trust target of 90% and we found inconsistencies in the completion of mental capacity assessments which meant that we could not be assured that staff had the necessary knowledge to identify and assess patients appropriately.

Chesterfield Royal Hospital

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Key facts and figures

Chesterfield Royal Hospital serves a population of around 441,000 across the Bolsover, Chesterfield, Derbyshire Dales and North Amber Valley, High Peak and North East Derbyshire districts. It is a medium sized District General Hospital based a mile outside the centre of Chesterfield in an area known as Calow. The hospital is the town's largest employer with a workforce in excess of 3,500 staff and has a total revenue of £221.2 million. Chesterfield Royal Hospitals NHS Foundation Trust is registered to provide the following Regulated Activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Family Planning
- Management of supply of blood and blood derived products
- Maternity and midwifery services
- Surgical Procedures
- Termination of pregnancies
- Treatment of disease, disorder or injury

Summary of services at Chesterfield Royal Hospital

Good ➔➔

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

Caring, effective, responsive and well led were rated as good and safe was rated as requires improvement. During this inspection we inspected the core services of medicine, surgery children and young people, end of life care and child and adolescent mental health services.

Medical care (including older people's care)

Good 

Key facts and figures

Chesterfield Royal Hospital NHS Foundation Trust (CRHFT) is a district general hospital and provides services for a population of around 441,000 within the local catchment area covering Chesterfield, North Derbyshire and serving the population of Chesterfield, North Derbyshire and beyond. Medical care services provided by Chesterfield Royal Hospital NHS Foundation Trust included cardiology, respiratory medicine and stroke services.

We inspected the hospital from 12 to 14 September 2018. As part of the inspection we visited the following areas:

- Ashover Ward (elderly medicine)
- Durrant Ward (frailty)
- Eastwood Ward (stroke services)
- Hasland Ward (haematology and diabetes)
- Manvers Ward (cardiology)
- Pearson Ward (general medicine)
- Ridgeway Ward (gastroenterology)
- Markham Ward (respiratory)
- Emergency Management Unit
- Short Stay Unit
- Endoscopy Suite

The trust had 34,406 medical admissions from March 2017 to February 2018. Admission for the top three medical specialities were:

- General medicine – 22,423
- Gastroenterology – 4,583
- Clinical haematology – 3,581

During the inspection, we spoke with 30 staff of various grades, including ward managers, nurses, therapists, consultants, healthcare assistants, student nurses, housekeepers and administration staff. We spoke with 21 patients and their families, observed care and treatment and looked at 49 patient records of which; 16 were medical records, 28 prescription charts and eight records referencing mental health and Deprivation of Liberty Safeguards decisions. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the hospital.

The service was last inspected in July 2016. At that inspection, the medicine service was rated as good overall with effective, caring, responsive and well-led being rated good and safe as requires improvement. During this inspection we looked at the changes the medical service had made to address our concerns.

Medical care (including older people's care)

Summary of this service

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

- The service had enough staff with the right qualifications, skills and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff assessed the risks to patients and monitored their safety to ensure they were supported to stay safe.
- Staff provided patients with enough food and drink to meet their needs and improve their health.
- The service managed patients' pain effectively and provided or offered pain relief regularly.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service prescribed, gave, and recorded medicines well. Patients received the right medication at the right dose at the right time. However, we found staff had little awareness of the processes to implement should the clinical room temperatures exceed the required levels.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- The trust planned and provided services in a way that met the needs of local people. Patients could access the service when they needed it.
- Staff involved patients and those close to them in decisions about their care.
- The referral to treatment time (RTT) for admitted pathways for medical care was consistently better than the England average. The average length of stay was below the England average of six days at five days.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had managers with the right skills and abilities to run a service providing high-quality sustainable care.
- Continuous improvement and learning from when things go wrong was evident across the service.

However

- The service provided mandatory training in key skills but did not ensure all nursing and medical staff completed it. However, there was an action plan in place to address this.
- The service did not ensure all nursing and medical staff completed their safeguarding training. However, staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service generally controlled infection risk well. However, not all staff followed the infection control guidance or comply with trust's policy regarding the wearing of jewellery which meant there was a risk of patients not being kept safe from the spread of infection.

Medical care (including older people's care)

Is the service safe?

Requires improvement  

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

- The mandatory training figures for the medicine service showed that both nursing and medical staff had not met the trust target of 90% for key modules they were eligible for such as adult basic life support, medicine management and infection control.
- The safeguarding training figures for the medicine service showed that both nursing and medical staff had not met the trust target of 90% for key modules they were eligible for. However, staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service mostly controlled infection risks well. However, not all nursing and medical staff used appropriate control measures to prevent the spread of infection. We observed nursing staff not adhering to the trust dress code policy regarding the wearing of jewellery.
- Staff kept appropriate records of patients care and treatment. However, not all records were kept in locked trolleys to maintain confidentiality.
- The service prescribed, gave, and recorded medicines well. Patients received the right medication at the right dose at the right time. However, staff had little awareness of the processes and procedures should room temperatures exceed the recommended ranges.
- The service had suitable premises in most areas and systems were in place to ensure equipment was well looked after. However, we did not see cleaning schedules or checklists to ensure equipment and environment was clean.

However:

- Staff mostly assessed, monitored and recorded patients' safety to ensure they were supported to stay safe.
- The service had enough staff with the right qualifications, skills and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service planned for emergencies and staff understood their roles if one should happen.

Is the service effective?

Good  

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

- The service monitored the effectiveness of care and treatment and outcomes for patients had been improving. Action plans were in place where further improvements were needed.
- The service provided care and treatment based on national guidance and evidence of this effectiveness. Managers assessed staff compliance with guidance and identified areas for improvement.

Medical care (including older people's care)

- Staff gave patients enough food and drinks to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made dietary adjustments for patients for religious, cultural, personal choice or medical reasons when required.
- The service managed patients' pain effectively and provided or offered pain relief regularly.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service was working towards seven-day services.

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 involved patients and those close to them in decisions about their care and treatment. The trust's April 2018 mini communication survey results showed that 96% of patients were happy with the care and information given.
- 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.
- Services were planned to consider the individual needs of patients. Adjustments were made for patients living with a physical disability. The hospital had disabled access across all areas of the medical services.
- Patients could access the service when required and there was minimal waiting time for patients to receive their procedure. The referral to treatment time (RTT) for admitted pathways for medical care was consistently better than the England average for all specialities. The average length of stay was just below the England average of six days at five days.
- There were good discharge processes in place after concerns raised in the discharge audit of January 2018. This had resulted in a daily patient tracker report showing the status of the patient's journey to include length of stay and progress.
- Lessons learned from complaints were shared with all staff members effectively.

Is the service well-led?

Good 

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

Medical care (including older people's care)

- The service had managers at most levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision and strategy for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service collected, analysed, managed and used most information well to support all its activities. There were clear and robust service performance measures in place, which were monitored at monthly governance meetings. However, we were not assured that the divisional leads had oversight of issues associated with the wards. For example, we found poor compliance with infection control practices, mandatory training and the safe storage of patient records.
- The service engaged well with patients, 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.

However:

- During the inspection, we found areas of concern that were highlighted in the July 2016 inspection and not improved. For example, mandatory training.

Areas for improvement

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

Surgery

Good ↑

Key facts and figures

The surgical service at Chesterfield Royal Hospital was made up of the following areas: theatres, surgical day case unit, multiple outpatient services and five inpatient wards that cover orthopaedics, general surgery, urology, gynaecology, colorectal, breast, upper GI, ENT, max fax vascular and ophthalmology for adults.

The hospital had 24,643 surgical admissions from April 2017 to March 2018. Emergency admissions accounted for 6,758 (27%), 15,145 (61%) were day case, and the remaining 2,740 (11%) were elective.

The surgical service was available 24 hours a day, seven days a week. Outpatient services were available Monday to Friday.

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

We inspected the whole surgical service at Chesterfield Royal Hospital. During our inspection we visited pre-assessment clinic, theatres and all surgical wards, including day case. We carried out a visit at night to review staffing on one surgical ward. We followed a patient journey through theatre and a patient journey from the day case ward to theatre.

We spoke with 25 members of staff including consultants, medical staff, nurses, a physiotherapist, health care assistants, a receptionist, members of the infection prevention and control team and leaders.

We spoke with seven patients and six family and friends and observed interactions between patients and staff.

We checked 18 patient records and charts and attended a ward handover meeting.

Summary of this service

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

- We rated safe, effective, caring and responsive and well-led as good.
- The service had enough staff, who had completed required training. Staff were supported by managers and had annual appraisals.
- In theatres the environment was clean, tidy and equipment was readily available, clean and well maintained.
- The service had thorough pre-assessment screening for patients requiring surgery that considered peoples individual needs.
- The service stored and administered medicines well.
- Staff worked well in multidisciplinary teams and provided compassionate, appropriate and individualised care to ensure good outcomes for patients.
- Managers supported staff, promoted learning from incidents and used available information to improve to the service.

However, we also found that

- The systems the service had in place to protect people from infection and for ensuring wards were clean and free of clutter were not always robust. The trust took steps during the inspection to address this.

Surgery

- We observed two incidents where staff had not kept patient records secure. The trust took action during the inspection to address this.

Is the service safe?

Good ➔➔

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Training was made readily available to all staff. The service managed training effectively at a local level to make sure staff received the learning they needed to do their jobs.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- In theatres the environment was clean and tidy and there was a good availability of equipment. Across the surgical service equipment was readily available, and checked regularly.
- The service assessed patient risks and responded appropriately where risks were identified. Staff carried out robust pre-assessment screening of patients who needed surgery.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment.
- The service prescribed, gave, recorded and stored medicines well.
- The service managed patient safety incidents well.
- The service used safety monitoring results well.

However, we also found:

- Not all staff groups on the wards had an embedded culture of shared responsibility for infection prevention and control.
- The service did not have a consistent approach to cleaning schedules across wards and there was inconsistent use of cleaning checklists in the ward environment, such as in-patient toilets and bathrooms.
- Some of the surgical wards had corridors which were cluttered with equipment.
- On one ward COSHH cleaning equipment was not locked away safely.

Is the service effective?

Good ↑

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health.

Surgery

- Staff provided patients with effective pain relief information, advice and medication.
- 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.
- Staff of different kinds worked together as a team to benefit patients.
- The service ensured people received appropriate care and treatment seven days a week.
- Staff provided useful and relevant information to patients to promote their health.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Is the service caring?

Good

We rated it as good because:

- We found that staff across all surgical areas were compassionate and supportive to patients.
- Staff provided emotional support to patients across all areas of surgery.
- Staff maintained the privacy of patients.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff supported patients with additional needs.

Is the service responsive?

Good

We rated it as good because:

- People could access the service close to their home when they needed it.
- The service was accessible to all who needed it and took account of patients' individual needs.
- Waiting times from referral to treatment for patients were in line with good practice.
- Staff managed theatre admissions, responding to patient need.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Good

We 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.

Surgery

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of the service and safeguard high standards of care.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities using secure systems with security safeguards.
- The trust effectively engaged with its staff and the public, kept people informed and listened to people's views.
- The service had put innovative projects in place to improve the service for patients.

However, we also found that:

- The service used partnership working agreements with local trusts that sometimes caused delays for patients.
- The systems to ensure clinical areas were kept clean were not robust.

Areas for improvement

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

Services for children and young people

Good

Key facts and figures

The Children's and Young People's services provides acute care for children from one-day old up to children aged 17years. The inpatient ward has 20 beds/cots and treats babies and children with all specialities including medical, surgical, orthopaedic and CAMHS. This includes a two-bedded high dependency unit and a six-bedded assessment unit. There are also six day-case beds for medical and surgical care five days per week.

There is a neonatal unit with 14 cots, providing level two intensive, high dependency and special care.

There is a paediatric outpatient's clinic called The Den, providing general and specialist clinics including child development and outreach cardiology.

The service had 4,316 admissions from May 2017 to April 2018. Of these, 4,121 (95%) were emergency admissions and 160 (4%) were day-case admission. The remaining 35 (1%) were elective admissions.

Inpatient services are available 24 hours a day, seven days a week. Outpatient services are available Monday to Friday. There is an assessment unit on the ward which takes direct referrals from GPs and other health professionals.

During our inspection we visited Nightingale ward, the neonatal unit, and The Den. We also visited the emergency department and followed a patient's journey to the ward and from the ward to theatre. We also looked at other non-paediatric areas in the general outpatient's department.

We spoke with 25 members of staff including paediatric consultants, paediatric anaesthetist, paediatric radiologist, paediatric pharmacist, medical staff, nurses, health care assistants, safeguarding team, matrons, receptionist, leaders and members of the community support team.

We spoke with families of 12 children, followed two patient journeys and observed interactions between patients and staff, including transfer of a critically ill child.

We checked 13 patient records and charts and attended one huddle meeting and one handover meeting.

Summary of this service

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

The service had made improvements to all the areas that required improvement following our last inspection.

- Staff knew how to identify and respond to changing risks to babies and children in their care. This included deteriorating health, medical emergencies and challenging behaviour.
- There were reliable systems in place to prevent and protect people from a healthcare associated infection. Staff were observed adhering to trust policy regarding infection prevention and control.
- There were facilities appropriate for children and their families. This included child-friendly signage and play areas and rooms with en-suite facilities and space for a bed for a parent/carer to stay with their child for long-stay patients.
- There was a family room where families could spend time with their child and siblings away from the bedside, and included toys, soft furnishings and space for siblings to play.
- Private facilities were provided for mother to express breast milk.

Services for children and young people

- There was a family sleep-over bedroom on the neonatal ward for parents to stay with their baby to prepare for discharge after a long stay in hospital.
- There was a dedicated children's outpatient service at the hospital, known as 'The Den' which included a same-day phlebotomy service. The Den was child friendly and members of the multidisciplinary team reviewed and treated children. Children's waiting areas were well equipped and supplied with age appropriate toys and books.
- The service investigated and responded to all serious events. We saw that the service had put additional measures in place to ensure that children who had their scheduled surgery cancelled due to being unwell were reviewed by the paediatric consultant for a full examination before going home.
- The service worked in partnership with the community nursing team, specialist nurses and GPs to provide a comprehensive discharge plan.
- There was a direct referral facility for GPs and other health professionals to admit a child directly onto the ward via the assessment unit. Children with a long- term condition and those recently discharged also had direct access to the unit. Some children with complex conditions could be self-referred on a long-term basis.

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

Is the service safe?

Good ↑

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

- The service ensured there was consultant presence for at least 12 hours each day and there was a consultant available on-call 24 hours a day. This met with the Royal College of Paediatric and Child health (RCPCH) standards for onsite consultant presence.
- Resuscitation equipment was suitable for all sized children including young adults. There was a process in place to check equipment daily and staff knew how to use the equipment.
- Staff were trained to level three safeguarding training in line with intercollegiate guidelines. This included staff in non-paediatric areas who also treated children. Staff were up to date with training compliance.
- There was improved oversight of children across the hospital. Matrons were consulted about any issues relating to a child who was being treated in non-paediatric areas of the hospital, and their advice was sought when required. For example; for discharge planning of young adults.
- There were robust procedures in place to identify and manage safeguarding concerns. There was a multi-disciplinary approach which included monthly meetings with the community teams and social services teams where safeguarding concerns and alerts were discussed and learning was shared with relevant staff.
- Systems were in place to ensure that all incidents were reported and investigated. Lessons learned were shared with staff. All staff were aware of the duty of candour.
- All areas appeared to be visibly clean and staff adhered to infection prevention and control policies and procedures.
- Staff adhered to the trust policy for safe management of medicines which was in line with best practice guidelines. There was a paediatric pharmacist who worked closely with staff to check prescriptions and support staff with medicines queries.

- Records were updated regularly and reflected the care and support received. Consultants documented in the patient record each time they visited. This was an improvement based on an investigation into a child death and the learning it identified. Although the investigation did not highlight any errors that contributed to the death, it was acknowledged that improvements could be made to documentation by consultants during their review. We found at this inspection that consultants were recording details of their assessment at every visit. Regular records audits were conducted to check adherence to best practice.
- The service adhered to RCN guidelines recommended ratios of registered staff to patients. A recent report provided by the trust showed that there was sufficient or more than sufficient numbers of staff on duty during the preceding year, and that there had been more qualified staff than was required on average.
- There were three medical handovers during each 24 hour period, which always included a senior clinician.

Is the service effective?

Good 

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

- Staff had access to NICE guidance and any changes were discussed at meetings or through the Trust's weekly bulletin. Updated treatment guidelines were available via an 'App' for doctors.
- Risk assessments were used including mental health risks, and PEWS charts included a sepsis risk assessment.
- There was a policy and procedure to manage deteriorating patients and we observed this in action during our visit.
- There was a comprehensive audit cycle calendar that included a wide range of clinical audit topics.
- All registered nurses working on the paediatric ward were paediatric trained nurses. Neonatal staff completed a neonatal intensive care course if they had come from adult intensive care. All attended the European paediatric life support training.
- The service were improving their oversight of teenagers making the transition to adulthood.
- Staff worked closely with the community nurse team who could make direct referrals to the ward via the assessment unit. They worked in partnership with ward staff to complete care plans for children with complex needs and attended multi-disciplinary meetings to discuss ongoing care and discharge plans.
- The trust had policies and procedures in place which were based on the national institute for health and care excellence (NICE) guidelines. However, some were overdue an update due to the IT system being upgraded. All critical care policies had been reviewed.

Is the service caring?

Good 

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

- We observed part of a child's journey who was seriously ill and was being transferred to a critical care unit at a nearby hospital. Although staff were aware of the time-critical nature of the care and treatment they were providing, they still managed to treat the parents with care, compassion and respect, keeping them informed of every step and involved in the care where possible.

- We observed numerous other staff interactions with patients and parents/carers, including a healthcare assistant, nurses, doctors and the play specialist. We found all interactions were appropriate, caring, helpful, informative and compassionate. Staff were considerate of children's individual needs and delivered care in a kind and gentle way.
- There was a family room with a television and soft furnishings, toys and a refreshment area for parents and siblings to spend time away from the child's bed (where appropriate) This was encouraged for long stay patients but was also available to others.
- The service had gone to considerable efforts to furnish all family and sleep-over rooms so that they were homely and non-clinical.
- We spoke with families of 12 children on the ward and neonatal unit. All were extremely happy with the care and treatment their child had received. They told us that nurses communicated well with them, listened to their child and talked to the child in a kind, caring way. Parents told us that nurses and doctors appeared to genuinely enjoy helping their child and that play specialists went out of their way to make children feel at ease.
- The service encouraged children and their families to provide feedback about their stay in hospital. There were child-friendly feedback forms where children were able to use pictures of faces to select their response and were encouraged to draw their response if they were unable to write. There was a colourful post box on the ward to encourage children to participate.

Is the service responsive?

Good 

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

- The service had improved its processing and learning from complaints. After review by the Assistance and Complaints Team and the Integrated Care Division, complaints were passed to the lead nurse and the Matron. They investigated and reported any learning at the quarterly management meeting.
- Staff were aware of the adjustments which may be needed for children and young people with a learning disability and/or autism. Learning disability specialist nurses were community based but provided advice and support where necessary.
- The service ensured that non-attendance rates were minimised. For example, the children's audiology service rang parents to remind them, and gave them the opportunity to reschedule if the original date was no longer convenient.
- The hospital team worked in close partnership with the community nursing team. This included specialist nurses and allied health professionals from children's services who visited children and young people in school and at home where appropriate to provide additional support and advice.
- We saw that patients received personalised care, and where required, a multi-disciplinary team was involved in planning and delivery of care, and discharge.
- The service monitored referral to treatment times and Was Not Brought (did not attend) figures in The Den.
- The service was trialling nurse led clinics for allergy services where there was a 18 week wait. Overall referral to treatment times met the 18 week standard in 92.6% of cases in July 2018
- Staff worked closely with the CAMHS team. Staff were aware of the varying nature of individual needs for these children and a comprehensive care plan was followed in partnership with the CAMHS team.

Services for children and young people

- Services and facilities were appropriate for the needs and age range of children throughout the children's and young people's services. However, we noted that in some outpatient's areas that were non-paediatric specific, for example fracture clinic and plaster room, there were limited facilities for children.
- The service did not actively monitor whether clinic appointments ran on time. Reception did not automatically inform them of delays. Managers told us that this information was recorded, but not analysed as part of a report. The service was reviewing good practice elsewhere and planned to implement this monitoring within the financial year.

Is the service well-led?

Good 

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

- Children's and Young People's services were represented at Board level because the Medical Director was a paediatrician who provided overarching clinical leadership. However, there was an opportunity for a Non Executive Director to champion the service.
- The Children's Healthcare Management Group (CHUM) had oversight of children's services across the trust. Arrangements for governance of children's care outside of the children's service had improved. The trust had a Paediatric Critical Care Group and a trust Paediatric surgical group, which reviewed policies, incidents and had an understanding of children's needs.
- Staff told us they were supported and felt valued. They spoke highly of the matrons and senior matron who they said were very visible, supportive and kept them well informed.
- Governance meetings were effective in identifying performance concerns and monitoring action plans for their resolution.
- All leaders had the skills, knowledge, experience and integrity to lead and sustain the service. They were clear about their risks and priorities for developing the service and the challenges they faced.
- Risks were discussed and managed appropriately and used these as an opportunity to improve services for patients.
- The service utilised the trust weekly bulletin and monthly newsletter to cascade information to all staff. Staff told us that items from these were often discussed at team meetings.
- The trust had a system to monitor staff attendance at mandatory training but they had concerns about the quality and reliability of the data. We saw that matrons and ward managers kept their own records of mandatory training up to date.

Outstanding practice

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

Areas for improvement

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

End of life care

Good

Key facts and figures

Chesterfield Royal NHS foundation trust provided end of life care throughout the hospital.

End of life care (EOLC) encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

The trust had 1,347 deaths from April 2017 to March 2018.

End of life care is a key element of the trust's service provision, with the end of life strategy setting three high level aims:

- To provide personalised care at the end of life for patients
- To ensure patients are cared for with compassion, dignity and respect and that their needs for comfort are met
- To care for families, loved-ones, others identified as important to the dying person and the bereaved with compassion and sensitivity

The trust is on single site, with no dedicated palliative or end of life in-patient beds. The palliative care service currently consists of specialist nurses and doctors, who work closely with acute oncology, cancer of unknown primary services and the Macmillan End of Life Care Senior Matron.

The trust has worked in close partnership with Macmillan to develop the concept of a 'supportive care' team which offers a fresh and innovative approach to providing palliative care with: central coordination; person centred care across various pathways e.g. palliative care, end of life, acute oncology/cancer unknown primary; a seven day a week service; and rapid palliative care out-patient appointments. The trust is in the process of working towards implementing this model.

An established end of life strategy group met bi-monthly, chaired by the deputy director of nursing; a wide range of disciplines attend, including: palliative care and medical consultants, nursing leads (surgery and medicine), the head of education and professional development, the older persons team, chaplaincy, bereavement services, along with representation from community partners and patient/public representation.

Following a comprehensive inspection in 2016, the trust was required to complete the following actions:

- Ensure nursing staff who deliver end of life care are familiar with and receive training in the Mental Capacity Act (2005).
- The trust was also asked to:
- Ensure all DNACPR order forms are completed accurately and in line with trust policy.
- Ensure they work closely with the local hospice in finalising the service level agreement.
- Ensure they continue with the plan to monitor how rapidly patients are discharged from hospitals once identified for "fast track".
- Ensure they audit the achievement of patients preferred place of death.

End of life care

- Ensure the legal process of the Mental Capacity Act 2005 is followed where a patient lacks the capacity to make decisions, particularly in relation to 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) orders.

During our inspection, we visited the accident and emergency department, the intensive therapy unit (ITU) the mortuary viewing area, the bereavement office, the chaplaincy service, the emergency medical unit, the high dependency unit, Ashover ward, Markham ward, Pearson ward, the Eastwood acute stroke unit, Pearson ward, Hasland ward, Markham ward and the Macmillan, cancer outpatient unit.

We spoke with six relatives, 42 members of staff including clinical nurse specialists, hospital

porters, ward managers, nurses, the hospital palliative care team (HPCT) healthcare assistants,

volunteers and doctors. We looked at 25 sets of medical and nursing records and reviewed 35 not

for resuscitation in the event of cardiac of respiratory arrest orders, which were called ReSPECT

forms.

Summary of this service

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

- Staff had a good understanding of how to protect patients from abuse and could describe what safeguarding was and the process to refer alerts.
- Staff were aware of the trusts whistleblowing procedures and what action to take if they had

concerns.

- There were comprehensive risk assessments completed in the medical and nursing notes. These were commenced on admission and there was evidence that risk assessments continued throughout the patients stay in hospital.
- We saw good examples of good multi-disciplinary working and involvement of other agencies and support services.
- Staff cared for patients with compassion. We saw several examples of staff from all disciplines being supportive and kind to patients and their relatives.
- Most patients and their relatives told us they were fully included in discussions around their plan of care.
- From July 2017 to June 2018, the trust reported no incidents classified as never events within end of life care.
- During our last inspection in 2016 we found the trust did not have a process for identifying non-cancer patients requiring end of life or palliative care support. During this inspection we saw the service had added a category to the palliative care team referral document identifying non-cancer patients
- There were systems in place to ensure that staff affected by the experience of caring for patient at end of life were supported. For example, members of the Hospital Palliative Care Team had access to counselling, through a self-referral system as well as a psychologist who provided clinical supervision to individuals or groups, as required.

However

- The majority, (49%) of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders we viewed were not completed properly and reflected the information included in the patient's mental capacity assessment.

End of life care

Is the service safe?

Good ↑

Our rating of safe improved. We rated it as good

- There were comprehensive risk assessments completed and evidence that risk assessments continued throughout the patients stay in hospital.
- Staff demonstrated good practice with regards to hand hygiene and infection control.
- Staff understood their roles and responsibilities regarding safeguarding vulnerable adults and children. Nursing staff had received appropriate levels of safeguarding training and could tell us about examples of where they had identified and raised concerns.
- There was sufficient equipment available to meet the needs of people receiving end of life care on all the wards we visited.
- Medical and nursing notes for patients who were receiving end of life care were accurate, complete, legible and up to date.

Is the service effective?

Requires improvement →←

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

- The majority of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders (ReSPECT) forms were not completed properly and did not always reflect the information included in the patient's mental capacity assessment.
- Mental Capacity Act legal requirements were not always implemented for people who had DNACPR order.

However

- There were good consent processes in place. We saw in the patient records we looked at there were copies of signed consent forms and that consent to treatment was obtained appropriately.
- The chaplaincy service provided pastoral and spiritual support, and was contactable out of hours.
- There was good multidisciplinary working which included other health and social care agencies

Is the service caring?

Outstanding ☆ ↑

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

- Staff consistently cared for patients with compassion. We saw several examples of staff from all disciplines being supportive and kind to patients and their relatives.
- Feedback from care givers and relatives told us that staff treated patients with dignity and respect, explained what was happening and were caring.

End of life care

- Relatives and care givers felt included in their plan of care. Staff involved patients and those close to them in decisions about their care and treatment.
- The chaplaincy team offered support to patients of all faiths and no faith. They were available to patients 24 hours a day.
- The trust had implemented a project to support volunteers to support patients and carers who were at the end of life.

Is the service responsive?

Good ↑

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

- On all the wards we inspected, there were individual side rooms for patients who were identified as having days or hours to live. Visitors could stay overnight and had access to refreshment facilities.
- There were interpreters available when required for patients whose first language was not English.
- All wards we visited had made a concerted effort to meet the needs of patients living with dementia.
- There were 'comfort packs' for the relatives of end of life patients. These packs contained toothbrush and toothpaste, a flannel and other personal items.
- Palliative or end of life care patients who were known to the hospital or community palliative care team were flagged on admission through the trust's electronic information system.
- Patients were referred to the Hospital Palliative Care Team (HPCT) electronically by staff on the wards. Staff told us the HPCT were very responsive to referrals and would usually review patients within 24 hours.
- The service monitored the patients preferred place of death and how quickly they could discharge a patient to their preferred place of care.

Is the service well-led?

Good →←

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

- There was an end of life strategy in place with well-defined objectives which staff were knowledgeable about.
- Since our last inspection in 2016, we saw there had been an improvement in the governance arrangements and there were now clear lines of direction.
- Since our last inspection in 2016, the service had created a risk register specific to end of life care.
- There were end of life care champions on all the wards throughout the hospital including the emergency department and the intensive therapy unit

However,

- The trust participated in the End of life care Audit: Dying in Hospital 2016 but we did not find evidence there was an action plan to address the results of the audit.

End of life care

Outstanding practice

We found areas of outstanding practice. See the Outstanding practice section above.

Areas for improvement

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

Mental health services

Background to mental health services

Chesterfield Royal Hospital NHS Foundation Trust serves a population of around 441,000 across the Bolsover, Chesterfield, Derbyshire Dales and North Amber Valley, High Peak and North East Derbyshire districts. The trust provides community Child and Adolescent Mental Health services to children and young people. This is the only mental health service provided by this trust.

Summary of mental health services

Good 

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

- Safe, effective, responsive and well led were rated as good and caring was rated as outstanding.
- The service had suitable premises and equipment and looked after them well.
- The psychiatrists prescribed within guidance and any off-licence prescribing was done in discussion with the pharmacy team.
- Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment.
- There was good multi-disciplinary working within the team and good joint working with external professionals.

However;

- Caseloads were high, particularly for core CAMHS staff and psychiatrists. Waiting lists were long for Attention Deficit Hyperactivity Disorder assessment, Autism Spectrum Disorder assessment and Cognitive Behavioural Therapy and EMDR (Eye movement desensitisation and reprocessing).

Specialist community mental health services for children and young people

Good ↑

Key facts and figures

The trust provides services for children and young people up to and including 17 years of age from bases at Chesterfield Royal Hospital and Buxton Health Centre. The teams are:Core CAMHS: providing assessment and treatment to children and young people presenting with severe and complex mental health difficulties that cannot be supported or treated within early help or targeted community services.Urgent Care Team: providing rapid assessment and treatment for young people who are experiencing urgent mental health care needs. The team operate from 10.00 to 22.00 seven days a week 365 days a year.Intensive Home Treatment: the team work with young people who:• are considered to be at risk of admission to inpatient care,• are inpatient at a tier 4 facility and require through care and intensive community intervention on discharge.Youth Offending Mental Health: a specialist mental health role dedicated to young people receiving intervention from the Youth Offending Service.Eating Disorders team: working to reduce the negative impact of eating disorders and work towards the recovery of a child or young person by providing effective interventions as early as possible.Learning Disability CAMHS: provides a service to support families of children with moderate to severe learning disabilities who have challenging behaviours and/or mental health problems and/or, relationship difficulties.Specialist Community Advisors: CAMHS clinicians working in the community to:• enable early identification of mental health issues;• consolidate and develop the existing skills of workers within extended services and other universal settings;• facilitate timely and responsive access to specialist CAMHS as necessary.

Our inspection was announced 48 hours before hand to enable us to observe routine activity and ensure that everyone we needed to talk to was available.

During the inspection, the inspection team:

- Spoke to 11 staff from both bases; Chesterfield and Buxton. Including, psychiatrists, psychologists, mental health nurses, administrators and the service manager.
- Visited the Chesterfield base.
- Spoke to four young people and parents.
- Looked at 14 care records.
- Observed one team meeting.
- Reviewed policies and procedures regarding the service.

Summary of this service

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

- The service had suitable premises and equipment and looked after them well.
- The psychiatrists prescribed within guidance and any off-licence prescribing was done in discussion with the pharmacy team.
- Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Specialist community mental health services for children and young people

- The service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- 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. Staff received regular managerial and clinical supervision.
- There was good multi-disciplinary working within the team and good joint working with external professionals.
- Staff always had access to up-to-date, accurate and comprehensive information on young peoples 'care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support young people who lacked the capacity to make decisions about their care.
- Staff showed compassion and warmth towards young people. Feedback from young people and their parents confirmed that staff treated them well and with kindness.
- Staff involved young people and those close to them in decisions about their care and treatment and took account of young peoples' individual needs.
- The service planned and provided services in a way that met the needs of local people.
- The service had managers at all levels with the right skills and abilities to run a service providing high quality sustainable care.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with young people, staff 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.

However:

- Caseloads were high, particularly for core CAMHS staff and psychiatrists.
- Mandatory training rates were low.
- IT issues were impacting on staff's ability to do their job effectively.
- Technology was not being used to support the care and engagement of young people.
- Appraisal rates were low.
- Confidentiality could be compromised as it was possible to hear from the waiting area, reception staff responding to phone calls.
- Waiting lists were long for Attention Deficit Hyperactivity Disorder assessment, Autism Spectrum Disorder assessment and Cognitive Behavioural Therapy and EMDR (Eye movement desensitisation and reprocessing).

Specialist community mental health services for children and young people

Is the service safe?

Good 

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

- Since the last inspection the service had improved the way they update risk assessments and all the records we looked at were clear and up to date.
- Young people on waiting lists were being monitored regularly to ensure any deterioration in their health was noticed.
- The environment and equipment used was clean and well maintained and had up to date safety stickers.
- Staff were all trained in safeguarding level three and had a good understanding of what and how to report a concern.
- Psychiatrists prescribed safely and monitored side effects of medications in line with national guidance.

However:

- Core CAMHS clinicians and psychiatrists had high caseloads and the service did not use a recognised case management tool to support the management of them.
- Mandatory training rates were low for information governance, 67%: prevent, 70%; fire, 55%; health and safety, 56%. These rates were lower than the trust target of 90%.
- Staff had experienced connectivity difficulties with the new electronics records system and also had found entries going missing.

Is the service effective?

Good 

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

- All records we looked at showed staff completed a comprehensive mental health assessment of each young person in a timely manner and where appropriate they completed physical observations.
- The service provided a range of interventions and delivered in line with National Institute for Health and Care Excellence guidance. These included psychological therapies and medication.
- Staff used a range of recognised rating scales to monitor severity and outcomes of care and treatment and used the findings to improve the service they offered.
- The team had a good range of skilled and experienced clinicians to meet the needs of the young people.
- Records showed all teams had good working links with the community; schools, local authority, charitable organisations

However:

- At the time of inspection, appraisal rates were low at 73% but another 19% were booked to be completed before the end of the month.
- Compliance rates for Mental Capacity Act were low at 59% but staff we spoke with had a good understanding of capacity and competence and could give examples of when they would need to consider a capacity assessment.

Specialist community mental health services for children and young people

Is the service caring?

Outstanding ☆ ↑

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

- Young people were truly respected and valued as individuals and were empowered as partners in their care.
- All the young people and parents we spoke with said that all the staff were kind, caring and showed a good understanding of their needs. They felt involved in their care and had crisis plans in place where appropriate.
- Staff were fully committed to working in partnership with people. There was good participation and involvement of young people in the service delivery and development and a 'you said, we did' board that showed changes had been made because of feedback from young people.
- Staff recognised that children and young people need to have access to and links with their advocacy and support networks in the community.
- There was information in the waiting room that had information on relevant to young people and there were activities and toys appropriate for all ages.

Is the service responsive?

Good ● ↑

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

- There was a clear criterion for the service and young people who did not meet the criteria were signposted to a more appropriate service for their needs.
- Referrals were screened daily and the Urgent Care team had a target of contacting urgent referrals within four hours.
- The waiting time for a choice appointment (initial assessment) was under 12 weeks.
- The service had a range of rooms to support treatment and care.
- The service was accessible for all and leaflets required in a language other than English were available on request. Staff had good access to interpreters.
- Children and young people on the waiting list waiting over 18 weeks had an initial assessment prior to being place on the waiting list and were then prioritised based on risk. Leaders were working with the commissioners of this service to improve access.

However:

- Waiting lists were over 18 weeks for Attention Deficit Hyperactivity Disorder assessment, Autism Spectrum Disorder assessment and Cognitive Behavioural Therapy and EMDR (Eye movement desensitisation and reprocessing). These had not improved since the last inspection.
- The manager was unable to say how many young people were discharged each month. This would help gain an understanding of the flow of the different pathways and could help to reduce waits.

Specialist community mental health services for children and young people

Is the service well-led?

Good 

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

- Staff spoke highly of the leadership within CAMHS and said how visible the service manager and more senior managers were.
- The service held away days and staff said they felt involved and contributed to the service delivery and development and the overall services strategy.
- Staff said they felt proud to be working for the trust and felt valued. They said their team was supportive and they could discuss any issues in an open manner.
- There was a clear governance framework and staffs' concerns reflected the top three items on the risk register.

However:

- Mandatory training and appraisal rates were low.

Outstanding practice

The Eating Disorder team at the time of inspection, was in the process of becoming a member of the Quality Network for Eating Disorders. There was excellent joint working between the CAMHS Eating Disorder team and the ward staff on the general paediatric ward. Records showed and staff and parents told us the weekly multi-disciplinary reviews for young people admitted to the ward monitored the mental and physical health of the young person. Parents and young people felt involved in their care, felt very supported and that the staff had a good understanding of their needs.

The Learning Disability team had successfully bid for funding to develop a screening tool for young people with a moderate to severe learning disability, to predict which young people would be at risk of admission to a specialist service. This tool was designed in conjunction with a local university and the data was collected from special schools and the local authority. It was in the stage of having the data analysed at the time of inspection. The team was also looking to use the same principles to develop another screening tool to predict which higher functioning young people on the Autism spectrum would be at risk of being admitted to a psychiatric unit.

A Non-Executive Director had recently met with staff to explain their role and determine how they could support the service to access charitable funds for use in service improvement and development.

Areas for improvement

Improvements to the new electronic records system must be made so that it doesn't have a negative impact on staffs' ability to do their job.

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)

This guidance (see 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
Diagnostic and screening procedures Nursing care Surgical procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulated activity	Regulation
Diagnostic and screening procedures Nursing care Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Our inspection team

Carolyn Jenkinson, Head of Hospital Inspection led this inspection. An executive reviewer, Stephen Dunn, Chief Executive, supported our inspection of well-led for the trust overall.

The team included six inspectors and one assistant inspector and six 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.