

# Tameside and Glossop Integrated Care NHS Foundation Trust

## Inspection report

Tameside General Hospital  
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Date of inspection visit: 12 Mar to 11 Apr 2019  
Date of publication: 04/07/2019

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 

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

# Summary of findings

## Background to the trust

Tameside and Glossop Integrated Care NHS Foundation Trust is an integrated acute and community trust based in the borough of Tameside, which is part of Greater Manchester, in North West England. The trust transitioned to an integrated trust in September 2016.

The trust has one acute hospital which is Tameside General Hospital. The trust delivers acute and community services across Tameside and Glossop in Derbyshire.

Tameside and Glossop Integrated Care NHS Foundation Trust serves a population of 250,000 living over an area of around 40 square miles, across both rural and urban settings. The trust employs about 3,800 staff, has 524 beds across 28 wards and departments, 300 volunteers and has an annual turnover of £215 million.

The trust also provides community healthcare services across five neighbourhoods in Tameside and Glossop. These are delivered in community locations and in people's homes, throughout the locality. This includes the Stamford Unit which is a 96 bed community facility to support patients who are determined to be medically fit for discharge. These are patients requiring further support in a non-acute setting to be assessed and discharged into their normal place of residence.

Services are predominantly commissioned by Tameside clinical commissioning group and Metropolitan Borough Council which combined to become one organisation.

Nationally, Tameside is 34th out of 326 most deprived local authority. It has the highest premature death rate for heart disease in England. In adults, the recorded diabetes prevalence, excess weight and drug and alcohol misuse are significantly worse than the England average. Rates of smoking related deaths and hospital admissions for alcohol harm are significantly higher than the England average. Healthy life expectancy for males is 57.7 years compared with the national average of 63.4 years; for women the healthy life expectancy is 58.3 years against a national average of 64 years.

The population is predominantly white British (91%).

The trust has been inspected previously. It was rated as inadequate in 2014, requires improvement in 2015 and, at the last inspection in 2016, was rated as good.

Community services were not part of the trust at the last inspection. The trust acquired community services in 2016. They have not previously been inspected under this provider.

## Overall summary

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

## What this trust does

Tameside and Glossop Integrated Care NHS Foundation Trust is an integrated acute and community trust based in the borough of Tameside, which is part of Greater Manchester, in North West England. The trust transitioned to an integrated trust in September 2016.

The trust has one acute hospital which is Tameside General Hospital. The trust delivers acute and community services across Tameside and Glossop in Derbyshire.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

# Summary of findings

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

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

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

## What we inspected and why

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

At this inspection, we inspected urgent and emergency care, medical care and maternity at Tameside General Hospital and community adult, community children, young people and families, community end of life care and community inpatient services.

We inspected urgent and emergency care and medical care because there had been a large increase in number of deaths compared to the previous year and high standardised mortality rates. Medical care was rated as requires improvement at the last inspection.

We inspected maternity services as there had been a decrease in the friends and family percentage recommended rate for the antenatal and postnatal wards and high vacancy rates for medical staff. Safe had been rated as requires improvement at the last inspection.

We inspected all the community services as they had been acquired by the trust in 2016 and had not been inspected previously as part of Tameside and Glossop Integrated Care Trust.

## 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. We rated eleven of the trust's 12 services as good and one as outstanding. In rating the trust, we took into account the current ratings of the six services not inspected this time.
- We rated well-led for the trust overall as good.
- Since our last inspection, there had been improvement in the completion of mandatory training across the trust and the concerns raised within maternity services had been addressed.
- There were enough staff with the right qualifications, competence, skill and experience, in most areas, to deliver care and treatment to meet patient's needs.
- Effective systems were in place to protect patients from abuse, manage patient risk and safety incidents and provide evidence-based care.
- The trust controlled infection risk well. Equipment and premises were kept clean in most areas and there were systems and processes in place to prevent the spread of infection.
- Staff cared for patients with compassion. Feedback from patients and most carers confirmed that staff treated them well and with kindness.

# Summary of findings

- There had been significant work undertaken to prevent admission to hospital, support people in their homes and improve access and flow across the trust. There were demonstrable reductions in length of stay, a reduction in patient cancellations, reduction in long stay beds and evidence of admission avoidance.
- Leaders were experienced and had the capability to make sure that a quality service was delivered and risks to performance were addressed. The executive and service level teams were delivering good operational performance as well as being focused on the development of the local integrated care system. There was evidence of compassionate, inclusive and effective leadership across the organisation.

However:

- There were not enough children's nurses and emergency paediatric consultants to deliver a consistent 24-hour paediatric emergency care service in line with national guidance (DH Facing the Future).
- Within the Stamford Unit delivering community inpatient services, the therapy service was limited to five days a week; therapy staff did not feel they were able to offer rehabilitation as much as they wanted to.

## Are services safe?

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

- We rated medical care, maternity and each community service as good for safe.
- Staff knew how to protect patients from abuse and the service worked with other agencies to do so, staff had received training on how to recognise and report abuse and were able to give examples of when they had done this.
- Since our last inspection, there had been improvement in the completion of mandatory training across the trust.
- The trust controlled infection risk well. Equipment and premises were kept clean in most areas and there were systems and processes in place to prevent the spread of infection.
- There were systems and processes in place to manage patient risk. Senior managers at the hospital were aware of patient safety risk through regular reporting structures.
- The trust had effective systems for prescribing, giving, recording and storing medicines. We found patients we checked had received the right medicines at the right dose at the right time.
- The trust managed patient safety incidents well, staff knew how to report incidents and these were investigated by managers and lessons learned were shared with staff. Changes were made following incidents to improve patient care.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

However

- There were not enough children's nurses and emergency paediatric consultants to deliver a consistent 24-hour service in line with national guidance (DH Facing the Future). On some medical wards we were not always assured that nurse staffing levels were appropriate for the acuity of the patients.
- Records were not always fully completed on all medical wards, in the emergency department and in community end of life care.

## Are services effective?

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

# Summary of findings

- We rated urgent and emergency care, medical care, maternity, community children, young people and families and community end of life care as good for effective. We rated community adults as outstanding for effective. We rated community inpatients as requires improvement.
- The trust provided care and treatment based on national guidance and evidence of its effectiveness. Managers ensured that staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The trust made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service. Compliance rates with annual appraisal was high.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses, other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent in most of the clinical areas we inspected.

However:

- Within the Stamford Unit delivering community inpatient services, the therapy service was limited to five days a week; therapy staff did not feel they were able to offer rehabilitation as much as they wanted to.

## Are services caring?

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

- We rated urgent and emergency care, medical care, maternity, community adults, community children, young people and families and community inpatients as good for caring. We rated community end of life care as outstanding for caring.
- Staff cared for patients with compassion. Feedback from patients and most carers confirmed that staff treated them well and with kindness.
- Patients and their families were treated with privacy and dignity in the interactions that we observed.
- Staff provided emotional support to patients to minimise their distress when appropriate.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Are services responsive?

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

- We rated maternity, community children, young people and families and community inpatients and community end of life care as good for responsive. We rated medical care and community adults as outstanding for responsive.
- There had been significant work undertaken to prevent admission to hospital, support people in their homes and improve access and flow, particularly through the services provided in the medical directorate. There were demonstrable reductions in length of stay, a reduction in patient cancellations, reduction in long stay beds and evidence of admission avoidance.
- Technology had been used to improve productivity and understand service demand and capacity.

# Summary of findings

- The service took account of patients' individual needs in most areas, especially people in vulnerable circumstances. They provided informed choice and continuity of care and reflected people's individual needs and preferences. Patients and their carers were central to the delivery of services.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with staff.

However:

- We rated urgent and emergency care as requires improvement. There were limitations in the service provision to meet the needs of children attending the paediatric emergency department.
- The trust did not meet the Royal College of Emergency Medicine recommendation that states that the time patients should wait from time of arrival to receiving treatment should be no more than one hour.

## Are services well-led?

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

- Managers at all levels had the right skills and abilities to run a service providing high quality, sustainable care. Leaders were experienced and had the capability to make sure that a quality service was delivered and risks to performance were addressed.
- The trust and services had a vision and strategies for what they wanted to achieve and workable plans to turn it into action. The trust worked in partnership with the local clinical commissioning groups and the local authority to develop the strategy.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us that they felt proud to work for the service and felt respected and valued.
- There was a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care could flourish.
- There were effective systems in place for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected. There was a risk register in place and risks were managed and reviewed. Managers were clear about the most serious risks within their service.
- The services engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborate with partner organisations effectively.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in medical care and maternity at Tameside General Hospital, community adults and community end of life care services.

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

# Summary of findings

## Areas for improvement

We found areas for improvement including one breach of legal requirements that the trust must put right. We found 34 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

## Action we have taken

We issued a requirement notice to the trust. 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 relationship with the trust and our regular inspections.

## Outstanding practice

### Medical care

- There was a culture of continuous learning and development through collaborative learning to improve access and flow, patient safety and to improve patient experience. This was evident throughout the wards we visited at the hospital.

### Maternity

- The service had a comprehensive and effective Maternity Alcohol Management Algorithm (MAMA) pathway, which included a five-step screening test to identify drinking in pregnancy and had won an innovation award for this.
- The service was meeting all ten safety criteria under the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to support the delivery of safer maternity care.

### Community adults

- The development of the 'new models of care' services, for example the digital health service, integrated urgent care team and extensive care service, were making a positive impact on admission avoidance, patient health promotion and experience.
- The service consistently provided timely access from referral to the initial assessment of patients and met all national targets and the majority of locally set targets. Outcomes for people who use services were positive, consistent and regularly exceed expectations.

### Community children, young people and families

- The children's nutritional service had developed numerous courses which improved the well-being of families across Tameside. The team followed guidance based on the National Institute for Health and Care Excellence standards C34G, PH9, QS94 PH49 and government dietary guidelines from the Department of Health. All the standards reflected best practice in behavioural change or dietary management. The children's nutritional team also used case studies, evaluation and feedback forms to enhance care.

# Summary of findings

- The trust is one of several organisations represented on Tameside safeguarding children's board. The safeguarding board developed a new starter checklist which is used by members of staff working with children as part of their induction. The checklist ensured that new starters received the right safeguarding training and support in the induction process.
- The directorates immunisation service provides vaccination against the human papilloma virus which decreases the risk of cervical cancer in later life for women. The vaccine is given to girls usually between the ages of 12 to 14 years of age. Vaccination rates have significantly dropped across England in 2018. However, Tameside has the highest rate of vaccination in the whole of England in 2018 standing at 94.3%.

## Community end of life care

- The implementation of the new digital health service ensured that swift actions, taken by the integrated service, provided the right level of support so that patients could stay in their preferred place of care. For example, patients who were experiencing unresolved symptom control were given the right support from the digital health service so that they did not need an unnecessary admission to accident and emergency.
- An event on 'dying matters' created a friendly space for people to ask questions around end of life care. This event held various activities that included craft activities, virtual art of the dying art gallery, attendance from funeral directors, solicitors and local charities. This event was welcomed by the public and future events would now be carried out following its success.

## Areas for improvement

### Action the hospital MUST take to improve:

#### Urgent and emergency care

- The service must ensure that patients receive care in a timely way and work towards improving performance against national standards such as the time from arrival to treatment and median total time in the department. Reg 9
- The service must ensure they are responsive to individual patients including children in line with national guidance including facing the future. Reg 9

#### Community inpatients

- The service must ensure they meet patient's rehabilitation needs. Reg 9

### Action the hospital SHOULD take to improve:

#### Urgent and emergency care

- The service should review, as planned, the paediatric emergency department staffing in line with Royal College of Paediatric and Children Health staffing standards and implement actions to address gaps.
- The service should put systems in place so records, document capacity assessments and referrals to the rapid assessment and interface discharge team are documented in patient records.
- The service should check that all medical staff who have contact with children and young people have received the appropriate safeguarding training for their role, in line with the intercollegiate document (2014).
- The service should consider reviewing access to security staff for the urgent and emergency department is reviewed.
- The service should check that staff use personal protective equipment and wash their hands before and after patient contact.



# Summary of findings

- The service should make arrangements to alleviate gaps in the medical staffing rota.
- The service should put action plans in place so that all patients receive care in line with the Royal College of Emergency Medicine standards.
- The service should check that all medication is stored appropriately in line with manufactures guidelines.
- The service should ensure that privacy and dignity of all patients is always maintained.

## **Medical care**

- Staffing levels on all medical wards should reflect the acuity of the patients.
- Systems should be reviewed so care records are fully completed.
- Membership and attendance at some meetings should be reviewed.

## **Maternity**

- The service should consistently follow trust policy and good practice in relation to the administration, storage and tracking of medicines to take out and that staff are familiar with this.
- The service should consider carrying out more regular local records audits.
- The service should continue improving their support for and communication with their community midwifery team.

## **Community adults**

- Consider providing equipment to allow staff to perform all observations in assessing patients for signs of sepsis.
- Consider including review of care plans and risk assessments in the audit of patient records.
- Consider providing adequate facilities to offer leg washes to patients with leg ulcers.
- Ensure all relevant staff have attended training in the sepsis bundle and monitor compliance.
- Ensure patients have access to easy read literature and pictorial aids.
- Consider reviewing the risk register to ensure current risks are documented with evidence of last review and there is a clear process for risks requiring no further action.
- Consider introducing date of review for actions to be addressed to be documented in minutes from meetings.

## **Community children, young people and families**

- The provider should review the duration of time it has taken to replace heating systems in Rowan House and Hollingworth Clinic heating systems so that building work is done in a timely and effective manner.
- The provider should review the waiting times for patients in child speech and language therapists team and in the integrated service for children with additional needs team.

## **Community end of life care**

- The service should make sure that patient documentation in patient homes is fully completed.
- The service should make sure that the individual plan of care document is used in the whole division to ensure best practice is utilised.
- The service should consider providing bereavement training for staff within end of life care.

## **Community inpatients**

# Summary of findings

- The service should improve the range and frequency of regular activities offered to patients.
- The service should ensure that nurse-call bells are always responded to quickly.
- The service should ensure that there is evidence of regular cleaning of the curtains.
- The service should continue to monitor and assess the ligature risks posed by the curtains.
- The service should review the process used to deliver food to patients, as many told us this was cold.
- The service should ensure that patient details are not visible to visitors.
- The service should consider engaging more with patients and the public.

## 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.

The board demonstrated high levels of skill, knowledge and integrity to lead the organisation. There was a stable and experienced executive team. The executive team were delivering good operational performance as well as being focused on the development of the local integrated care system. There was evidence of compassionate, inclusive and effective leadership throughout the organisation. Partners also reported significant leadership from the executive team in developing the understanding of the integrated model across the Tameside and Glossop.

There was regular protected time for board development. The new chair had identified that board development could be further enhanced and an external board development programme had been commissioned.

The trust was managed through three operational divisions. The trust had adopted a business partner model in supporting the divisional teams and this was working well.

As part of the integrated care model, the trust had employed clinical directors in the neighbourhoods. They worked part-time in the trust and part-time in neighbourhood GP roles. They worked across the acute and community parts of the organisation and led on specific transformation projects.

The trust had a talent management strategy. The strategy incorporated a talent management tool. The tool had been used by the executives, their deputies and divisional directors and was being rolled out across the organisation. There was an intelligent approach to identifying the skill sets required for non-executive roles. Executive directors were aware of the absence of representation from the Black and Minority Ethnic groups and this was being considered as part of the succession plans.

There was a clear vision and credible strategy to deliver high-quality sustainable care to people. Robust plans were in place to deliver the strategy. The strategic direction was clear and the commitment and engagement to integrated working across the local economy was positive and cohesive.

The trust had a clear vision to improve health outcomes for the population of Tameside and Glossop and to influence wider determinants of health, through collaboration with health and care partners. The trust had worked together with clinical commissioning and local authority partners to set out their ambition for the health and care system to improve

# Summary of findings

life expectancy in Tameside and Glossop to match the Greater Manchester and the national average. There was a plan, 'Care Together,' to transform the way in which services cared for, involved and supported the residents of Tameside and Glossop, to improve health and wellbeing. There were 26 transformation schemes in place or in progress to support the strategic plan and there was early indication of the positive impact.

There was a culture to support the delivery of high-quality, sustainable care. Staff across the organisation spoke positively about the culture of the organisation. Feedback from staff we spoke with across the organisation indicated they felt supported and proud to work at the trust. Staff commented that they felt the trust had changed completely, for the better, over the past few years.

There were clear responsibilities, roles and systems of accountability to support good governance and risk management. The trust had a clear reporting structures that were understood. This included the governance arrangements for the integrated care system.

Appropriate and accurate information was effectively produced, challenged and acted upon. There was a good range of performance information available. There was analytical support available to the divisional teams from the corporate information team and this was well regarded. The team helped with the production of meaningful data and supported staff to understand and interpret this. Performance was benchmarked both locally and nationally.

Staff, patient and public engagement was evident. There was a public engagement strategy which outlined how local residents and stakeholders would be involved in decision making, policy development and service delivery. We saw examples of this. There were systems in place to strengthen clinical engagement.

The trust had progressed the integration model and there was evidence this was beginning to have a positive impact on patient experience, reducing hospital admission and supporting health and well-being. Outcomes were being monitored to demonstrate benefits.

However:

The trust recognised there was more to do on the resilience of its clinical leadership arrangements and was supporting a range of leadership development training opportunities to address this need.

The trust had a challenging underlying deficit. There was a need to develop a more sustainable financial plan for the medium term and this work was scheduled to be completed in 2019 in line with NHS planning requirements.

The trust did not have a full electronic patient records system.

The paediatric emergency department was not meeting the Facing the Future national standards. The trust leadership were aware of this and had developed a business plan to support future compliance.

## Use of resources

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

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019

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

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Tameside General Hospital	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019
<b>Overall trust</b>	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019

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

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019
Community	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019
<b>Overall trust</b>	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019

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

## Ratings for Tameside General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019
Medical care (including older people's care)	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Outstanding ↑ Jul 2019	Good ↔ Jul 2019	Good ↑ Jul 2019
Surgery	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Critical care	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Maternity	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019
Services for children and young people	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
End of life care	Good Feb 2017	Requires improvement Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Outpatients	Good Feb 2017	N/A	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
<b>Overall*</b>	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Jul 2019	Outstanding Jul 2019	Good Jul 2019	Outstanding Jul 2019	Outstanding Jul 2019	Outstanding Jul 2019
Community health services for children and young people	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019
Community health inpatient services	Good Jul 2019	Requires improvement Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019
Community end of life care	Good Jul 2019	Good Jul 2020	Outstanding Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019
<b>Overall*</b>	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019

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

# Acute health services

## Background to acute health services

Tameside and Glossop Integrated Care NHS Foundation Trust has one acute hospital which is Tameside General Hospital. The hospital provides all eight core services.

During this inspection, we inspected urgent and emergency care, medical care and maternity services provided at Tameside General Hospital.

The hospital has 524 beds across 28 inpatient wards and departments.

## Summary of acute services

**Good** ● → ←

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

- Mandatory training compliance had improved since the last inspection. Safeguarding training and there were systems in place to protect patients from abuse. Vulnerable people were supported and their needs and preferences were addressed in a proactive way.
- The services monitored patient safety incidents, learned from these incidents and fed back to staff. Information gathered from patient safety information was used to improve patient safety.
- Multidisciplinary team working was evident across all the services we inspected. Staff worked with other agencies in a collaborative way.
- There were strong processes around the assessment of patients' mental capacity and good documentation that supported this.
- Staff were caring and respected patients' privacy and dignity.
- There was a focus and action was being taken to improve access and flow for patients to reduce length of stay, to decrease readmission rates and to ensure that patients were treated in the right place at the right time.
- There was a positive culture and staff liked working at the hospital. Senior managers were visible in the organisation and there were systems in place to reduce risk and to address performance. There was a systematic approach to continuous service development and improvement.

However:

- There were limitations in the provision to meet the needs of children attending the paediatric emergency department. There were times when the children's paediatric emergency department and some medical wards were not appropriately staffed.
- There were some gaps in records within the emergency department and some medical wards.

# Summary of findings

- Within the emergency department, the trust did not meet national performance targets that state that the time patients should wait from time of arrival to receiving treatment should be no more than one hour.



# Tameside General Hospital

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## Key facts and figures

Tameside and Glossop Integrated Care NHS Foundation Trust has one acute hospital which is Tameside General Hospital.

During this inspection, we inspected urgent and emergency care, medical care and maternity services provided at Tameside General Hospital.

The hospital has 524 beds across 28 wards and departments. The trust had 25,312 medical admissions from August 2017 to July 2018. Emergency admissions accounted for 17,112 (67.6%), 145 (0.6%) were elective, and the remaining 8,055 (31.8%) were day case.

The emergency department (ED) at Hospital had over 87,000 attendances in August 2017 – December 2018.

There are approximately 2,400 births a year with an additional 600 women receiving antenatal and postnatal care in the community, but giving birth in one of the neighbouring maternity units.

During our inspection of the hospital, we spoke with 87 staff members from various professional groups including nurses, midwives, administrative staff, therapists and doctors. We spoke with 41 patients and checked over 25 records.

## Summary of services at Tameside General Hospital

Good   

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

- Mandatory training compliance had improved since the last inspection. Safeguarding training and there were systems in place to protect patients from abuse. Vulnerable people were supported and their needs and preferences were addressed in a proactive way.
- The services monitored patient safety incidents, learned from these incidents and fed back to staff. Information gathered from patient safety information was used to improve patient safety.
- Multidisciplinary team working was evident across all the services we inspected. Staff worked with other agencies in a collaborative way.
- There were strong processes around the assessment of patients' mental capacity and good documentation that supported this.

# Summary of findings

- Staff were caring and respected patients' privacy and dignity.
- There was a focus and action was being taken to improve access and flow for patients to reduce length of stay, to decrease readmission rates and to ensure that patients were treated in the right place at the right time.
- There was a positive culture and staff liked working at the hospital. Senior managers were visible in the organisation and there were systems in place to reduce risk and to address performance. There was a systematic approach to continuous service development and improvement.

However:

- There were limitations in the provision to meet the needs of children attending the paediatric emergency department. There were times when the children's paediatric emergency department and some medical wards were not appropriately staffed.
- There were some gaps in records within the emergency department and some medical wards.

# Urgent and emergency services

Good   

## Key facts and figures

The emergency department (ED) at Hospital had over 87,000 attendances in August 2017 – December 2018. The department includes a co-located paediatric emergency department. The emergency department is managed collaboratively by the senior managers from medical, nursing and business group.

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

There is an ambulatory care unit which provides capacity for patients admitted under medical specialties that can be treated in an ambulatory capacity and is staffed by a dedicated team of medical and advanced nurse practitioners. The majority of these patients are discharged the same day and do not require an inpatient bed.

Our inspection took place between 12 to 14 March. We spoke with 32 staff members from various professional groups including nurses, administration, therapists and doctors. We spoke with 25 patients and checked 14 records.

## Summary of this service

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

- The trust had improved their mandatory training levels since our last inspection.
- There were clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse. For example, systems to escalate concerns were in place ensure vulnerable adults and children were safe from abuse. The service encouraged an open and transparent culture about safety, staff were confident in reporting incidents and felt supported to do so. We saw that senior managers investigated incidents appropriately when something went wrong.
- Staff managed and stored medicines correctly in most areas. All medication records we reviewed, accurately reflected the medication stocked in cupboards.
- Staff were supported to deliver effective care and treatment, including through meaningful appraisals that supported their learning and development objectives.
- Staff from different teams and services worked together to assess, plan and deliver patient care. We saw examples of collaborative working amongst different services to meet the needs of patients.
- Staff in the adult emergency department proactively signposted patients to services within the hospital and external organisations if they wanted support and advice on how to improve their health and wellbeing.
- Most staff responded compassionately when people needed help and they supported them to meet their basic personal needs. All staff involved patients and carers in making decisions about their care and most patients felt well informed.
- Since the last inspection, the flow throughout the department had improved. Although the trust did not meet the Department of Health's target of 95% of patients admitted, transferred or discharged within four hours of arrival at the department between December 2017 to November 2018, they had put a range of streaming systems in place to admit, transfer and discharge patients within four hours of arrival.

# Urgent and emergency services

- Leaders had the experience and capacity, capability and integrity to ensure that the emergency department strategy could be delivered.
- Leaders were visible in the department, there were processes in place to support succession planning amongst the team.
- The governance structure ensured there were lines of accountability. Processes supported joint working arrangements and quality and performance. For example, senior managers attended meetings with the ambulance service to discuss category 3 and 4 cars pilot scheme.
- We saw that there were effective and comprehensive processes in place to identify, understand, monitor and anticipate current and future risks. There were clear routes of escalation to ensure risks were regularly reviewed. For example, the department coordinator used a predictive dashboard that used data from the following year to anticipate the number of attendees to the department during that day.

However,

- There were times when the children's paediatric emergency department was not adequately staffed. The service did not always have a minimum of two paediatric staff on duty to meet national recommendations. A business case for additional paediatric nurses, in line with the national standards was being submitted in May 2019. Additional funding had been authorised.
- At the time of inspection, the children's paediatric emergency department was not staffed with a paediatric emergency medicine consultant with dedicated session time allocated to paediatrics.
- The service did not conduct hourly intentional rounding in line with national guidelines so that aspects of care such as pain, personal needs and positioning could be regularly checked. Instead the coordinator carried out two hour and 30 minutes comfort rounds that were documented within the national early warning score documentation.
- We could not be assured that the content in pathways, policies and processes were in line with up to date evidence-based guidance and standards set by organisations like the National Institute of Health and Care Excellence and the Royal College of Emergency Medicine. We found examples of flowcharts, assessment tools and guidance that had not been referenced or were overdue review.
- Some records were not fully completed. For example, capacity assessments and referrals to the Raid Assessment Interface and Discharge team were not always completed.
- We found staff in the children's emergency department were inconsistent with their support to parents.
- The trust did not meet their national performance targets for patients admitted, transferred or discharged within four hours of arrival at the department.
- The trust did not meet national performance targets that state that the time patients should wait from time of arrival to receiving treatment should be no more than one hour.

## Is the service safe?

Good   

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

- There were robust systems in place to keep patients from harm and abuse. The trust provided safeguarding training to staff to support them recognise safe

# Urgent and emergency services

- The service assessed, monitored, managed and responded to patients' risks in an appropriate way. Staff completed life support training including adult and children's basic, immediate and advanced life support.
- Incidents were appropriately reported and investigated. Managers were keen to determine the contributory factors of why things went wrong and identify areas for individual and systemic improvement, and shared learning.
- Medicines were mostly handled and administered appropriately.
- Resuscitation equipment was checked daily in most areas.

However:

- The service did not have two registered children's nurses on every shift or dedicated emergency care paediatrician to meet national recommendations. A business case for additional paediatric nurses, in line with the national standards, was being submitted in May 2019. Additional funding had been authorised.
- We saw occasions when staff did not wash their hands between patients.
- Information in the patient record was not always present.
- Intentional rounding (the act of nursing staff seeing each patient at a specified time) was carried out at two hourly intervals. This was not in line with national guidance which recommends this is done hourly within an emergency department.
- Although the service had further work to do to improve mandatory training compliance rates amongst medical staff, they had improved their compliance mandatory training levels since our last inspection.

## Is the service effective?

Good   

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

- Staff assessed and monitored patients frequently to see if they were in pain. They supported those unable to communicate using appropriate assessment tools and gave additional pain relief to ease pain.
- Staff had the right skills and knowledge to care for their patients. There were arrangements in place for supporting and managing staff to deliver effective care and treatment. For example, staff had appraisals, coaching and mentoring, clinical supervision and revalidation.
- When people received care from a range of different staff, teams and services, it was coordinated. All relevant staff, teams and services were involved in assessing, planning and delivering people's care and treatment. Staff worked collaboratively to understand and meet the range and complexity of patient's care needs.
- The department participated in the national Royal College of Emergency Medicine (RCEM) audits. Performance was inconsistent and senior managers had plans to address this.
- Staff were supported to deliver effective care and treatment, through meaningful supervision and appraisals. We saw documentation evidencing where managers had appraised staff and had held supervision meetings.
- Whilst the service was not compliant against the trust's target for completion of medical appraisals, they had completed appraisals for 90.8% of all staff compared to the trust target of 90%.

# Urgent and emergency services

- The service worked in line with NHS services, seven days a week, priority clinical 5 and 6. Patients had access to diagnostic services such as x-ray and they had access to consultant-directed interventions such as critical care consultant input.
- Staff signposted patients to the health promotion team to support their choice to become healthier. Health promotion information was available to patients and staff if they required it.

However;

- Implementation of evidence-based guidance was variable, for example, the context within policies and pathways did not reflect current national standards and guidelines.
- We were not assured that all patients who had undergone a mental capacity assessment were reviewed appropriately. We found some mental capacity assessments, risk assessments, capacity reassessments and best interest decisions were absent.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion and respect. Staff introduced themselves to patients by name.
- Most of the feedback we received from patients confirmed that staff treated them well and with kindness.
- Staff always maintained patients' privacy, they closed curtains when examining and talking to patients.
- Patients and those close to them felt involved in decisions about their care and treatment. Friends and Family test data showed 86.5% of patients said they would recommend the care and treatment provided by the urgent and emergency service in October 2018.
- Staff told us, volunteers circulated the department with a trolley offering food and drink. Although this was caring for adults, we did not see this in the children's area of the department.

However,

- Staff in the children's emergency department did not always provide emotional support to patients and their families to minimise their distress.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The service did not always take steps to meet the needs of individuals. We saw examples where patients requiring individualised care plans did not have one in place and we saw several limitations in the provisions to meet the needs of children attending the paediatric emergency department.
- The trust did not meet the Royal College of Emergency Medicine recommendation that states that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet the standard over the 12-month period from November 2017 to October 2018.

# Urgent and emergency services

However,

- The service planned and provided care and treatment in a way that met the needs of local people. Continuing work with local commissioners and other healthcare providers was underway to better understand current and future demands of the service.
- Since the last inspection, the flow throughout the department had improved. Although the trust did not meet the Department of Health's target of 95% of patients admitted, transferred or discharged within four hours of arrival at the department between December 2017 to November 2018, they had put a range of streaming systems in place to admit, transfer and discharge patients within four hours of arrival.
- Over the 12 months from December 2017 to November 2018, no patients waited more than 12 hours from the decision to admit until being admitted.
- The service treated concerns and complaints seriously, investigated them and used them to improve the quality of care.

## Is the service well-led?

Good   

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

- Leaders have the experience, capacity, capability and integrity to ensure that the strategy can be delivered and risks to performance addressed.
- The leadership team were visible and staff we spoke with said they were confident to approach senior managers with ideas to improve the service.
- Leaders were knowledgeable about issues and priorities for the quality and sustainability of their service and understood the challenges and the actions to address them.
- The vision and strategy for the service was embedded in the overall hospital improvement plan. There was a clear statement of vision and values, driven by quality and sustainability. It had been translated into clear objectives that were used to formulate appraisals.
- The service had a well-formed governance structure which escalated information to the business group and then to the trust board. Systems for identifying risks were established to ensure they were mitigated and reviewed regularly.
- The organisation had processes in place to manage current and future performance. There was an effective and comprehensive process to identify, understand, monitor and address current and future risks. For example, the activity board displayed in majors predicted anticipated number of attendances based on the attendances the year before. This allowed for staff to make any changes to the department i.e. staffing.
- The management team had undertaken a gap analysis against the Royal College of Paediatrics and Child Health document entitled 'Facing the Future: Standards for children in emergency care settings.' This has identified areas of compliance, partial and non-compliance. A business case for additional paediatric nurses, in line with the standards was being submitted to Capital Revenue Investment Group in May 2019. Additional funding had been authorised.
- Data management was secure, data was collected, analysed, managed robustly so that operational processes could be supported.
- The service engaged well with patients, staff the public and local organisations to plan and manage services offered.

# Urgent and emergency services

- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training and improving patient outcomes. There was a culture of supportive learning, improvement and development in the department, which was supported by the trust's director of nursing, clinical leads and senior managers.
- The service was transparent, collaborative and open with relevant stakeholders about their performance. This was so that they could build a shared understanding of the challenges to the current system, the needs of the population and to design improvement to the service. For example, senior managers understood the challenges of unnecessary attendees to the department. To avoid hospital admissions, they worked with the ambulance service to see and treat category 3 and 4 patients.
- There was knowledge of improvement methods and the skills to use them at all levels of the organisation. Organisational systems supported improvement and innovation working including staff objectives, rewards, data systems and ways of sharing improvement work. For example, there were subject champions such as an infection control nurse who cascaded information relating to that area to colleagues. We also saw that staff were rewarded for going the extra mile, this was celebrated through the newsletter and staff awards.
- The culture and morale in the department was balanced; some staff described the department as busy and at times relentless and others enjoyed the fast pace and team ethos.

However,

- Although the service had worked extremely hard to implement different patient streams across the department they did not meet a range of national and internal targets such as the national targets for triaging patients who used the service.
- Audit performance was inconsistent against the standards set by the Royal College of Emergency Medicine and it was recognised by senior leadership that more work was needed to improve these areas.

## Areas for improvement

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



# Medical care (including older people's care)

Good  

## Key facts and figures

The medical care service at Tameside and Glossop Integrated Care NHS Foundation Trust provides care and treatment for a number of specialties at one acute site, Tameside General Hospital. There are 292 medical inpatient beds located across 11 wards.

The trust had 25,312 medical admissions from August 2017 to July 2018. Emergency admissions accounted for 17,112 (67.6%), 145 (0.6%) were elective, and the remaining 8,055 (31.8%) were day case.

We reviewed information provided by the trust before the inspection. We visited the trust on an unannounced inspection so they didn't know we were coming. We spent three days at the hospital when we visited the wards and spoke with staff, patients and their relatives and carers. We attended a number of meetings including the acute medical unit board meetings, a consultant handover and a multi-disciplinary team meeting for stroke rehabilitation. We observed a group session for patients for stroke rehabilitation.

We spoke with three consultants and a locum specialist registrar, five ward managers, four staff nurses, a specialist nurse, a clinical facilitator, a trainee assistant practitioner, a pharmacist, four physiotherapists, an occupational therapist and a technical instructor. We also spoke with a pharmacist, a bed manager, a social worker, the endoscopy manager and staff from the endoscopy unit including two staff involved in cleaning and decontamination.

We spoke with 11 patients and two relatives.

We reviewed 11 patient records including nursing records, medicine records and doctor's records.

## Summary of this service

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

- There was training and development in place for staff so that they were competent for their roles. This included safeguarding training and there were systems in place to protect patients from abuse.
- The service monitored patient safety incidents, learned from these incidents and fed back to staff. Information gathered from patient safety information was used to improve patient safety.
- Multidisciplinary team working was evident and was used to improve patient safety, patient outcomes and supported patient flow through the hospital. Staff also worked with other agencies in a collaborative way.
- There were strong processes around the assessment of patients' mental capacity and good documentation that supported this.
- Staff were caring and respected patients' privacy and dignity. Staff involved carers and relatives in decisions about patients' care. Work was ongoing to improve interactions between staff, patients and carers to improve patient care, this had a positive impact on patient safety.
- The service was striving to improve access and flow for patients to reduce length of stay, to decrease readmission rates and to ensure that patients were treated in the right place at the right time. Vulnerable people were well supported and their needs and preferences were addressed in a proactive way.

# Medical care (including older people's care)

- There was a positive culture and staff liked working at the hospital. Senior managers were visible in the organisation and there were systems in place to reduce risk and to address performance. There was a systematic approach to continuous service development and improvement.

However

- On some wards we were not always assured that nurse staffing levels were appropriate for the acuity of the patients.
- Records were not always fully completed on all wards.
- Attendance at the service's quality, operational governance group was sometimes poor with many members failing to attend.

## Is the service safe?

Good  

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

- Staff knew how to protect patients from abuse and the service worked with other agencies to do so, staff had received training on how to recognise and report abuse and were able to give examples of when they had done this.
- The service controlled infection risk well. Equipment and premises were kept clean and there were systems and processes in place to prevent the spread of infection.
- There were systems and processes in place to manage patient risk. Senior managers at the hospital were aware of patient safety risk through regular reporting structures.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medicines at the right dose at the right time.
- The service managed patient safety incidents well, staff knew how to report incidents and these were investigated by managers and lessons learned were shared with staff. Changes were made following incidents to improve patient care.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

However

- On some wards we were not always assured that nurse staffing levels were appropriate for the acuity of the patients.
- Records were not always fully completed on all wards.

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers ensured that staff followed guidance.

# Medical care (including older people's care)

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service. All the staff we spoke with had an annual appraisal with their managers and qualified staff had one to one meetings.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses, other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion. Feedback from patients and carers confirmed that staff treated them well and with kindness.
- Patients were treated with privacy and dignity in the interactions that we observed.
- Staff provided emotional support to patients to minimise their distress when appropriate.
- Staff involved patients and those close to them in decisions about their care and treatment.
- There was ongoing work at the hospital to improve the interaction between patients, carers and staff and this had a positive impact on patient care and also on patient safety.

## Is the service responsive?

**Outstanding** ☆ ↑

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

- There had been significant work undertaken to improve access and flow through the services provided in the medical directorate which had shown a reduction in length of stay, a reduction in patient cancellations and a reduction in long stay beds. There was also a reduction in hospital readmissions for some patients.
- This work was reflected in integrated, seamless patient pathways with improved flow from urgent and emergency care, through medical care, discharge and community services.
- Technology had been used to improve productivity and understand service demand and capacity.
- The service took account of patients' individual needs especially people in vulnerable circumstances. They provided informed choice and continuity of care and reflected people's individual needs and preferences. Patients and their carers were central to the delivery of services.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

# Medical care (including older people's care)

## Is the service well-led?

Good ● → ←

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

- Managers at all levels had the right skills and abilities to run a service providing high quality, sustainable care. Leaders were experienced and had the capability to make sure that a quality service was delivered and risks to performance were addressed.
- The service had a vision and strategy for what it wanted to achieve and workable plans to turn it into action. The trust worked in partnership with the local clinical commissioning groups and the local authority to develop the strategy.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us that they felt proud to work for the service and felt respected and valued.
- There was a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care could flourish.
- There were effective systems in place for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected. There was a divisional risk register in place and service leads discussed and reviewed risks on the register. Managers were clear about the most serious risks within their service.
- The services engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborate with partner organisations effectively.

However

- Attendance at the service's quality, operational governance group was sometimes poor with many members failing to attend.

## Outstanding practice

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

## Areas for improvement

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

# Maternity

Good   

## Key facts and figures

The service is an integrated maternity model covering hospital and community services with 40 maternity beds. Inpatient services include a central delivery suite containing two midwife-led birthing rooms, maternity triage and an antenatal and postnatal ward. There is a dedicated obstetric theatre which is accessed directly from the delivery suite.

There are approximately 2,400 births a year with an additional 600 women receiving care in the community antenatally and postnatally, but giving birth in one of the neighbouring maternity units.

We inspected under all key questions as part of our comprehensive inspection methodology. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During the inspection we visited all areas where maternity care was provided and observed care and treatment. We inspected the environment and equipment in each area. We spoke with 26 members of staff, including midwives, doctors, service leads, midwifery support workers and administrative and support staff. We spoke with five women who had given birth and two birth partners. We also reviewed care records and other documentation and data provided by the service before, during and after the inspection.

## Summary of this service

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

- The service had improved the concerns around safety we had identified at the previous inspection in relation to the storage of records, compliance with mandatory training, and risk assessments to assess and escalate risks of deterioration.
- There were systems and processes for safeguarding women and babies, including training to level three in safeguarding children, and regular supervision sessions by the safeguarding lead midwife
- There were processes to prevent infection risk and maintain cleanliness and hygiene.
- Staffing numbers and skill mix for medical and midwifery staff were sufficient to meet patient needs at the time of our inspection and the service used national guidance to assess and plan safe staffing.
- The service managed patient safety incidents well and there was evidence of learning and actions following incidents.
- The service provided care and treatment based on national guidance and monitored performance. They were performing well in relation to the 'Saving Babies Lives' care bundle, they were one of the top ten maternity services in the country for detection of foetal growth restriction.
- Staff had the competencies and skills to carry out their role and were supported to maintain and develop competencies. Staff of different kinds worked together as a team to benefit patients and there were examples of good multidisciplinary working, such as involvement in a regional maternity working group and multidisciplinary team learning days.
- The service had initiatives to promote the health of women and babies and involve women in their own health.
- Staff were caring and compassionate in their interactions with women and families and all staff displayed a clear patient focus.

# Maternity

- The trust planned and provided services in a way that met the needs of local people and took account of women's individual needs. There was an enhanced care team of midwives who supported women with complex needs.
- There were initiatives to meet and promote individual needs. The service had received approval to develop an aromatherapy workshop service; and the service provided 'baby bundles' and cribs to mothers who were not able to purchase or access these resources themselves.
- Access and flow was well managed and there was evidence of learning from complaints and feedback.
- There was a positive team-based culture and staff were engaged with and proud of their work. Senior managers were visible in the organisation and there were systems in place to reduce risk and to address performance. There was a systematic approach to continuous service development and improvement.

However:

- We identified concerns in relation to the storage and tracking of medicines to take out in the maternity ward, this was immediately addressed when we raised it.
- At the end of 2018 there had been a theme of missed postnatal visits in the community, this was acted on promptly and there was evidence of improvement by the time of our inspection.
- The service's last deanery review in May 2018 had highlighted some concerns for junior doctors in the service, there had been actions taken and we saw evidence of improvement at the time of our inspection.

## Is the service safe?

Good  

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

- There were systems and processes for safeguarding women and babies, including training to level three in safeguarding children, regular supervision sessions by the safeguarding lead midwife and good awareness from staff around safeguarding.
- There were processes to ensure the risk of infection was prevented and controlled and staff were aware of good practice regarding infection prevention and control.
- There were systems and processes to manage and escalate patient risk in a timely way, including a comprehensive range of risk assessments and consistent use of tools to detect risk of deterioration in women and babies.
- Staffing numbers and skill mix for medical and midwifery staff were sufficient to meet patient needs at the time of our inspection and the service used national guidance to assess and plan safe staffing.
- Records were clear, up-to-date, accurate and stored appropriately.
- The service managed patient safety incidents well and there was evidence of learning and actions following incidents.

However:

- We identified concerns in relation to the storage and tracking of medicines to take out in the maternity ward; this was immediately addressed when we raised it.

# Maternity

## 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 showed evidence of its effectiveness and compliance.
- The service was performing well in relation to the 'Saving Babies Lives' care bundle. They were one of the top ten maternity services in the country for detection of foetal growth restriction.
- Women's nutrition and hydration needs were met, and there were pathways for women and babies with specific needs such as diabetic women.
- The service monitored the effectiveness of care and treatment, using local audit and national tools including the Perinatal Mortality Review Tool. The service used the findings to improve outcomes.
- Staff had the competencies and skills to carry out their role and were supported to maintain and develop competencies, for example midwives had assessments of their competence to complete and interpret cardiotocography records as part of yearly appraisals.
- Staff of different kinds worked together as a team to benefit patients and there were examples of good multidisciplinary working, such as involvement in a regional maternity working group and multidisciplinary team learning days.
- The service had initiatives to promote the health of women and babies. There was an intervention plan for smoking in pregnancy, which included carbon monoxide testing for all pregnant women and a clear referral pathway to smoking cessation support services.

## Is the service caring?

Good ● → ←

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

- Staff were caring and compassionate in their interactions with women and families and all staff displayed a clear patient focus.
- Women gave positive feedback about their experience of the service.
- There were examples of how the service supported women and families emotionally, including a dedicated bereavement midwife and a yearly chapel service.
- Most women and families felt they were involved in their care and treatment, although in one case there was negative feedback that the time had not been taken to fully discuss care plans and ensure women understood their care.

## Is the service responsive?

Good ● → ←

# Maternity

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 and used feedback to adapt services.
- The service took account of women's individual needs, including their cultural and social needs, birth preferences, and mental health needs. There was an enhanced care team of midwives who supported women with complex needs.
- There were initiatives to meet and promote individual needs. The service had received approval to develop an aromatherapy workshop service; and the service provided 'baby bundles' and cribs to mothers who were not able to purchase or access these resources themselves.
- People could access the service when they needed it. Waiting times were audited and acted upon and there was evidence of smooth and efficient flow through the service.
- There was evidence of learning from complaints and feedback.

However:

- At the end of 2018 there had been a theme of missed postnatal visits in the community, this was acted on promptly and there was evidence of improvement by the time of our inspection.

## Is the service well-led?

Good   

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

- There was strong local leadership within maternity and appropriate access to the senior leadership team for escalation when required.
- The service fed into a trust-wide vision and strategy and there were clear steps documented to achieve targets for the service. Staff were engaged and involved in the vision and strategy.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us that they felt proud to work for the service and felt respected and valued.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us that they felt proud to work for the service and felt respected and valued.
- There were systems and processes to monitor safety and quality and a clear governance structure.
- Risks were identified and well managed and matched the risks we saw on inspection and what staff and service leads told us. There was clear oversight of risks and issues with defined members of staff having responsibility.
- There were initiatives and forums to promote the engagement of both staff and women in the service, such as a junior doctors' forum, opportunities to attend regional midwifery learning events and conferences, and a service user forum.

However:

- The service's last deanery review in May 2018 had highlighted some concerns for junior doctors in the service, including the accessibility of some consultants and rota changes. The lead consultant was able to explain actions they had taken including increased engagement with junior doctors through the junior doctors' forum and we saw evidence of improvement at the time of our inspection.



# Maternity

## Outstanding practice

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

## Areas for improvement

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

# Community health services

## Background to community health services

Tameside and Glossop NHS Foundation Trust provides community healthcare services across five neighbourhoods in Tameside and Glossop. These are delivered in community locations and in people's homes, throughout the locality. This includes the Stamford Unit which is a 96 bed community facility to support patients who are determined to be medically fit for discharge. These are patients requiring further support in a non-acute setting to be assessed and discharged into their normal place of residence.

The trust acquired the community services in 2016. This is the first inspection and rating of these services for this trust.

## Summary of community health services

**Good** 

We had not previously inspected and rated these community services for this provider. At this inspection, we rated them as good because:

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

- There were some innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for adults with multiple and complex needs. This enabled patients' needs to be met in the community setting, and wherever possible avoided the need for admission to hospital.
- The services planned and provided services in a way that met the needs of local people.
- The services monitored the effectiveness of care and treatment and used the findings to improve them. Outcomes for people who used services, particularly within the community services for adults, were positive and regularly exceeded expectations.
- People could access community health services when they needed them. We saw that waiting times to access services were significantly better than all national targets and most locally set targets.
- 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 services had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patient's care and treatment in most areas and the records were completed and managed appropriately.
- The services managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

# Summary of findings

- Patients care and treatment was planned, delivered and monitored in line with current evidence-based guidance, standards, best practice, legislation and technologies. Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- 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.
- Managers had the right skills and abilities to run the services providing high-quality sustainable care. They promoted a positive culture that supported and valued staff, creating a sense of common purpose, based on shared values.
- The trust engaged well with staff to plan and manage appropriate services and collaborated with partner organisations effectively.
- There was a positive focus on continuous learning and improvement for all staff. Staff members said they were supported to develop their professional skills and encouraged to shared good practice and identify innovation.

However:

- Within the Stamford Unit delivering community inpatient services, the therapy service was limited to five days a week; therapy staff did not feel they were able to offer rehabilitation as much as they wanted to.
- Within end of life care services, patient documentation held in patient homes was not always fully completed. An individualised plan of care document was not always completed in the Tameside area and was not used in the Glossop neighbourhood.

# Community health services for adults

Outstanding 

## Key facts and figures

Tameside and Glossop Integrated Care NHS Foundation Trust provide a wide range of community based health and specialist nursing and community therapy services. Care is provided, to adults aged 18 and above, in patient's homes, clinics and healthcare centres across the Tameside and Glossop area.

Community adult services is part of the Tameside and Glossop integrated model. The integrated model in the community serves five neighbourhood teams; Ashton, Hyde, Glossop, Denton, Audenshaw and Droylsden (DAD) and Dukinfield, Mossley and Stalybridge (DMS).

The integrated multidisciplinary team provides holistic home-based care and support, to enable care provision in the most appropriate environment and provide a combination of visits relating to both planned and unplanned care needs, both in core hours and during the 'out of hours' period with the district nursing service covering the full 24 hour period.

District nursing teams are co-located with social work and therapy staff who all work closely with other services including digital health; integrated urgent care team (IUCT); extensive team; intravenous therapies; podiatry; falls, diabetes; heart failure; continence; physiotherapy; nutrition and dietetics; speech and language; community neurological rehabilitation; chronic obstructive pulmonary disease (COPD) and the asylum seekers service.

The trust had acquired community adults services from another NHS trust in 2016. Community adults service at this trust has not previously been inspected.

Our inspection was short- announced (staff knew we were coming a few days before) to ensure that everyone we needed to talk to was available.

Site visits were carried out over three days from 12 to 14 March 2019 and we visited seven locations; Crickets Lane Health centre, Denton clinic, Ashton primary care centre, Denton Festival Hall, Selbourne House, Union street clinic and Tameside General Hospital.

As part of our inspection we visited:

- Three neighbourhood teams and the district nursing evening service
- The digital health team
- The extensive care team
- The integrated urgent care team (IUCT)
- Community neurological rehabilitation service
- Intravenous therapy service

During our inspection we:

- Spoke with 56 members of staff across all specialisms and grades
- Spoke with six patients and one relative
- Reviewed 11 sets of patient records
- Observed one safety huddle meeting

# Community health services for adults

- Held a focus group with community staff
- Reviewed trust policies and standard operating procedures relating to the community health services for adult services
- Observed six home visits and care delivered to patients

## Summary of this service

This service has not previously been inspected. We rated it as outstanding because:

- There were innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs. This enabled patients' needs to be met in the community setting, and wherever possible avoided the need for admission to hospital.
- The service planned and provided services in a way that met the needs of local people. Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. Outcomes for people who use services were routinely monitored, were positive and some exceeded expectations.
- People could access community health services when they needed them. We saw that waiting times to access services were significantly better than all national targets and most locally set targets.
- Staff were consistent in supporting people to live healthier lives, including identifying those who need extra support, through a targeted and proactive approach to health promotion and prevention of ill-health, and they used every contact with people to do so.
- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. All managers had a deep understanding of issues, challenges and priorities in their service.
- There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.
- The trust used a systematic approach to continually improving the quality of its services, safeguarding high standards of care and worked with other organisations to improve care outcomes.
- Services were developed with the full participation of those who use them, staff and external partners as equal partners. Innovative approaches were used to gather feedback from people who use services and the public.
- The service made sure staff were competent for their roles, had received mandatory training and received their appraisal.
- The service had effective systems and processes in place to protect patients from abuse, assess, control infection risk and respond to patient risk.
- The service had received a low number of complaints. Staff knew how to deal with complaints and concerns and complaints were acknowledged, investigated and responded to in an appropriate and timely way.

However:

- The risk register did not always provide documentary evidence risks had been reviewed.

# Community health services for adults

- Staff did not have access to pictorial aids to assist when caring for a patient with additional needs.
- Not all staff had the recommended equipment to use when assessing a patient for sepsis.

## Is the service safe?

**Good** ●

This service has not previously been inspected. We rated safe as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service prioritised patient protection and there were defined systems, processes and standard operating procedures to keep people safe and safeguarded from abuse.
- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- There were systems and processes in place to manage patient risk.
- Staffing levels across community nursing services were adequate although there was great reliance on bank staff. Managers monitored capacity and demand on a daily basis.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Patients we reviewed had received the right medication at the right dose at the right time.
- The service managed patient safety incidents well and assisted in learning and improving care. Staff recognised incidents and reported them appropriately.

However:

- Not all staff had all the equipment to assess a patient with sepsis
- There were no facilities available within clinic areas to wash leg ulcers.

## Is the service effective?

**Outstanding** ☆

This service has not previously been inspected. We rated it as outstanding because:

- The service monitored the effectiveness of care and treatment and used the findings to improve them. Outcomes for people who use services were routinely monitored, were positive and some exceeded expectations.
- There was a holistic approach to assessing, planning and delivering care and treatment to all people who use services.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.

# Community health services for adults

- Where appropriate, patients were given advice on nutrition and hydration to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain, provided advice and signposted to other health care professionals, if required.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff, teams and services were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to people who use services.
- Staff were consistent in supporting people to live healthier lives, including identifying those who need extra support, through a targeted and proactive approach to health promotion and prevention of ill-health, and they use every contact with people to do so.
- Staff understood their roles and responsibilities under the Mental Capacity Act. They could describe when to use it for patients who appeared to lack capacity to make decisions about their care.

## Is the service caring?

**Good** ●

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

- Staff cared for patients with compassion, dignity and respect. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff were hard working, caring and committed to delivering a good quality service. They spoke with passion about their work and were proud of what they did.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Outstanding** ☆

This service has not previously been inspected. We rated it as outstanding because:

- The service planned and provided services in a way that met the needs of local people. Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which was accessible and promotes equality.
- There were innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs.

This enabled patients needs to be met in the community setting and care homes, and wherever possible avoided the need for admission to hospital.

- People could access community health services for adults when they needed them, and technology was used innovatively to ensure people have timely access to treatment, support and care.

# Community health services for adults

- Waiting times from referral to treatment were significantly better than all the national targets and met most of the locally set targets.
- The service had received a low number of complaints. Staff knew how to deal with complaints and concerns and complaints were acknowledged, investigated and responded to in an appropriate and timely way. Lessons were learned and changes implemented based on complaints and patient feedback.

However

- The service did not have access to pictorial aids or easy read literature to support staff and patients with additional needs during care.

## Is the service well-led?

**Outstanding** 

This service has not previously been inspected. We rated it as outstanding because:

- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- All managers had a deep understanding of issues, challenges and priorities in their service.
- The service had a vision for what it wanted to achieve and workable innovative plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers promoted a positive culture that supported, valued and motivated staff, creating a sense of common purpose based on shared values.
- Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns.
- The trust used a systematic approach to continually improving the quality of its services, safeguarding high standards of care and worked with other organisations to improve care outcomes.
- There were effective systems in place for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected.
- Services were developed with the full participation of those who use them, staff and external partners as equal partners. Innovative approaches were used to gather feedback from people who use services and the public.
- There was a commitment to improving services by learning from things went well and when they went wrong, promoting training, research and innovation.

However

- It was not evident on the risk register when each risk had last been reviewed or if risks required further action.

## Outstanding practice

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



# Community health services for adults

## Areas for improvement

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

# Community end of life care

Good 

## Key facts and figures

The community end of life service was for adults at the end of life and was part of a wider team that sat under the intermediate tier service at the trust. The community palliative care team was based at Crickets Lane Health Centre, along with the palliative care respite team and other services that are vital for providing integrated care.

The service provided partnership working across the hospital, local hospice and community settings. Services included expert advice, support and resources from a variety of healthcare professionals such as GP's, social workers and district nurses.

During the inspection we visited Crickets Lane Health Centre, Ashton Primary Care Centre and Glossop Health Centre as well as attending a multidisciplinary meeting at the local hospice.

We spoke to a palliative care consultant, palliative nurses, district nurses, palliative care respite team members, extensive team members, single point of contact nurses, integrated urgent care team members, the end of life care facilitator and middle and senior management.

We attended three home visits and spoke to two bereaved relatives. In addition to this, we reviewed 10 patient records, five were active records and five of deceased patients.

The inspection was a short-announced inspection (staff knew we were coming shortly before the inspection) to ensure that everyone we needed to talk to was available. We inspected over three days that ran from 19 March to 21 March 2019. The service had not previously been inspected.

## Summary of this service

We rated it as good because:

- The approach to end of life care was multidisciplinary with both internal and external parties and all worked together to support patients at the end of their lives.
- Care was evidence based and the service benchmarked itself to other external providers to ensure best practice was always maintained.
- End of life care services were planned, organised and delivered well.
- Services were safe and well managed.
- There was 24-hour cover for end of life services and processes in place to support more vulnerable patients and their families.
- Care given was holistic and feedback from patients and their families described excellent care and treatment.
- Patients and their families were truly respected and the nurse's communication with the patients and their families was excellent. Staff were compassionate and caring and involved patients and their families in decisions about their care and treatment.
- Consideration of privacy and dignity was consistently embedded in everything that the staff did and this was evident in the conversations we had with staff and observations taken on home visits.

# Community end of life care

## Is the service safe?

**Good** ●

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff understood the process of safeguarding and were aware of who to contact if they needed support from the trust or local authority.
- The service-controlled infection risk well. Staff followed policies on infection control and kept themselves and the equipment clean. Syringe drivers were kept by the palliative care respite team and all were visibly clean, and their service was in date.
- Staff completed and updated risk assessments for each patient. Records demonstrated a range of risk assessments that had been undertaken for patients at their end of life.
- Staff kept appropriate records of patients care and treatment. The service used a mixture of paper and electronic records but had plans to become paperless.
- There was an electronic system for the reporting of incidents. There were no clinical or non-clinical incidents for the 12-month period prior to the inspection. Staff knew how to manage incidents if they did occur and these would be discussed at safety huddles and at staff meetings.
- The service followed best practice when prescribing, administering, recording and storing medicines.
- The service employed non-medical prescribers which ensured timely prescribing of medications.
- There were policies and procedures in place so that patients received effective symptom control.

However

- Patient documentation held in patient homes was not always fully completed.

## Is the service effective?

**Good** ●

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. The care provided by staff was based on the Gold Standard Framework which provided a model of good practice. This enabled a 'gold standard' of care for all people who were nearing the end of their lives. In addition, the service provided care and treatment based on up to date guidance from the National Institute of Health and Care Excellence.
- We met with staff from different specialities and observed that they worked well together as a team to benefit patients and their families.

# Community end of life care

- The service monitored the effectiveness of care and treatment and used the findings to improve them. Although there was no care of the dying audit for 2018 the service had conducted their own audit and were using the outcomes to improve care for patients.
- The service ensured that staff were competent for their roles. There was a positive culture within the team for continuous training and ongoing evaluation of competencies within end of life care.
- Staff we spoke to understood their roles and responsibilities under the Mental Health Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However

- The individualised plan of care document was not always completed in the Tameside area and in the Glossop division it was not used at all.
- Although communication training was given to all staff, specific bereavement training as a separate module was not given within end of life care.

## Is the service caring?

**Outstanding** 

We rated it as outstanding because:

- We observed staff treating patients with compassionate care. Patients and their families were truly respected and the nurse's communication with the patients and their families was excellent. Patients and relatives we spoke to were extremely complimentary about all the care that was given to them by both the specialist palliative care team and the district nursing teams.
- Patients were involved and understood their care and treatment. They spoke openly about their conditions and informed us that they received excellent information from the specialist palliative care teams about their condition and its management. Staff discussed the preferred place of care with patients and provisions were made to ensure that patients could be cared for at home if they wished. Individuals were valued and empowered as partners in their care by an exceptional and distinctive service.
- Patients told us they were offered options to support them at home, enabling them to make choices about their preferred place of care. Staff were fully committed to working in partnership with patients and their families to ensure they were empowered both emotionally and practically in their own care.
- We observed staff providing emotional support for patients and their relatives in their homes. In addition, we observed staff ensuring that patients maintained their independence which encouraged them to manage their own health, care and wellbeing. Patients individual preferences and needs were always reflected in how the care was delivered.
- Staff understood the emotional impact of illness and bereavement. Feedback we received from patients and their families was continually positive and demonstrated that staff always treated people with dignity, respect and kindness. Consideration of privacy and dignity was consistently embedded in everything that the staff did and this was evident in the conversations we had with staff and observations taken on home visits.

# Community end of life care

## Is the service responsive?

**Good** ●

We rated it as good because:

- The service planned and provided services in a way that met the needs of local people. End of life care was delivered by a range of services to meet individual needs.
- People could access the services for end of life care when they needed to. There was a triage system in place which ensured that patients with the greatest needs were seen in a timely manner. Patients and families were given 24-hours a day contact numbers, so they could request help and access advice quickly.
- Services were planned and delivered to take account of patient's individual needs. We were given examples of the service providing additional support to patients and their families to meet these needs.
- There was a co-ordinated night sitting service and a regular sitting service for patients with long term conditions or families who needed respite during the day.

## Is the service well-led?

**Good** ●

We rated it as good because:

- The service had managers and staff at all levels with the right skills and abilities to run a service providing high-quality sustainable care. We observed good relationships with the teams. Staff we spoke to said they felt supported and valued.
- As well as having specialist palliative care nursing teams and district nursing teams, there was strong integration of care between internal and external parties to deliver gold standard care to patients. This included consultants in palliative care medicine and GP's.
- The service had a vision for what it wanted to achieve and plans in place to action the development of the service with involvement from staff and patients. Integrated, co-ordinated care was delivered by healthcare professionals to achieve this vision. For example, weekly multi-disciplinary meetings, proactively supported gold standard framework meetings, in-reach and out-reach services were provided by consultants in the community and hospital settings and there was shared working between each neighbourhood.
- The service had effective systems for identifying risks and there was planning to eliminate or reduce them. Policies and guidance were in date and the services were uniting to ensure safe transition to the new structure of the community service.
- The service collated and managed information well to support all its activities. The service was in the process of becoming paper-light and staff were utilising the secure electronic system during this transitional process.
- The service used a systematic approach to continual improvement of the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. There were structures in place to cascade and share information to all staff within the service.

# Community end of life care

- The service engaged well with patients, staff, the public and local organisations to plan and implement appropriate services. There was ongoing engagement with all stakeholders involved in end of life care to identify improvement opportunities for the service.

## Outstanding practice

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

## Areas for improvement

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

# Community health services for children and young people

Good 

## Key facts and figures

Community services for children, young people and families at Tameside and Glossop Integrated Care NHS Foundation trust are based on pathways led by three pathway leads and a family nurse partnership supervisor reporting to the head of children, young people and families.

The universal pathway is based on four geographically located, birth to 19 years of age, integrated healthy child programme teams. Each team is managed by band 7 team-leaders, who report formally to the universal pathway leads. The teams include health visitors, school nurses (including immunisation and enuresis), family nurses, nursery nurses, family health mentors, children's nutrition advisors and support workers aligned to the qualified team members. The core responsibility of the teams is the delivery of the Healthy Child Programme (DoH 2009) via universal, universal plus and partnership elements.

The partnership pathway provides services across Tameside and Glossop providing a named clinical link to each of the five localities. The teams include the integrated service for children with additional needs (ISCAN), speech therapy, orthoptic and optometry services. The following staff make up partnership services: speech and language therapists, occupational therapists, physiotherapists, orthoptists, dietitians, nurses, learning disability nurses and appropriate support staff aligned to these professional team members. The core responsibility of the children's teams will be the delivery of the birth to 25 years services for Special Education Needs and Disability (Children's and Families Bill 2013) and the Healthy Child Programme via partnership plus elements.

The looked after children's specialist team coordinate and support the delivery of looked after children assessments across children's services. The remit of the team is supporting care leavers and looked after children residing in children's homes. The team comprises of three nurses.

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

## Summary of this service

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

- Community services for children, young people and families directorate provided staff with training in safety systems, processes and practices and staff had a high level of compliance in training. Training was monitored by local managers and by the trust and was conducted on induction and on a regular basis.
- The trust had an in-date safeguarding policy and training modules which were available to all teams in the directorate. Staff had a high level of compliance with training and staff we talked to in the directorate knew the policy existed and knew how to apply it to protect children and families.
- The trust had an infection prevention and control policy and training module, which was available to all teams in the directorate. Training rates were high and audits with good outcomes were undertaken by staff to ensure compliance.
- The directorate reported no incidents classified as never events and no serious incidents in the period to December 2018. Incidents were reviewed and monitored.
- The directorate used evidence based policies and national guidelines across its services, these included guidance from the Department of Health and the National Institute for Health and Care Excellence.

# Community health services for children and young people

- Staff in the directorate understood the relevant consent and decision-making requirements of legislation and how this related to young people such as guidance for Mental Capacity Act 2005, Children's Acts 1989 and 2004, Gillick competence 1985.
- Staff of all professions in the directorate acted with compassion and respect towards the patients and families. We observed staff talking to patients and carers continually about what was happening and providing reassurance.
- Staff teams understood and met the needs of local people and had introduced systems so that staff deployment met the need of high and low population areas.
- The staff in the directorate were aware of the diversity of populations and the challenges faced by some of its communities. Staff had access to multi-lingual sources such as translation services to support patient care.
- The directorates leaders had the skills, knowledge and experience to guide and lead staff. management were respected, seen as supportive and effective in their roles.
- Leaders in the trust and in the directorate had a vision for children and families' services which focused on promoting well-being and nurturing. The service planned to move to a more holistic model of care which was connective with other services to promote well-being.

## Is the service safe?

**Good** ●

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

- Community services for children, young people and families directorate provided staff with training in safety systems, processes and practices. Training compliance was high and was monitored by local managers and by the trust and was conducted on induction and on a regular basis.
- The trust had an in-date safeguarding policy and training modules which were available to all teams in the directorate. Staff had a high level of compliance with training and staff we talked to in the directorate knew the policy existed and knew how to apply it to protect children and families.
- The trust had an infection prevention and control policy and training module, which was available to all teams in the directorate. Training rates were high and audits with good outcomes were undertaken by staff to ensure compliance
- We found that the directorates staff had the ability to assess and respond to patient risk and were aware of who contact if deterioration occurred. The directorate provided staff with policies and procedures which ensured they could assess and respond to patient risk using national guidelines.
- The directorate had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The trust provided us with information that showed the directorate had filled most of posts that it was contracted to provide. Sickness and vacancy rates were relatively low.
- We found that records were clear and concise across the directorate and recording systems supported patient care. The quality of records was good and the trust had positive outcomes when it audited its service's records.
- The children, young people and families' directorate followed best practice when giving, recording and storing medicines. The records and processes we reviewed on inspection showed good management and storage in sites across the directorate.
- The trust had a medicines management policy and staff within the directorate followed systems and practice in relation to the policy.



# Community health services for children and young people

- The directorate reported no incidents classified as never events and no serious incidents in the period to December 2018. Incidents were reviewed and monitored.
- In most areas the directorate had suitable premises and equipment and looked after them well. We found most clinics environments were satisfactory and clean.

However;

- We found two examples, in two different areas, where buildings had long standing issues with central heating systems.

## Is the service effective?

**Good** ●

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

- The community health services for children, young people and families directorate used evidence based policies and national guidelines across its services, which included guidance from the Department of Health and the National Institute for Health and Care Excellence.
- The directorate monitored the effectiveness of care and treatment and used the findings to improve its services. The directorates performance targets were in early stages of implementation, but a number showed positive outcomes.
- The directorate's staff gave parents specialist advice on feeding techniques to meet infants needs and improve their health.
- The directorate made sure staff were competent for their roles. The directorate had high appraisal rates and managers appraised staff's work performance to provide support and monitor the effectiveness of the service. All the staff we spoke with had an annual appraisal with their managers and qualified staff had one to one meetings.
- Across the directorate we found staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care to families.
- We found staff were aware of the need to review the capacity and maturity of children to make decisions without parental consent. Staff were also aware of the need for parental consent when children were not able to provide consent themselves. Staff understood legislation and how it related to young people such as guidance for Mental Capacity Act 2005, Children's Acts 1989 and 2004, Gillick competence 1985 and Fraser guidelines 2006.

## Is the service caring?

**Good** ●

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

- Staff in the community health services for children, young people and families' directorate demonstrated a genuine desire to help and support families and understood the anxieties of parent's families and children.
- The staff we spoke with told us they were proud of their individual professions and felt that this was reflected in them providing good quality care to children and families. Parents confirmed they received good care when we spoke to them.

# Community health services for children and young people

- We observed staff of all professions in the directorate acting with compassion and respect towards the patients and families. We observed staff talking to parents and children continually providing commentary on what was happening in their treatment and providing reassurance.
- The directorates staff discussed parenting techniques in parental meetings and parents were encouraged to work with children at home to improve children's physical health or behaviour.
- Staff supported patients across a wide range of issues and had a holistic view of care.
- The NHS Friends and Family Test (FFT) was created to show satisfaction levels in patients. Data submitted to the Friends and Families April 2018 to March 2019 showed that of the rates of satisfaction for most of the directorates services was over 90%.

## Is the service responsive?

**Good** ●

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

- The Community health services for children, young people and families directorate services were provided in a number of locations across Tameside. The services were provided in family homes, schools, clinics and primary care centres. Appointment times were flexible and varied throughout the day so that parents and families had choice.
- The directorate met the needs of local people and where challenges occurred had started to develop systems so that deployment of staff was effective in high and low population areas. The directorate has a standard operating procedure for case management across its healthy child programme, which ensures that cases are shared equitably across staff and are managed safely.
- The experiences of patients, their careers' and their families across the directorate was gathered from surveys, focus groups, community engagement, complaints, concerns and compliments. The service had low numbers of complaints and high levels of patient careers satisfaction.
- The directorate had an electronic recording system that allowed its partners such as GPs to share and flag patient information on the internal trust system.
- The directorates services such as the early attachment service were responsive in providing early intervention screening and treatment where needed.
- People who used the directorate had access to information on service's and how to make a complaint or raise concerns. The numbers of complaints were low.
- The staff in the directorate were aware of the diversity of populations and the challenges faced by some of its communities. Staff had access to multi-lingual sources such as translation services to support patient care.
- The directorates services, such as the integrated service for children with additional needs provided key support to families. There was a coordinated multidisciplinary approach from s including input from paediatricians, speech and language therapists and health visitors and social care staff. The teams liaised with adult services to ensure a smooth transition to adulthood for children and supported parent to make the transition.

However;

- The directorate had long waiting times for patients in child speech and language therapists team and in the integrated service for children with additional needs team.

# Community health services for children and young people

## Is the service well-led?

**Good** ●

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

- The community health services for children, young people and families directorate leaders had the skills, knowledge and experience to guide and lead staff. Managers were respected, seen as supportive and effective in their roles.
- Leaders in the trust and in the directorate had a vision for children and families' services which focused on promoting well-being and nurturing. The service planned to move to a more holistic model of care which was connective with other services to promote well-being.
- Nearly all staff we spoke to told in the directorate told us that leaders were visible and approachable. In all the localities we visited, staff spoke highly of managers they worked with and thought that managers supported their role in the organisation
- Staff in the directorate told us that the culture of the organisation was positive. Staff overall felt valued and listened to and management structures had promoted a staff voice in the organisation.
- Staff in the directorate were excited by plans to integrate service's and were optimistic that positive change would occur for children and families.
- We found clear processes in place across the directorate so that staff looked after each other's welfare. There was a strong emphasis on the safety and well-being of staff both in operational management and at senior management level.

However;

- The directorate head of service was leaving the directorate and a new management structure was being implemented which integrated community services with hospital based children's services. There was some concern amongst the directorates staff that new management structures might unintentionally dilute the voice of the present directorate.

## Outstanding practice

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

## Areas for improvement

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

# Community health inpatient services

Good 

## Key facts and figures

The Stamford Unit is a 96-bedded unit situated adjacent to Tameside General Hospital. The unit comprises of three floors, accommodating 32 patients on each floor, in single rooms with ensuite facilities. The unit can accommodate one bariatric patient. Services at another trust location had transferred in June 2018 and formed part of the Stamford Unit.

The unit provides this care in a community setting with nursing, medical, therapy and social care interventions available for patients.

The unit mainly had patients who were resident in the Tameside and Glossop area and registered with a local GP. The unit accepts patients who have been discharged from acute care who are identified as needing continued multi-disciplinary assessment or provision of ongoing care, including complex discharge planning and in-patient intermediate care. The admission process to the unit uses a paper-based referral system, completed by the referring ward/unit. This is then submitted to the integrated urgent care team (IUCT) who would ensure the patient met the criteria for admission.

The onsite team comprises of nurses, therapists, care support staff and social workers, with registered nurses based on site 24 hours per day, seven days per week. Specialist teams, such as speech and language therapy, dietetics, digital health and the intravenous community team, in-reach to the unit in line with patient needs. There was seven-day access to medical support.

The unit accepts patients from the age of 18 years and above and offers a five-day therapy service.

Daily multidisciplinary team (MDT) board rounds (supported by IUCT and extensive care staff) take place to enable good communication and facilitate proactive management of discharge planning. A weekly multidisciplinary team 'length of stay summit' also takes place to ensure multi-agency scrutiny of plans to ensure assurance of safe and timely transfer.

The ethos of the unit is to support patients in their transition from an acute stay in hospital to making their next step towards returning home.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. The inspection took place over three days and during this time we spoke to eight patients and two relatives/carers and 34 staff members, inclusive of senior leaders, managers, medical and nursing staff, students and domestic staff. We reviewed a total of 11 patient records and observed daily activity and clinical practice within the unit. We also held two focus groups during inspection. We also reviewed data relevant to the department that we received before and after the inspection which was provided by the trust.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

# Community health inpatient services

- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patient's care and treatment and the records were completed and managed appropriately.
- The service has systems in place that ensured that medicines were administered and stored safely. Patients received the medicines they were prescribed in a safe manner.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service monitored safety using information from a range of sources. The information was monitored over a period, to feed into service improvement.
- Patients care and treatment was planned, delivered and monitored in line with current evidence-based guidance, standards, best practice, legislation and technologies.
- Staff ensured that they gave patients enough food and drink to meet their needs and improve their health.
- Staff gave pain relief to patients when required. There was an effective process to ensure patients' pain relief needs were met and pain was well managed by the service.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff members were supported to deliver effective care and treatment through recruitment, training and development. There was a clear approach for supporting staff and managers appraised staff member's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Patients were supported to make decisions and, where appropriate, their mental capacity was assessed, recorded and acted on in line with relevant legislation.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff tried to ensure that patients and those close to them were partners in decisions about their care and treatment.
- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.

# Community health inpatient services

- Patients could access the right care at the right time. Waiting times were minimal and managed in a manner that met patients' needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- 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 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.
- The service had effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with staff to plan and manage appropriate services and collaborated with partner organisations effectively.
- There was a positive focus on continuous learning and improvement for all staff. Staff members said they were supported to develop their professional skills and encouraged to shared good practice and identify innovation.

However:

- The therapy service was not provided at the weekend at the time of inspection.
- Therapy staff did not feel they were able to offer rehabilitation as much as they wanted to meet individual patient need.

## Is the service safe?

**Good** 

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

# Community health inpatient services

- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patient's care and treatment and the records were completed and managed appropriately.
- The service has systems in place that ensured that medicines were administered and stored safely. Patients received the medicines they were prescribed in a safe manner.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service monitored safety using information from a range of sources. The information was monitored over a period, to feed into service improvement.

However:

- Some patients told us that the response times to the nurse-call button varied.
- We saw no evidence of a schedule to that recorded when the curtains were regularly cleaned.
- The curtains and window furniture caused potential risks to patients.

## Is the service effective?

**Requires improvement** ●

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

- The therapy service was only for five days a week at the time of inspection.
- Therapy staff did not feel they were able to offer rehabilitation as much as they wanted to.
- Some patients we spoke with reported the food to often be cold.

However:

- Patient-care and treatment was planned, delivered and monitored in line with current evidence-based guidance, standards, best practice, legislation and technologies.
- Staff ensured that they gave patients enough food and drink to meet their needs and improve their health.
- Staff gave pain relief to patients when required. There was an effective process to ensure patients' pain relief needs were met and pain was well managed by the service.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff members were supported to deliver effective care and treatment through recruitment, training and development. There was a clear approach for supporting staff and managers appraised staff member's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.

# Community health inpatient services

## Is the service caring?

**Good** ●

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

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

However:

- Patient names were visible on the patient information boards by the reception desk on two of the floors.

## Is the service responsive?

**Good** ●

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

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- Patients could access the right care at the right time. Waiting times were minimal and managed in a manner that met patients' needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- There were no regular therapy groups running.
- Although there had been improvements in accessing activities, there was recognition that there could be further improvement.

## Is the service well-led?

**Good** ●

We had not rated this service before. 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 developed with involvement from staff, patients, and key groups representing the local community.



# Community health inpatient services

- Managers 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.
- The service had effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

However:

- Although the trust engaged well with staff to plan and manage appropriate services and collaborated with partner organisations effectively, there was limited evidence of engagement with patients and the public to inform service development.

## Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

#### Regulation

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

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

# Our inspection team

Nicholas Smith, Head of Hospital Inspection led this inspection. An executive reviewer, Mark Cubbon, Chief Executive, supported our inspection of well-led for the trust overall.

The team included an inspection manager, eight inspectors and 12 specialist advisers.

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