

Lancashire Teaching Hospitals NHS Foundation Trust

Inspection report

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






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

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

Ratings

Overall rating for this trust

Requires improvement 

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

Lancashire Teaching Hospitals NHS Foundation Trust is an acute trust providing services to an estimated 390,000 people in the Preston and Chorley areas and a range of specialised services to an estimated 1.5 million patients in Lancashire and South Cumbria. The trust has two hospitals delivering acute services: Royal Preston Hospital and Chorley and South Ribble Hospital.

On February 2019 the trust employed 8,070 staff.

Between March 2018 and February 2019 there were 116,000 A&E attendances, 113,000 inpatient admissions, 3,900 babies delivered and 620,000 outpatient appointments.

On 1 April 2019 the trust had 949 inpatient beds across 57 wards.

We carried out our most recent inspection of the trust in June and July 2018. During that inspection we inspected six core services and carried out a well led assessment.

Overall summary

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



What this trust does

Lancashire Teaching Hospitals NHS Foundation Trust provides acute hospital services to people in the Preston and Chorley areas and a range of specialist services to people in Lancashire and South Cumbria. The trust has two hospitals delivering a range of acute services: Royal Preston Hospital and Chorley and South Ribble Hospital.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

Between 2 and 4 July 2019 we inspected four core services provided by this trust at its two hospital sites as part of our ongoing inspection programme. We inspected urgent and emergency care and medical care at Royal Preston Hospital and Chorley and South Ribble Hospital and we inspected surgery and critical care at Royal Preston Hospital.

Summary of findings

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

What we found

Overall trust

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

- We rated safe, effective and responsive as requires improvement; and caring and well led as good. At Royal Preston Hospital we rated two of the four services inspected as requires improvement and two as good. At Chorley and South Ribble Hospital we rated both core services inspected as good. In rating the trust, we took into account the current ratings of the services not inspected this time.
- We rated well-led for the trust overall as good.
- Our rating for Royal Preston Hospital was requires improvement overall which was the same as the last inspection. Our rating for Chorley and South Ribble Hospital was good which was an improvement from the last inspection when it was rated requires improvement.
- Our ratings for urgent and emergency care and medicine at Royal Preston Hospital were requires improvement which were the same at the last inspection, although the ratings for effective and well led improved for urgent and emergency care.
- Our rating for critical care at Royal Preston Hospital was good which was an improvement from the last inspection when we rated it as requires improvement.
- Our rating for surgery at Royal Preston Hospital was good which was from the same as the last inspection when we rated it as good. Our ratings for effective went from good to requires improvement and our rating for responsive went from requires improvement to good.
- Our ratings for urgent and emergency care and medicine at Chorley and South Ribble Hospital were both good which was an improvement from the last inspection when they were both rated requires improvement.

Are services safe?

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

- The trust did not always have enough substantive staff with the right qualifications, skills, training and experience to meet national staffing standards and provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and were recruiting to vacancies at the time of our inspection.
- In critical care, at Royal Preston Hospital, the design, maintenance and use of facilities and premises did not enable staff to always keep people safe and staff did not always use equipment and control measures to protect patients, themselves and others from infection. The trust was building new facilities at the time of the inspection.
- In urgent and emergency care, at Royal Preston Hospital, patients at risk of deterioration within the waiting area were not always identified or acted upon.
- In medical care, records were not always stored securely. At Chorley and South Ribble Hospital staff did not always document the time medicines had been administered.
- In surgery, At Royal Preston Hospital, risk assessments for blood clots, and for patients at risk of self harm were not always completed. We found medicines management systems processes were not always being used effectively.

Summary of findings

However,

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well.
- The trust generally controlled infection risk well. Staff in most areas assessed risks to patients, acted on them and kept good care records. Staff generally managed medicines well.
- The trust managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

Are services effective?

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

- At Royal Preston Hospital staff did not always support patients to make informed decisions about their care and treatment. Patients who lacked capacity were not always supported to make decisions around their care and treatment.
- In medical care we saw that where mental capacity assessments had been completed, the use of physical restrictions or restraint was indicated without rationale.
- Not all services at Chorley and South Ribble Hospital were available seven days a week.

However,

- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it.
- Managers monitored the effectiveness of the services and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives and had access to good information.

Are services caring?

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

Are services responsive?

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

- Patients could not always access services when they needed it. Patients waiting for emergency treatment had to wait longer than national standards and in medical care patients waiting for planned care had to wait longer than the England average.
- At Royal Preston Hospital there were regular theatre overruns. Although there had been some improvements, cancelled operations were above the England average.

However,

- The trust planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.

Are services well-led?

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

Summary of findings

- Leaders ran services well using reliable information systems and supported staff to develop their skills.
- Staff understood the service's vision and values, and how to apply them in their work.
- Staff generally felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.
- The trust engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However,

- In medical care at Royal Preston Hospital the service had not improved in all of the areas we identified in the last inspection and did not always shared good practice. In surgery we identified new issues at this inspection.
- Services across the trust had not always worked together to improve patient flow out of the emergency department at Royal Preston Hospital.
- Some staff within medical care felt that leadership changes had slowed progress and development in the service.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in urgent and emergency care and critical care at Royal Preston Hospital.

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

Areas for improvement

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

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

Action we have taken

We issued requirement notices to the trust. Our action related to breaches of legal requirements at a trust-wide level and in medicine and critical care at Royal Preston Hospital.

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.

Summary of findings

Outstanding practice

Royal Preston Hospital

In urgent and emergency care:

- The department had created a position within the rapid assessment and treatment area in collaboration with the local ambulance provider to ensure close working with ambulance crews and rapid assessment of their patients.
- Point of care testing took place within the department for flu and also diarrhoea and vomiting in children.
- The department had purchased a scanner to detect the likeliness of a patient developing a pressure ulcer.

In critical care:

- The critical care outreach team was incorporated with the acute kidney injury team (AKI). The AKI team was a specialist team for identifying and treating acute kidney injury. The team used software that searches the trust online blood results to identify patients who may have acute kidney injury (AKI). The team then attended to the patient and did an assessment following national guidance; they referred the patient to the renal team if needed.
- 'ICU Hear' went fortnightly to play musical instruments. Staff told us this helped to reduce anxiety and stress for patients and there was a strong link to the reduction of delirium with live music.

Areas for improvement

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

Action the trust **MUST** take to improve

Trust wide:

- The trust must ensure that where patients are over the age of 16 and unable to consent to care and treatment because they lack capacity, staff act in accordance with the Mental Capacity Act 2005. (Regulation 11(3))

Royal Preston Hospital

In medicine:

- The service must ensure that acts intended to control or restrain a patient are necessary to prevent, and a proportionate response to, a risk of harm posed to the individual or others. (Regulation 13(4)(b))
- The service must ensure that records are stored securely where consent is not obtained for records to be stored at the patient's bedside. (Regulation 17(2)(c))

In critical care:

- The service must ensure that all doors to the unit are secure. (Regulation 15(1)(b))

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

Trustwide:

- The trust should consider developing strategies for patients living with dementia, with learning disabilities and mental health illnesses.

Summary of findings

- The trust should review the plans for achieving financial sustainability.
- The trust should consider whether standard agenda items at the private board meeting, such as information from sub-committees and the board assurance framework could be on the public board meeting agenda
- The trust should review its duty of candour processes so letters are sent within the timeframe and reports are sent to patients and family members who wish to receive them.
- The trust should continue the work to review risk appetite and consider the relationship between the board assurance framework and corporate risk register and staff understanding of this.
- The trust should consider sensitised risk assessment of forecast outturn in the financial reporting.
- The trust should review serious incident documentation to ensure it is fully complete.
- The trust should review the processes for confirming complainants agree the scope of a complaints investigation before it proceeds.

Royal Preston Hospital

In urgent and emergency care:

- The trust should continue to monitor and improve safeguarding compliance for all patients including those aged under 18 attending outside of the paediatric streaming hours and for those which are taken directly to the resuscitation area.
- The trust should continue to work towards having enough registered children's nursing staff within the emergency department on every shift.
- The trust should review its medical staffing so it meets national standards.
- The trust should consider the emotional needs of all children visiting the department including those accompanying an adult patient.
- The trust should review how pain is managed for patients in a timely way.
- The trust should continue to reduce the time patients wait in the department before receiving treatment or being admitted.
- The trust should review how departments work collaboratively to improve patient flow within the department and resolve issues such as conflict resolution training for staff it deems relevant.

In medicine:

- The trust should continue with plans to recruit to an increased medical staffing establishment.
- The trust should continue with plans to recruit to an increased nurse staffing establishment.
- The trust should work to improve the recording of discussions held with patients and those close to them with respect of making decisions around the patient's care and treatment.
- The trust should continue with plans to improve access and flow through medical care services and minimise the number of bed moves per patient.
- The trust should continue with plans to reduce the numbers of medical outliers.
- The trust should continue to strengthen existing governance processes to better manage risks within the service.

In surgery:

Summary of findings

- The trust should ensure all oxygen tanks are secure.
- The trust should complete risk assessments for blood clots and for patients who may be at risk of self-harm.
- The trust should improve adherence to trust policy regarding safe self-administration of medicines.
- The trust should improve communication between theatres and wards to ensure patients receive correct information..
- The service should improve appraisal completion rates for some groups of staff.
- The trust should reduce the number of theatre overruns..
- The trust should continue to improve the average length of stay for both elective and non-elective operations.
- The trust should continue to reduce the number of cancelled operations.

In critical care:

- The trust should consider how to ensure staff always use personal protective equipment, such as aprons and gloves when delivering care and treatment.
- The trust should continue to maintain the area whilst work on the new unit is progressed.
- The trust should continue with the business plan to recruit more allied health professional staff to meet best practice guidance.
- The trust should continue to look for ways that speech and language therapy assessments can be carried out in a more timely manner sustainably.
- The trust should address the need for the visitor entrance to be monitored more effectively to reduce visitor waiting times.
- The trust should continue to review its criteria and policy for admitting patients to area 5b.
- The trust should address the action points raised in the area five risk assessment for a fire alarm to be installed in area five and an emergency buzzer to be installed in area 5b.
- The trust should consider whether to have regular unit staff meetings.

Chorley and South Ribble Hospital

In urgent and emergency care:

- The trust should continue to work towards having enough registered children's nursing staff within the emergency department on every shift.
- The trust should take appropriate actions to improve waiting times in line with national standards.

In medicine:

- The trust should consider how to secure the patient record trolleys outside the bay areas.
- The trust should review how the timing of medicines given are recorded, specifically in relation to Parkinson's and insulin medicines.
- The trust should consider improving bedside handovers further to ensure that patients privacy and dignity is always maintained.
- The trust should consider providing activities for patients who are partially sighted.
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Summary of findings

- The trust should review the number of GP referrals that are being received and how best they could be managed regarding the demand of the service.
- The trust should consider providing emergency call bells in the en-suite bathrooms in the side rooms on Rockwood B ward.

Is this organisation well-led?

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

We rated well-led at the trust as good because:

- The trust leaders had the appropriate experience, capacity, and skills for their roles. While there were new appointments to the board, leaders were positive about the changes and the contribution the new leaders had made. Leaders were, overall, visible and approachable. The trust was committed to developing staff to become future leaders through development programmes. Leaders were knowledgeable about issues and priorities for the quality and sustainability of services and had a shared understanding of the risks and challenges.
- The trust had a clear vision, values and ambitions driven by quality and sustainability. Since the last inspection the trust had developed a new strategy which had well defined objectives. The vision, values and strategy had been developed in collaboration with people who use the service, staff and, external partners. The trust measured progress against the delivery of the strategy. The strategy was well understood by staff and translated into divisional and service business plans. The trust also actively contributed to plans for the wider health and social care economy.
- Staff felt that generally the trust was a good place to work. Most staff were positive about the organisation as a place to work and most staff groups felt respected, valued and supported by leaders. Staff were positive about improving services and patient focussed. The trust was committed to the wellbeing of staff which was supported through different initiatives and groups. Staff were honest and open and were encouraged to develop and were supported to do so by the development and education programmes.
- Since the last inspection the trust had reviewed its governance structures and the board and other levels of governance in the organisation appeared to function effectively and interact with each other appropriately. Structures, processes and systems of accountability, were clearly set out, understood and effective. Staff and teams were clear about their roles and accountabilities.
- The trust had the processes to manage current and future performance. There was a comprehensive process to identify, understand, monitor and address current and future risks, although there was a lack of clarity between the interface between the board assurance framework and corporate risk register. Performance issues were escalated to the appropriate committees and the board through clear structures and processes.
- The trust used information well to monitor performance across the trust. The trust had developed integrated performance reports which were aligned to the ambitions in the new strategy. Performance reports covered a mix of quality, operational and financial information. The trust had processes to ensure that the information was accurate, valid, reliable, timely and relevant. The trust was using and had processes to develop information technology systems to monitor and improve the quality of care.

Summary of findings

- Clinical and internal audit processes functioned well and had a positive impact on quality governance, with clear evidence of action to resolve concerns. Financial pressures were managed so that they did not compromise the quality of care. Service developments and efficiency changes were developed and assessed with input from clinicians so that their impact on the quality of care was understood.
- The trust engaged with others to improve and develop services. The service proactively engaged with staff, patients and local communities and hard to reach groups about their health and the services provided. The trust also involved staff in decisions and changes which affected them. The trust was working with stakeholders and partners across the integrated care system and partnership to improve services.
- The trust had a strong focus on education, research and innovation and collaborated well with other partners across the North West. The trust had continued to strengthen its focus on continuous improvement. The trust was building its capacity so it had staff with the knowledge and skills to deliver improvements. The trust was involved in external continuous improvement programmes and had plans to develop further over the next year. The trust had systems, staff and facilities to support research and development with ambitions to develop further. Individuals and teams had received national recognition and been nominated for awards for improvements, initiatives and care. The service had strengthened its processes for sharing learning across the trust.

However

- While the trust had made improvements in some areas there had been a lack of improvement in other areas over recent inspections, where we had rated domains and core services as requires improvement. The trust needed to maintain a focussed attention on these areas and ensure improvements are made at pace.
- Access and flow continued to be a significant challenge across the trust and specifically at Royal Preston Hospital. The trust was not meeting key national performance measures and while there had been a focus on improving flow, the benefits of this were yet to be fully realised. Access and flow continued to be a significant challenge, particularly in urgent and emergency care and medical care at Royal Preston Hospital. The trust, with system partners, had plans to reconfigure services across both hospitals and needed to continue to make progress. Ahead of changes to services the trust needed to continue with actions to improve access and flow.
- Compliance with the Mental Capacity Act had not improved at Royal Preston Hospital since the last inspection, we found issues with medical and surgical patients. While the trust had signed off the actions within the inspection action plan, those actions had not been effective in improving staff understanding and compliance with the requirements of the Act.
- We found that leadership of the medical care core service at Royal Preston Hospital required improvement. Some of the issues from the previous inspection had yet to be improved. While the trust had governance and risk management processes, some of the issues had not been identified or acted on through these processes. The trust needed to strengthen systems and leadership in these areas to implement and embed improvements.
- The trust's financial position continues to be challenging. The trust had a deficit of £50 million in 2018-19 (£4m worse than the agreed financial control total) and is forecasting a deficit of circa £37 million in 2019-2020.
- When there were serious incidents at the trust it was not always completing all of the requirements of the duty of candour within the time limits and the documentation to support the investigations was not always fully complete.

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/RXN/Reports

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↑ Nov 2019	Requires improvement ↔ Nov 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
Royal Preston Hospital	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↑ Nov 2019	Requires improvement ↔ Nov 2019
Chorley and South Ribble Hospital	Good ↑ Nov 2019	Good ↑ Nov 2019	Good ↔ Nov 2019	Good ↑ Nov 2019	Good ↑ Nov 2019	Good ↑ Nov 2019
Overall trust	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↑ Nov 2019	Requires improvement ↔ Nov 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 Royal Preston Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Nov 2019	Good ↑ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↑ Nov 2019	Requires improvement ↔ Nov 2019
Medical care (including older people's care)	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019
Surgery	Good ↔ Nov 2019	Requires improvement ↓ Nov 2019	Good ↔ Oct 2019	Good ↑ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019
Critical care	Requires improvement ↔ Nov 2019	Good ↑ Nov 2019	Good ↔ Nov 2019	Good ↑ Nov 2019	Good ↔ Nov 2019	Good ↑ Nov 2019
Maternity	Good Oct 2018	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Services for children and young people	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
End of life care	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017
Outpatients	Good Oct 2018	N/A	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Overall*	Requires improvement ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↑ Nov 2019	Requires improvement ↔ Nov 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 Chorley and South Ribble Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↑ Nov 2019	Good ↑ Nov 2019
Medical care (including older people's care)	Good ↑ Nov 2019	Good ↑ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↑ Nov 2019	Good ↑ Nov 2019
Surgery	Good Oct 2018	Good Oct 2018	Good Oct 2018	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018
Critical care	Good Apr 2017	Requires improvement Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017
Maternity	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
End of life care	Good Nov 2014	Good Nov 2014	Good Nov 2014	Outstanding Nov 2014	Good Nov 2014	Good Nov 2014
Outpatients	Good Oct 2018	N/A	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Overall*	Good ↑ Nov 2019	Good ↑ Nov 2019	Good ↔ Nov 2019	Requires improvement ↔ Nov 2019	Good ↑ Nov 2019	Good ↑ Nov 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.

Royal Preston Hospital

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Key facts and figures

Royal Preston Hospital provides a full range of district general hospital services including emergency department, critical care, general medicine including elderly care, general surgery, oral and maxillo-facial surgery, ear nose and throat surgery, anaesthetics, children's services, neonatal intensive care, women's health and maternity, and several specialist regional services including cancer, neurosurgery,, renal, plastics and burns, rehabilitation, and the major trauma centre for Lancashire and South Cumbria. The urgent care centre on the site is not provided by this trust.

Summary of services at Royal Preston Hospital

Requires improvement ● → ←

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

- The hospital did not always have enough substantive staff with the right qualifications, skills, training and experience to meet national staffing standards and provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and were recruiting to vacancies at the time of our inspection.
- Staff did not always support patients to make informed decisions about their care and treatment. Patients who lacked capacity were not always supported to make decisions around there care and treatment. In medical care we saw that where mental capacity assessments had been completed, the use of physical restrictions or restraint was indicated without rationale.
- Patients could not always access services when they needed it. Patients waiting for emergency treatment had to wait longer than national standards and patients waiting for planned care had to wait longer than the England average. In surgery, there were regular theatre overruns and cancelled operations were above the England average.
- In critical care, the design, maintenance and use of facilities and premises did not enable staff to always keep people safe. Not all of the doors from the unit were secure. Staff did not always use equipment and control measures to protect patients, themselves and others from infection. The trust was building new facilities at the time of the inspection.
- In urgent and emergency care, patients at risk of deterioration within the waiting area were not always identified or acted.

Summary of findings

- In medical care, records were not always stored securely and patients' consent was not always gained for bedside storage.
- In surgery, risk assessments for blood clots, and for patients at risk of self-harm were not always completed. We found medicines management systems processes were not always being used effectively.
- In medical care, the service had not improved in all of the areas we identified in the last inspection and did not always share good practice. Risk management processes could be improved within medical better identify and mitigate risks.
- Services across the hospital had not always worked together to improve patient flow out of the emergency department at Royal Preston Hospital.

However,

- Staff generally had training in key skills, understood how to protect patients from abuse, and managed safety well. In most areas the hospital controlled infection risk well. Staff in most areas assessed risks to patients, acted on them and kept good care records. They generally managed medicines well. The hospital managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and generally gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The hospital planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The hospital engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Urgent and emergency services

Requires improvement   

Key facts and figures

The emergency department at Royal Preston Hospital provides emergency care and treatment to both adults and children 24 hours a day seven days a week. The department is also a major trauma centre for adults and a trauma unit for children for the population of Lancashire and South Cumbria.

There are 33 cubicles within the department which include a 'majors' treatment area, a resuscitation area, with one cubicle dedicated to children, a rapid assessment and treatment area for ambulance patients and a dedicated separate children's area within the department. There is also an emergency observation unit consisting of eight cubicle spaces.

The trust's emergency departments at Preston and Chorley have seen a 28% increase in accident and emergency attendances between March 2018 and February 2019 compared to the previous 12 months. Of these, 23,000 were children.

We carried out an inspection of the department between the 2 and 4 of July 2019. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We also carried out an announced inspection of the service on 8 and 9 July 2019.

Before the inspection visit, we reviewed information that we held about these service and information requested from the trust.

During the inspection visit, the inspection team:

- Spoke with 9 patients who were using the service and 1 carer
- Spoke with the managers for the department
- Spoke with 38 other members of staff; including matrons, doctors and nurses
- Observed three board rounds, two bed meetings and one safety huddle

We reviewed 34 patient records, 16 nursing rotas, 5 medical rotas, 3 complaint files and 4 incident investigation information.

Summary of this service

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

- The service did not have enough staff to care for patients and keep them safe.
- People could not access the service when they needed it and had to wait too long for treatment
- Pain relief was not always administered in a timely way.

However,

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

Urgent and emergency services

- Staff provided good care and treatment, gave patients enough to eat and drink. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Requires improvement ● → ←

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

- The department was meeting the standard for 16 hours consultant cover they but did not have cover for the 24-hour major trauma centre standard. There were not enough consultants to meet the standard for the size of activity in the department and low numbers of middle grade doctors meant that medical staff of all grades routinely worked past their shift finish times.
- The service did not always have sufficient paediatric nurses to meet national standards.
- Patients at risk of deterioration within the waiting area were not always identified or acted upon. On inspection we saw a patient who had deteriorated whilst waiting for care.

However,

- 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. However, themes of none compliance of safeguarding documentation had been identified by the trust for patients aged zero to 18 attending outside of the paediatric streaming hours or being taken straight to the resuscitation area.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

Urgent and emergency services

- Staff completed risk assessments for each patient. They removed or minimised risks.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

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-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain
- Since the previous inspection we have seen significant improvement in staff monitoring the effectiveness of care and treatment. They used these findings to make improvements and achieved good outcomes for patients.
- 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 development.
- Staff gave patients practical support and advice to lead healthier lives.
- Key services were available seven days a week to support timely patient care.
- Doctors, nurses and other healthcare professionals in the department worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However,

- A small number of patients did not always receive pain relief in a timely way.

Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Urgent and emergency services

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement ● → ←

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

- People could not access the service when they needed it. Patients had to wait a long time from being triaged to receiving treatment or being admitted to the hospital. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards. Lack of support from hospital teams of in-reach was instrumental in the flow of patients from the department.

However,

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Is the service well-led?

Good ● ↑

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

- Locally leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills however a disconnect was evident between the department and wider trust leadership teams.
- The department had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the department. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Urgent and emergency services

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However

- Services across the hospital had not always worked together to improve patient flow out of the department.

Outstanding practice

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

Areas for improvement

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

Medical care (including older people's care)

Requires improvement   

Key facts and figures

The medical care service at Royal Preston Hospital provides care and treatment for a number of specialties. There are 373 medical inpatient beds located across 16 wards.

The trust had 46,535 medical admissions from January 2018 to December 2018. Emergency admissions accounted for 23,261 (50.7%), 1,129 (2.4%) were elective, and the remaining 21,785 (46.8%) were day case.

Admissions for the top three medical specialties were:

- Gastroenterology: 10,535 admissions.
- Respiratory Medicine: 8,360 admissions.
- General Medicine: 5,543 admissions.

We carried out an inspection of the service between the 2 and 4 of July 2019. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. The inspection team comprised a lead inspector, a medicines inspector and three specialist advisors with relevant experience.

Before the inspection visit, we reviewed information that we held about these service and information requested from the trust. During the inspection visit we spoke to staff, patients and family members. We also reviewed patient records and other documentation during the inspection.

Summary of this service

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

- The service did not always have enough registered nurse and medical staff to meet the needs of patients. Since our last inspection, the service had increased staffing levels but was working to recruit to these vacancies at the time of our inspection. This meant that a significant number of shifts were filled by bank and agency staff. The service also employed more healthcare assistants than planned to meet patient's needs.
- Staff lacked understanding of their role in the application of the Mental Capacity Act (2005) and the completion of mental capacity assessments was inconsistent. This was identified at our previous inspection. We found examples where mental capacity assessments had been completed inconsistently and, in some instances, a mental capacity assessment had not been completed when staff had identified patients as lacking capacity to make decisions about their care and treatment.
- We were not assured that patients were protected from the inappropriate use of restraint or physical restrictions. We found examples where all reasonable steps had not been taken to mitigate the risk of patient aggression before physical restraint was considered. Staff did not undertake a regular review where physical restrictions had been deemed necessary to ensure that this was still a proportionate response.
- People could not always access the service when they needed it. There were not enough medical beds to meet demand and so patients were placed where there was a bed available. This meant that medical patients were often placed on surgical wards and wards of other specialties. The referral to treatment times for admitted pathways was consistently below the England average.

Medical care (including older people's care)

- We found that on a number of wards, patient records were being stored at the bedside and in bays which meant that these were easily accessible and not securely stored. This was identified at our previous inspection.
- Senior managers had been slow to implement improvement plans and make significant changes to service provision. Managers told us this was due to a lack of stability in the senior leadership team for the service.
- Some issues which had been identified during our last inspection had not been resolved.

However;

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Requires improvement ● → ←

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

- The service did not always have enough nursing and support staff with the right qualifications, skills, training and experience to provide the right care and treatment. This meant that bank and agency use was high across the service. Managers regularly reviewed and adjusted staffing levels and were recruiting to vacancies at the time of our inspection.
- The service did not always have enough medical staff with the right qualifications, skills, training and experience to provide the right care and treatment in a timely way. Due to a high demand for medical beds, the workload for each consultant team was often excessive. Medical staff we spoke with sometimes felt that there were too many patients to manage safely. There were plans in place to recruit additional consultant teams.
- Records were not always stored securely and patients' consent was not always gained for bedside storage.

However;

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Medical care (including older people's care)

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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 used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Requires improvement ● → ←

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

- Staff did not always support patients to make informed decisions about their care and treatment. Patients who lacked capacity were not supported to make decisions around their care and treatment. There was no documented consideration that patients might be unable to consent and make decisions which were complex but might be able to with reasonable adjustments. We saw that where mental capacity assessments had been completed, the use of physical restrictions or restraint was indicated without rationale.

However;

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.

Medical care (including older people's care)

- Staff gave patients practical support and advice to lead healthier lives.

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement ● → ←

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

- People could not always access the service when they needed it to receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were consistently below the England average.

However;

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Requires improvement ● → ←

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

- We found that existing processes could be improved to better identify and mitigate risks to service provision. Examples of good practice or service improvements were often not shared beyond the ward where it had occurred. There were actions within the divisional risk register which had not been updated in more than a year and it was difficult to determine what was in place to mitigate risks.

Medical care (including older people's care)

- There had been some improvements since our last inspection although there had been little to no improvement in staff understanding and application of the Mental Capacity Act (2005). Service leaders had taken assurance from completion of actions without testing that these actions had been embedded.
- The service had also been slow to progress with improvements highlighted at our last inspection and examples of improvement or good practice were not effectively shared across the service. Leaders told us that this was due to instability in divisional leadership.

However;

- Although there had not been stability in the divisional leadership team, leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood and knew how to apply the vision and monitor progress against the strategy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and teams used systems to manage performance. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Areas for improvement

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

Surgery

Good   

Key facts and figures

Royal Preston Hospital

The surgery service at Royal Preston Hospital provides care and treatment for several specialties. There are 15 wards and 20 theatres.

Ward name Specialty

Day Case Unit Surgery

Major Trauma Ward Orthopaedics

Ward 10 Ophthalmology

Ward 10 Urology

Ward 11 Upper GI

Ward 12 Lower GI/Colorectal

Ward 14 Orthopaedics

Ward 15 Vascular

Ward 16 Orthopaedics

Ward 2A Neurosurgery

Ward 2B Neurosurgery

Ward 2C Neurosurgery

Ward 3 ENT & Maxillofacial Surgery

Ward 4 Plastics

Surgical Assessment Unit

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

The trust had 46,658 surgical admissions from January 2018 to December 2018. Emergency admissions accounted for 11,711 (25.1%), 29,274 (62.7%) were day case, and the remaining 5,673 (12.2%) were elective.

(Source: Hospital Episode Statistics)

We inspected the surgery core service at Royal Preston Hospital between 2 and 4 July 2019. The inspection was unannounced (staff did not know we were coming). The inspection team comprised a lead inspector, a team inspector, a medicines inspector and a specialist advisor with expertise in surgical procedures.

We spoke to 17 patients and 40 staff. We looked at 12 wards, seven theatre areas and observed four surgical procedures. We observed two ward round meetings and looked at 15 patient records.

Surgery

Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of patients, and advised them on how to lead healthier lives. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- People generally could access the service when they needed it. The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However,

- Staff did not always assess all patient risks. The service did not have enough substantive staff. The service did not use systems and processes to safely prescribe, administer, record and store medicines.
- Staff did not always understand how and when to assess whether a patient had the capacity to make decisions about their care.
- There were regular theatre overruns and several surgical wards had medical outliers. Cancelled operations were above the England average, which was the same at the last inspection.
- Leaders did not always operate effective governance processes. Not all risks we saw on the inspection had been identified and acted on.

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it, which was an improvement following the previous inspection.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean; this was an improvement following the previous inspection.

Surgery

- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and near misses 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

However,

- The service did not have enough substantive staff with the right qualifications, skills, training and experience. The vacancy rate was above the trust target, managers supplemented this by using agency staff. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- We found oxygen tanks on the surgical assessment unit were not secured.
- Staff did not always complete risk assessments for patients to remove or minimise risks. We could not see that risk assessments for blood clots, and for patients at risk of self-harm were being completed. However, risks were mitigated by prescribing medicines and the provision of one-to-one care.
- The service did not always use systems and processes to safely prescribe, administer, record and store medicines. We found that safe self-administration had not been assessed and recorded in line with trust policy. We found that incident reports had not been made for two patients who had missed doses of a critical medicine. We found a delay in antibiotic prescription for a patient with sepsis.

Is the service effective?

Requires improvement ● ↓

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

- Staff did not always understand how and when to assess whether a patient had the capacity to make decisions about their care. They did not always follow the trust policy and procedures when a patient could not give consent. We found gaps in the completion of cardio-pulmonary resuscitation forms and could not see corresponding mental capacity assessments and best interest decisions. Similar issues were found at the previous inspection.

However,

- The service provided care and treatment based on national guidance and best practice most of the time. The service participated in benchmarking clinical audits. The service used the World Health Organisation safer surgery checklist and audited compliance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

Surgery

- All patients at Royal Preston Hospital had a lower than expected risk of readmission for non-elective admissions when compared to the England average.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good ● ↑

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People generally could access the service when they needed it. Waiting times from referral to treatment were better than the England average for five out of eight specialties, which was an improvement following the last inspection.

However,

- There were regular theatre overruns and several surgical wards had medical outliers. Although the trust has improved, cancelled operations remained above the England average, which was the same at the last inspection.

Is the service well-led?

Good ● → ←

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

Surgery

- Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Leaders had the skills and abilities to run the service and understood the priorities and issues the service faced, the actions taken to address these were beginning to have an impact but were not fully embedded.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service collected data to understand performance. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff and the public to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However,

- Leaders did not always operate effective governance processes, throughout the service and with partner organisations. The governance processes had not picked up issues in relation to the application of the Mental Capacity Act and patient risk assessments.

Areas for improvement

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

Critical care

Good  

Key facts and figures

The trust provides a service to adult patients who require advanced care in a critical care unit. The unit provides intensive treatment and high dependency care in 27 beds across four areas. The unit is commissioned for sixteen level three beds and eleven level two beds, making up 9,855 available critical care bed days per year. The unit had 1,473 admissions between April 2018 to March 2019.

We carried out an inspection of the service between the 2 and 4 of July 2019. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. The inspection team comprised a lead inspector, a team inspector, a medicines inspector and two specialist advisors with relevant experience.

Before the inspection visit, we reviewed information that we held about these service and information requested from the trust. During the inspection visit we spoke to staff, patients and family members. We also reviewed patient records and other documentation during the inspection.

Summary of this service

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

- The service had enough registered nurse and medical staff to meet the needs of patients. The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse. Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. They managed medicines well. The service managed safety incidents well and learned lessons from them. Records were clear, up-to-date, easily available to all staff providing care and stored securely.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. staff made reasonable adjustments to help patients access services. The service admitted, treated and discharges patients in line with national standards. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- The service had managers at all levels with the right skills and abilities. Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The service engaged well with staff and local organisation to plan and manage appropriate services. The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

Critical care

- The design, maintenance and use of facilities and premises did not enable staff to always keep people safe. The design of the environment was not in line with national guidance and the flooring was in a poor condition. Not all of the doors from the unit were secure.
- Staff did not always use personal protective equipment, such as aprons and gloves when disposing of waste.
- The service did not have enough allied health professionals with the right qualifications, skills, training and experience to provide the right care and treatment.
- Not all staff were aware of the vision or strategy for the unit.

Is the service safe?

Requires improvement ● → ←

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

- The design, maintenance and use of facilities and premises did not enable staff to always keep people safe. The design of the environment was not in line with national guidance and the flooring was in a poor condition. Not all of the doors from the unit were secure.
- The service did not have enough allied health professionals with the right qualifications, skills, training and experience to provide the right care and treatment.
- Staff did not always use equipment and control measures to protect patients, themselves and others from infection. Staff did not always use personal protective equipment, such as aprons and gloves when disposing of waste.
- During our inspection we found handover notes detailing patients' sensitive information left unsecure in a communication book on the nurses' desk.

However;

- The maintenance and use of equipment enabled staff to keep people safe.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. The service used systems and processes to safely prescribe, administer, record and store medicines.

Critical care

- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses 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. Managers ensured that actions from patient safety alerts were implemented and monitored. Staff collected safety information and shared it with staff, patients and visitors.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Good  

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

- The service had made improvements with discharge co-ordination since our last inspection. This was impacted by access and flow issues in the hospital.
- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- The unit was open 24 hours a day, seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patient's consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.

However:

- The unit did not have enough dieticians although had a business case to recruit more dieticians to meet the national standards.
- There continued to be an issue accessing speech and language therapy (SALT) assessments in a timely manner and this was often taking more than 24 hours.
- The service did not have critical care trained pharmacist cover at the weekend. The unit had an on-call non-specialist pharmacy service at the weekend.

Critical care

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good ● ↑

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. The service admitted, treated and discharged patients in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Is the service well-led?

Good ● → ←

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and plans to turn it into action.
- The unit had workable plans to expand the unit. Since our last inspection the expansion plans had now been agreed and funding allocated and building work had begun.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

Critical care

- 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. Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment, through an electronic record system that they could all update.
- The service engaged well with patients, staff, the public, and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- Not all staff were aware of the vision or strategy for the unit.

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.

Chorley and South Ribble Hospital

Trust Offices
Preston Road
Chorley
Lancashire
PR7 1PP
Tel: 01257261222
www.lancsteachinghospitals.nhs.uk

Key facts and figures

Chorley and South Ribble Hospital provides a full range of district general hospital services including emergency department (8am-8pm), critical care, coronary care, general medicine including elderly care, general surgery, orthopaedics, anaesthetics, stroke rehabilitation, midwifery-led maternity care, and a breast service. The urgent care centre on the site is not provided by this trust.

Summary of services at Chorley and South Ribble Hospital

Good  

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

- The hospital had enough staff of most professions to care for patients and keep them safe. Most staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The hospital controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They generally managed medicines well. The hospital managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The hospital planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.

Summary of findings

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The hospital engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However,

- Patients could not always access services when they needed it. Patients waiting for emergency treatment had to wait longer than national standards and patients waiting for planned care had to wait longer than the England average.
- In medical care records were not always stored securely and staff did not always document the time medicines had been administered.
- In urgent and emergency care the trust did not have enough paediatric nurses to meet national standards. The service had put in place additional processes and staff training to mitigate the risks to paediatric patients.
- Not all services were available seven days a week.
- Some staff within medical care felt that leadership changes had slowed progress and development in the service.

Urgent and emergency services

Good  

Key facts and figures

Urgent and emergency services are provided by the trust at the Royal Preston Hospital and at Chorley and South Ribble Hospital. From March 2018 to April 2019 there were 30,103 attendances in the urgent and emergency care services at Chorley and South Ribble Hospital. This included 5,231 children attending the department during this period.

Urgent and Emergency care services are incorporated into the medicine division. The service can accept patients who require a mental health assessment. Since January 2017 the department has provided emergency care between the hours of 8am and 8pm daily. Services are provided to both adults and children for medical or surgical emergencies and have a separate waiting area.

There is a separate urgent care centre at the same site. This is provided by a separate provider and was not inspected.

At the last inspection in June 2018, the urgent and emergency care service at Chorley and South Ribble Hospital was rated as requires improvement. The service was rated as requires improvement for safe and well-led and rated as good for being effective, caring and responsive to people's needs.

We inspected the whole core service across all key questions; is the service safe, effective, caring, responsive and well led? We determine which core services to inspect and when based on an assumption of risk from intelligence gathered during our monitoring phase which includes information from the public, whistle blowers, stakeholders and national data sources.

We visited the service as part of our unannounced inspection during 2 to 4 July 2019. We inspected the urgent and emergency care services at the hospital as part of the inspection. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

As part of the inspection, we spoke with 10 patients and the relatives of two patients. We observed care and treatment and looked at seven care records. We analysed information about the service which was provided by the trust.

We also spoke with 32 staff across a range of disciplines including nurses, a student nurse, a shift coordinator, the clinical business manager, a physiotherapist, an emergency nurse practitioner, junior doctors, middle grade doctors, consultants, receptionists, a healthcare support worker, the unit manager, the matron, the clinical director, the clinical business manager, the lead nurses for safeguarding adults and children, a social worker, the alcohol liaison service lead, the matron for mental health liaison, a mental health liaison practitioner, the divisional director for medicine, divisional medical director for medicine, the clinical governance lead, the divisional nursing director for medicine and the training coordinator.

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

Urgent and emergency services

- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. Most people could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment were in line with national expectations for paediatric patients.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However;

- The service did not meet national guidelines for the recommended number of trained paediatric trained nurses on each shift. The service had put in place additional processes and staff training to mitigate the risks to paediatric patients.
- Waiting times for all patient groups were not always in line with national expectations, although the service performed better than the national average. The arrangements for triage of patients were not always in line with national expectations but the service demonstrated an improving trend in triage times in recent months.

Is the service safe?

Good  

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

- The service provided mandatory training in key skills including the highest level of life support training to all staff.
- 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 used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

Urgent and emergency services

- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However;

- Whilst the service had enough nursing and support staff to keep patients safe from avoidable harm and to provide the right care and treatment, the service did not meet national guidelines for the recommended number of trained paediatric trained nurses on each shift. The service had put in place additional processes and staff training to mitigate the risks to paediatric patients.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.

Urgent and emergency services

- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- Most people could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment were in line with national expectations for paediatric patients.

However;

- Whilst people could access the service when they needed it and received the right care promptly, waiting times from referral to treatment were not always in line with national standards.
- Waiting times for all patient groups were not always in line with national expectations, although the service performed better than the national average. The arrangements for triage of patients were not always in line with national expectations but the service demonstrated an improving trend in triage times in recent months.

Is the service well-led?

Good ● ↑

Urgent and emergency services

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

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 Chorley and South Ribble Hospital provides care and treatment for a number of specialties. There are 158 medical inpatient beds located across nine wards:

Ward name Specialty

BrindleRespiratory

Coronary Care UnitCardiology

DialysisRenal

HazelwoodGastroenterology

Medical Assessment UnitAssessment Unit

Rookwood AElderly and Frail Patients

Rookwood BStroke Rehab

Short Stay MedicalMedical

RawcliffeMedical

(Source: Routine Provider Information Request – Sites tab)

The trust had 46,535 medical admissions from January 2018 to December 2018. Emergency admissions accounted for 23,261 (50.7%), 1,129 (2.4%) were elective, and the remaining 21,785 (46.8%) were day case.

Admissions for the top three medical specialties were:

- Gastroenterology: 10,535 admissions.
- Respiratory Medicine: 8,360 admissions.
- General Medicine: 5,543 admissions.

We carried out an inspection of the service between the 2 and 4 of July 2019. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. The inspection team comprised a lead inspector, a medicines inspector and three specialist advisors with relevant experience.

During the inspection we visited the Medical Assessment Unit, Rookwood A (medical and elderly ward), Rookwood B (Stroke rehabilitation ward), Hazelwood Ward (gastroenterology ward), Coronary Care Unit including ward area for non-invasive ventilated patients, Brindle Ward (respiratory ward) and the Ambulatory Care Unit.

We spoke with a range of healthcare professionals including registered general nurses, doctors, healthcare assistants, occupational therapists, physiotherapists, administration staff, student nurses, managers and senior management. We also spoke to five patients and two relatives.

We reviewed 14 patients medical and nursing records and 28 patient prescription charts.

We observed care and treatment being provided to patients; held focus groups and reviewed policies and procedures.

Medical care (including older people's care)

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However,

- People could not always access the service when they needed it and had to wait for their treatment.

Is the service safe?

Good ● ↑

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.

Medical care (including older people's care)

- Staff completed and updated risk assessments for each patient and acted to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had a high number of nursing vacancies but reviewed staffing regularly and used bank and agency staff to ensure there were enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Agency staff were blocked booked to ensure continuity of care was maintained. In addition to this, agency staff were booked at times to support junior members of staff.
- Medical staffing levels were enough to provide safe care and treatment for patients. At the time of the inspection the hospital was interviewing for medical fellows for the medical assessment unit. Until the staff were appointed the unit was using F3 doctors.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near

misses 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

- On our previous inspection, we had told the provider that they must ensure that patient records were maintained in a secure way and to protect confidential personal information. During this inspection, on Brindle ward and the medical assessment unit, patient records were not stored in lockable trolleys.
- Parkinson's and insulin medications did not have the time administered documented. This could not assure staff that the medications were given at the right time.

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 best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques where necessary.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- 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 development.

Medical care (including older people's care)

- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patient's consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measure that limit patients' liberty appropriately.

However:

- Key services were not always available seven days a week to support timely patient care.

Is the service caring?

Good  → ←

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

- Staff treated patients with compassion and kindness.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

However:

- Staff did not always respect the patient's privacy and dignity as patient details and care plans were discussed during bedside handovers. This was raised with management at the time of inspection and remedial action taken.

Is the service responsive?

Requires improvement  → ←

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

- Patients could not always access the service when they needed it. Waiting times for the constitutional operational performance standards and arrangements to admit, treat and discharge patients were lower than the England average for the trust and in gastroenterology, general medicine and cardiology.
- The service did not have a discharge lounge. Patients had to sit in waiting rooms until discharge.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They co-ordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Medical care (including older people's care)

Is the service well-led?

Good  

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

- The service had leaders with the right skills and abilities to deliver high quality, sustainable care.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood and knew how to apply the vision and monitor progress against the strategy.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke to were passionate about their roles and were committed to improvements in patient care.
- The trust had effective systems in place for monitoring activity and overall performance to support the delivery of quality care.
- The service collected, analysed, managed and used information well to support all its activities. Although patient records and patient prescription charts were still paper based, managers were still able to access data to monitor performance and identify improvements.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- The service engaged well with staff, patients and their relatives, carers and other external organisations to support and provide high-quality, sustainable care.
- Throughout the service, leaders encouraged staff to strive for continuous learning and improvement.

However:

- Senior leadership changes within the division had impacted on staff confidence. We were told by staff that they felt that the lack of continuous leadership had hampered progress and development in the service.

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)

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

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Our inspection team

Judith Connor, Head of Hospital Inspection led the inspection. An executive reviewer, John Vaughan, supported our inspection of well-led for the trust overall.

The team included 10 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.