Blackpool Teaching Hospitals NHS Foundation Trust

Clifton Hospital

Quality Report

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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this hospital	Good
Medical care	Good
Outpatients	Good

Summary of findings

Contents

Summary of findings

Overall summary

The trust operates from three sites:

- Blackpool Victoria, which is the main hospital site and the focus of much of its work
- Clifton Hospital, which currently has four wards, mainly for elderly care and rehabilitation (with one outpatient clinic)
- Fleetwood Hospital,

This report relates to the Clifton Hospital site.

Clifton Hospital is a community hospital situated at Lytham St Annes, approximately seven miles from Blackpool. The hospital forms part of Blackpool Teaching Hospitals NHS Foundation Trust and provides non-acute and rehabilitation care, predominantly for older people. Care is provided across four wards and a day case unit. Rheumatology and dermatology outpatient services for the trust are provided at Clifton hospital.

At this hospital we looked at inpatient medical services and outpatient clinics.

We spoke with patients on the wards, and also with patients and members of the public in the outpatients department.

Overall we found that services provided at the Clifton hospital were provided in a safe, effective, caring manner, that they were responsive to the needs of those using the services and were well led.

We saw good examples of the input of volunteers on wards supporting patients. Staff were caring and compassionate and the leadership was clearly visible. Patients we met were very complimentary about the care they had received. Some patients were not sure on the date for their discharge, or what progress they would need to make to be well enough for discharge.

We did see that the storage of equipment in some ward areas was unsatisfactory. The legibility of some records made understanding the content very difficult. This will have an impact of the ability of some staff to follow the instructions and care plan.

Summary of findings

The five questions we ask about hospitals and what we found

We always ask the following five questions of services.

Are services safe?

The services at Clifton Hospital were safe. The safety of services was supported by robust assessment of patients' needs and provision of care to meet those needs. The record keeping was poor with some patient records were difficult to read or illegible. All records need to be clearly recorded so that all members of staff can understand the decisions made and the actions to take.

Requires Improvement

Are services effective?

The services at Clifton Hospital were effective and were focused on the needs of patients. There was clear evidence of local and national audit practice which were undertaken to monitor care and outcomes so that action is taken to improve care.

Good

Are services caring?

The services at Clifton Hospital were delivered caring and compassionate staff. All the people we spoke with were positive about their care and treatment and we observed staff treating people with dignity and respect.

Good

Are services responsive to people's needs?

The services at Clifton Hospital were responsive to the needs of people, for example evening and weekend outpatient clinics were held, also volunteers were encouraged and we saw that ward 1 used them to provide activities such as hand massages and nail painting, which the patients enjoyed.

The provision of storage for equipment on one ward was inadequate and the supply of some items of linen was not always adequate

Good

Are services well-led?

Clifton Hospital was well-led. We found there was an open culture where staff could raise concerns. Doctors and nurses felt supported in their roles and training was available. Staff were very dedicated, compassionate and proud to work at the hospital and the quality of the service was monitored

People were encouraged to share their impression of the hospital in ways in which improvements could be made.

Good

Summary of findings

What we found about each of the main services in the hospital

Medical care (including older people's care)

Throughout the service we witnessed good effective care and treatment being delivered in a caring way by dedicated staff. There were systems for identifying, investigating and learning from patient safety incidents and there was an emphasis in the trust to reduce harm to patients. We had some concerns over the limited storage for equipment and the availability of some items of linen, particularly at weekends. We also found that record keeping by the one consultant and, to a lesser extent, some junior medical staff was poor. Some patient records we reviewed were illegible and contained numerous acronyms and abbreviations. While use of abbreviations is common in medical records, excessive use, especially where present with writing that is difficult to read, risks some staff not fully understanding the care instructions or annotations made.

Good

Outpatients

The outpatient areas were clean, well-organised, well-staffed and generally ran smoothly. Some clinics were overbooked, which could result in patients waiting longer for their appointments. There were clinics during the evenings and at weekends in order to meet the needs of patients.

Good

Summary of findings

What people who use the hospital say

and family if they needed similar care or treatment. The results have been used to formulate NHS Friends and Family Tests for A&E and inpatient admissions.

In the October 2013 inpatient survey, 34 wards at Blackpool Teaching Hospitals Foundation Trust were included. There were 9 wards that scored less than the trust average of 69, however none of these wards were at Clifton Hospital.

The Cancer Patient Experience Survey (CPES) is designed to monitor national progress on cancer care. Some 155 acute hospital NHS trusts took part in the 2012/13 survey, which comprised a number of questions across 13 different cancer groups. Of the 70 questions for which the trust had a sufficient number of survey respondents on which to base findings, Blackpool Teaching Hospitals NHS Foundation Trust rated by patients as being in the bottom 20% of all trusts nationally for 12 of the 70 questions. The 12 questions where the trust performed 'worse than other trusts' nationally were around communication to patients – choice of treatment, type of cancer they had, side effects and support groups available.

Areas for improvement

Action the hospital SHOULD take to improve

- Ensure documentation in patient records is legible and contains few acronyms and abbreviations.
- Explore ways in which communication with patients regarding the level of progress they need to make in order to be well enough for discharge.

Action the hospital COULD take to improve

- Review continuity of medical staff cover on wards.
- Provide an adequate supply of all types of linen at all times.
- Provide adequate storage for equipment.
- Explore ways in which the provision of overnight accommodation for dermatology patients can be improved.
- Review the process of double booking outpatient appointments.
- Explore ways in which medicines which are only obtainable via the pharmacy at Blackpool Victoria Hospital can be more easily obtained by patients attending outpatient clinics at Clifton Hospital.

Good practice

Our inspection team highlighted the following areas of good practice:

- The effective use of the 'Butterfly scheme' throughout the hospital to identify patients with dementia.
- The use of volunteers to support patients in activities in ward areas was recognised. The patients enjoyed these activities.

Clifton Hospital

Detailed findings

Services we looked at:
Medical care (including older people's care); Outpatients

Our inspection team

Our inspection team was led by:

Chair: Professor Sir Mike Richards, Chief Inspector of Hospitals, Care Quality Commission (CQC)

Head of Hospital Inspections: Tim Cooper, CQC.

The team included a CQC inspector and an Expert by Experience.

Background to Clifton Hospital

Clifton Hospital is a community hospital situated at Lytham St Annes, approximately seven miles from Blackpool. The hospital provides non-acute and rehabilitation care, predominantly for older people. Care is provided across four wards (wards 1,2,3 and 4) and a day case unit. Ward 2 has been opened as an escalation ward to deal with the increased numbers of patients admitted during the winter months. Rheumatology and dermatology outpatient services for the trust are provided at Clifton hospital.

Why we carried out this inspection

Blackpool Teaching Hospitals NHS Foundation Trust was originally inspected by Professor Sir Bruce Keogh and his team during June 2013. This was part of a selected review process informed by higher than expected mortality rates. The data for the Keogh review informed the planning for this visit.

The Secretary of State for Health has asked that all trusts in the original Keogh inspection were included early in the new CQC process.

We inspected this trust as part of our new in-depth hospital inspection programme. We chose this trust because it represented the variation in hospital care according to our new Intelligent Monitoring Model. This looks at a wide range of data, including patient and staff surveys, hospital performance information and the views of the public and local partner organisations.

How we carried out this inspection

In planning for this visit we identified information from local and national data sources. Some of these are widely in the public domain. We developed 111 pages of detailed data analysis which informed the thinking of the inspection team. The trust had the opportunity to review this data for factual accuracy, and corrections were made to the data pack from their input.

We sought information in advance of the visit from national and professional bodies (for example the Royal Colleges and central NHS organisations). We also sought views locally from commissioners and local Healthwatch.

Summary of findings

The CQC inspection model focuses on putting the service user at the heart of our thinking. We therefore held a well-publicised listening event on 14th January 2014. This was held before the inspection began and helped inform the thinking of the inspection team. Over 40 local residents and service users attended the listening event, and each had the opportunity to tell their story, either in small groups or privately with a member of the inspection team.

We received information and supporting data from staff and stakeholders both before and during the visit.

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive to people's needs?
- Is the service well-led?

The inspection team at The Clifton Hospital inspected the following core services:

- Medical care (including older people's care)
- Outpatients.

Before visiting, we reviewed a range of information we held about the hospital and asked other organisations to share what they knew about the hospital. We carried out an announced visit on 16 January 2014. During our visit we talked with patients and staff from all areas of the hospital, including the wards and the outpatient department. We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients. We held a listening event for the trust where patients and members of the public were given an opportunity to share their views and experiences of all the trust locations, including Clifton Hospital. An unannounced visit was carried out on 28 January 2014.

Good

Medical care (including older people's care)

Safe	Requires improvement
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Information about the service

The medical services at Clifton Hospital are provided on wards 1,2,3 and 4 and a day case unit. Ward 2 has been opened as an escalation ward to deal with the increased numbers of patients admitted during the winter months. We visited all these wards during the inspection. Over the course of a two day inspection we observed care, looked at records and spoke with 14 patients, 2 relatives and 12 staff across all disciplines.

Summary of findings

Patients received safe and effective care and treatment being delivered in a caring way by dedicated staff. We had some concerns over the limited storage for equipment and the availability of some items of linen, particularly at weekends. Record keeping by some medical staff was poor.

Good

Medical care (including older people's care)

Are medical care services safe?

Requires improvement

Safety and performance

Staff were familiar with the trust's incident reporting system and used it to report incidents and 'near misses'.

We saw that 'safety huddles' (where small groups of a clinical team meet and exchange information and discuss key issues on one specific topic) took place throughout the hospital daily; and the clinical teams were able to identify patients who were at risk of falls or pressure ulcers or patients who had an increased early warning score. Staff described the action taken to reduce risks once they were identified. These included re-location of patients within the ward so that they were more visible to staff and the use of the green wristbands to identify patients who were particularly at risk.

Staff working at Clifton Hospital felt that staffing levels were sufficient to allow them to provide safe care to patients and recognised the importance of safe staffing and the impact it had on providing care. Staff rotas we reviewed corroborated this. The matron held a meeting with ward managers or their deputies each morning at 8.20am when staffing for the day was looked at throughout the hospital and staff transferred, when necessary, to ensure patient safety.

Additional out-of-hours support is being planned with nurse cover to allow patients whose condition began to deteriorate to be seen more quickly.

Learning and improvement

Untoward incidents, near misses and trends in or across clinical areas were analysed using the trust's electronic incident reporting system. The hospital matron and senior managers had a good overview of this analysis, and lessons were distributed to all relevant teams.

Systems, processes and practices

There was no continuity of medical cover on ward 4. The consultant had two ward rounds per week, but the day to day medical input was usually provided by a different doctor each day, which was confusing for patients, especially those with a diagnosis of dementia.

Storage for equipment was not always adequate. On ward 4 commodes were stored in a shower room. This meant that if the shower room was required for use, it had to be cleared of commodes and cleaned prior to use. The commodes were then stored outside of the shower room in a busy communal area and could represent a falls risk to patients who were passing. The ward manager informed us that storage problems would be resolved once planned refurbishment work was completed.

Patient records were kept securely and could be located promptly when needed. During our inspection we reviewed 12 sets of patient records. In all the records we looked at, nursing and allied health professional documentation was accurate, legible, easy to follow and gave a clear plan and record of the patient's care and treatment. Audits of nursing care indicators, which included documentation in patient care plans, falls, nutritional assessments and pain management records demonstrated a level of between 95% and 100% compliance for November and December 2013. However, the records of treatment recorded by one consultant and, to a lesser extent, some junior medical staff were illegible and contained numerous abbreviations. One senior nurse told us they would ring the doctor and check if they could not read the notes. Patient records need to be legible in order for patients to be cared for safely and effectively.

Monitoring safety and responding to risk

The service was managing patient risks such as falls, pressure ulcers, bloods clots, catheter and urinary infections, which are highlighted by the NHS Safety Thermometer assessment tool. The NHS Safety Thermometer is a tool designed to be used by frontline healthcare professionals to measure a snapshot of these avoidable harms once a month. The trust monitored these indicators and displayed information on the ward performance boards.

Anticipation and planning

There was a project manager in place with responsibility for the planning and implementation of future projects regarding Clifton Hospital. We were informed by the matron of ways in which staff and the premises at Clifton Hospital were adapting in order to meet changing ways of delivering care. This included undertaking more treatment and procedures as day cases and planning for the provision of more outreach services delivered in the patient's own homes by teams based at Clifton Hospital.

Good

Medical care (including older people's care)

Are medical care services effective?
(for example, treatment is effective)

Good

Using evidence-based guidance
To ensure that people with a diagnosis of dementia got the right care and support, Clifton Hospital used the Butterfly Scheme, which is in use throughout the trust. Under this scheme, a butterfly symbol informs staff when a patient is living with dementia, so that staff can give appropriate help and support. Use of schemes such as the Butterfly Scheme is considered to be good practice.

The trust participates in national clinical audits and submits data to many audits including those for dementia and stroke.

Performance, monitoring and improvement of outcomes
The trust have developed robust clinical pathways in response to the Keogh review and their high mortality data. The data on mortality is seen to be falling, and the trust is keeping this under close review.

Out of hours medical care was currently provided by an on-call doctor based at Blackpool Victoria Hospital. Plans to employ a nurse practitioner based at Clifton Hospital until midnight and at weekends had been approved and the role had been advertised. It had also been agreed to base a doctor at Clifton Hospital at weekends. This meant that patients whose condition began to deteriorate could be seen more quickly and would speed up the discharge process by initiating tests and treatment over the weekend instead of waiting until the following week.

Staff, equipment and facilities
We spoke individually with 12 members of staff, at all levels, during the inspection. All the nursing staff felt that they worked well together as a team and supported each other. We saw evidence of this during our inspection. Several people made comments such as "we are a good team" and "we are more like a family, we help each other out".

Multidisciplinary working and support
Multidisciplinary teams worked well together to ensure coordinated care for patients. From our observations and discussions with members of the multidisciplinary team, we saw that staff across all disciplines genuinely respected and valued the work of other members of the team. We saw that teams met at various times throughout the day, both formally and informally, to review patient care and plan for discharge.

Are medical care services caring?

Good

Compassion, dignity and empathy
Most of the patients we spoke with told us they felt well cared for and that they thought staff were kind and caring. We saw many examples of this throughout our visit. Some comments made were "I am safe and sound and well looked after" and "They look after me well here, I think I would be dead without them".

Linen was supplied to Clifton Hospital from the Blackpool Victoria Hospital. Housekeeping staff on one ward told us they were frequently short of linen at weekends, particularly nightdresses and towels. All wards said the supplies of nightdresses for large patients was an ongoing problem, and this meant that patients had to wear theatre gowns, which compromised their dignity. A staff member told us, "The girls are really good and if we ring up they will send linen over, but sometimes they haven't got it to send us."

Volunteers were encouraged and we saw that ward 1 used them to provide activities such as hand massages and nail painting, which the patients enjoyed.

Involvement in care and decision making
Patients we talked with told us they felt involved in their care and knew what was happening from day to day. They told us that staff listened to them and explained their care. Staff delivered care in a way that took into account the wishes of the patient. We saw staff obtaining verbal consent when helping patients with personal care. What about written consent to treatment ?

Trust and communication
All the patients we spoke with told us they felt safe within the trust. However, some felt that communication could be improved. Three patients we spoke with, who had been admitted to Clifton Hospital for rehabilitation, did not have a clear idea of when they would be likely to be discharged, or the level of progress they would need to make in order to be well enough for discharge.

Good

Medical care (including older people's care)

Emotional support

Support groups met regularly at Clifton Hospital. These included a rheumatology and a tinnitus support group, which was meeting on the day of our inspection. The rheumatology nurse also ran a telephone helpline.

Are medical care services responsive to people's needs?

(for example, to feedback?)

Good

Meeting people's needs

We received information prior to our inspection from patients who informed us that facilities for dermatology day case patients at Clifton Hospital who were not able to return home were inadequate. Patients told us that at night they were transferred to ward 4, which predominantly cared for older people and did not meet their needs. We discussed this with the ward manager during our inspection and were informed that it was not uncommon for up to five dermatology day case patients to be cared for overnight. When asked about the increased risk of infection for these patients staff told us that they would be usually be nursed in a side room. However, there was not always a side room available and in that case those patients would be nursed in a four-bedded room with other patients, which we felt could put them at an increased risk of infection. We were also informed by dermatology patients that they found it difficult to sleep due to the needs of other patients being met during the night. All the staff we spoke with who cared for these patients recognised that the current arrangements did not fully meet the needs of these patients. Discussions had taken place within the management team regarding this issue, but patients were still being transferred to ward 4 for overnight care at the time of our inspection. We were unable to identify a clear plan to resolve this issue.

Vulnerable patients and capacity

We saw staff considering a person's capacity appropriately and discussing actions that would be taken in their best interests. Staff demonstrated a good knowledge of the Mental Capacity Act 2005. This meant staff were checking that patients could use and understand information to make an informed decision.

All patients over 60 were screened for dementia and the trust was in the process of developing a pathway for patients this patient group. This means patients with dementia will in future be able to receive the most comprehensive and up-to-date care available. We did not however yet have a date for its implementation.

Access to services

Patients may be transferred between hospitals if their condition requires care more appropriately provided at another site. The trust had a protocol for the transfer of patients between Blackpool Victoria and Clifton Hospitals and this was strictly adhered to and prevented routine transfers of patients overnight (between 8pm and 8am). Staff informed us that transfers out of hours were unusual and an incident form would be completed so that the reason for the transfer could be explored along with measures to prevent a recurrence.

We were informed that the average length of stay at Clifton Hospital had been steadily falling over the last year. Comparison data was only available for two wards due to the re-configuration of the other two wards during the last year. The available data showed that the average length of stay on both wards, compared with the same time last year, had fallen by 2.04 and 1.61 days. This means that patients spend less time in hospital and are able to return home sooner. The matron held a weekly meeting with the relevant senior nursing, therapies and discharge planning teams to discuss average length of stay and ways in which this could be reduced further.

Leaving hospital

Discharge arrangements met the needs of patients. Staff with specific responsibilities to manage the discharge process were available and staff we spoke with confirmed that, generally, patient discharges were managed effectively. Social workers from the Blackpool area were based on site and links with them were good, which made the discharge of patients requiring input from social workers run smoothly. We were told links were not as good with social workers from Lancashire, which was attributed to the fact they were not based on site. This meant that there was a potential discharges for those patients who lived in Lancashire and needed input from social workers could be delayed. We were unable to evidence the scale of this during our visit.

Good

Medical care (including older people's care)

Learning from experiences, concerns and complaints

Large posters informing people about how to make a complaint were visible on each ward and department and in corridors throughout Clifton Hospital. There were very few complaints made to the trust regarding Clifton Hospital. Staff attributed this to the fact that they were very accessible and used initiatives such as 'Matron's Hour' and 'Sisters Clinics' where anyone could meet with them and discuss their concerns. This meant that patients and their families and friends felt able to bring issues directly to a staff member, where it could almost always be resolved immediately, removing the need for a formal complaint to the trust. Formal complaints were dealt with using the trust complaints procedure.

Are medical care services well-led?

Good

What are the governance arrangements

The matron held a meeting every Monday with senior staff during which risks, innovation and good practice were discussed. This information was then cascaded down to their teams.

Leadership and culture

Staff we spoke with told us that senior management of the hospital were highly visible. One commented, "There aren't a lot of us, so we all know each other really well". Staff told us that the senior team was very supportive and approachable. Staff knew some members of the executive team well, they visited the hospital and took time to interact with them and listen to their views and opinions. Other members of the executive team were unfamiliar to them.

The ward managers, and senior management team demonstrated passion, energy, compassion and direction, and they were aware of the trust's and their own priorities. One member of staff told us, "This is what nursing is all about." Other staff agreed and told us that their wards were well-led.

Patient experiences, staff involvement and engagement

Staff at Clifton Hospital engaged with their patients and their local community, there was a public meeting planned for later in the month, which is a good example of local engagement. This had been well advertised and would give patients and people from the local community an opportunity to shape services and the way they are provided at Clifton Hospital in the future.

Learning, improvement, innovation and sustainability

All the staff we spoke with during our inspection had received an annual appraisal and had set learning and development objectives for the following year. Mandatory training was up to date or programmed to take place in most areas we visited. Staff were happy with the access to training within the trust. They were informed in advance of any mandatory training they needed and the training would be scheduled in. The training was competency based and everyone thought the training provided within the trust was of a good standard. Advanced training relevant to their roles, such as higher level dementia training for staff on ward 1, had been prioritised.

We found there was an open culture where staff could raise concerns.

Good

Outpatients

Safe	Good
Effective	Not sufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Good

Information about the service

Rheumatology and dermatology outpatient services for the trust are provided at Clifton hospital. Over the course of a two day inspection we observed care, looked at records and spoke with 16 patients, 6 relatives and 4 staff across all disciplines.

Summary of findings

The outpatient areas were clean, well-organised, well-staffed and were observed to run smoothly. Some clinics were overbooked, which could result in patients waiting longer for their appointments. There were clinics during the evenings and at weekends in order to meet the needs of patients.

Good

Outpatients

Are outpatients services safe?

Good

Safety and performance

Staff were familiar with the trust's incident reporting system and were encouraged to report incidents and near misses. There were no recent serious incidents in outpatients.

Learning and improvement

Staff received feedback from the incidents reported via their line manager.

Systems, processes and practices

The outpatients clinic was purpose built and was spacious and well laid out, this allowed both the patient and their case notes to flow smoothly between waiting, consultation and treatment areas. Equipment was clean, well maintained and readily available.

Monitoring safety and responding to risk

The department was managing patient risks, such as falls which are highlighted by the NHS Safety Thermometer assessment tool. (The NHS Safety Thermometer is a tool designed to be used by frontline healthcare professionals to measure a snapshot of avoidable harms once a month).

Are outpatients services effective?

(for example, treatment is effective)

Not sufficient evidence to rate

Using evidence-based guidance

Outpatients services often have a high rate of people who did not attend for their appointments (DNAs). This is not only a poor use of hospital resources, but more importantly means that people do not access the medical care they were referred for and there is then a potential that their condition could worsen if untreated. We were informed by the nursing staff that patients for some clinics were sent a text message to remind them of their appointment in order try to reduce the number of people who did not attend for their appointments. This is recognised as good practice. The appointments were managed by the trust from Blackpool Victoria Hospital and outpatients staff at Clifton Hospital were not aware that this initiative had made much difference to the number of DNAs, as the rate was low for rheumatology and dermatology clinics anyway.

Performance, monitoring and improvement of outcomes

The trust monitors service delivery activity through its quality committee. Where an incident is recognised to be severe, the trust service is involved in an immediate (with 24 hours) repose.

Findings from the audits were received by the departmental manager and an action plan was produced, when necessary, to address any issues that arose. The manager would then monitor progress against the action plan until the issue was resolved. This meant that any issues that arose from the audits could be quickly addressed.

Staff, equipment and facilities

Staffing throughout the department was found to be adequate to meet the needs of the people using the service. A new play area for children had recently been installed.

We reviewed the comprehensive training records kept by the manager of the outpatients department. All the staff had received an annual appraisal and had set learning and development objectives for the following year. Mandatory training was up to date or programmed to take place and additional training, relevant to roles, was undertaken periodically. The manager was enthusiastic about staff training as part of professional development and encouraged staff to participate in training whenever it was available.

Multidisciplinary working and support

Multidisciplinary teams worked well together to ensure coordinated care for patients. Staff described an open and productive working environment with strong and effective communication between colleagues.

Are outpatients services caring?

Good

Compassion, dignity and empathy

We spoke with 17 patients over two days during our inspection. They told us that overall they were very happy with the service they received, though a few had occasionally experienced long waits. This was not generally the case and one person told us, "Sometimes I can be seen and done before my appointment time." Consultation

Good

Outpatients

rooms had a treatment room attached. This meant that both consultation and treatment could take place without the patient having to move around the clinic, which was useful for those patients with limited mobility.

Involvement in care and decision making

Patients told us that, where they had undergone a procedure requiring their consent, a clear explanation of the reason for the procedure, including the risks and benefits, had been discussed. They said that before they had signed their consent form, staff had explained their treatment and care. In the records we examined, we saw that staff had clearly documented discussions about consent.

Trust and communication

We saw examples of the general information patients were given and also more specific information relating to any procedure they had undergone. Patients told us that information was communicated to them in a way that they could understand and that their consultations were never rushed. They told us they were treated with kindness and courtesy and given an opportunity to ask questions, should they wish to do so.

Emotional support

Staff told us that the delivery of treatment, particularly to those patients with skin conditions, could be time consuming. Therefore they used this time as an opportunity to discuss with the patients any emotional issues related to their conditions. They could then address these concerns as appropriate.

Are outpatients services responsive to people's needs?

(for example, to feedback?)

Good

Meeting people's needs

Services for patients were provided until 8.30pm and at weekends in order to accommodate the needs of patients who found it difficult to attend clinics during the working week. Patients we spoke with were very appreciative of the flexibility this gave them to attend for treatment.

To satisfy increasing demand for dermatology and rheumatology outpatient services, nurse-led clinics had been introduced to review conditions such as infantile eczema. These clinics were popular with patients, one of whom commented that "the nurse is very knowledgeable and will spend as long as you need explaining things to you".

We looked at the way in which appointments were booked and noticed that some consultants booked two patients in at the same time. This meant that some patients had a longer wait then necessary.

Waiting times for an initial consultation were monitored by the trust, which undertook regular audits as part of the process of continuously improving outpatient services.

Vulnerable patients and capacity

Adjustments were made for vulnerable people and those with special needs. Staff were aware of patients with dementia as the butterfly symbol was used within the trust to alert staff so that they can give appropriate help and support. Staff told us how they would 'fast track' a patient with dementia or learning disabilities so that they did not have to wait in a strange environment, which could increase their levels of anxiety and those of their carers.

All staff were able to explain the implications of the Mental Capacity Act 2005 and their responsibilities regarding people who did not have the capacity to make decisions for themselves.

Access to services

Clifton Hospital did not have a pharmacy. Most patients collected their medicines from a local pharmacy. However, two patients told us they required medicines that could only be dispensed by the pharmacy at Blackpool Victoria Hospital, seven miles away. This meant they had to make an additional journey and incur extra transport and parking costs in order to obtain their treatment.

There is a national patient charter standard indicating patients should be informed if their appointments are delayed by more than 30 minutes. During one of our visits we found that the dermatology clinic was running late. Staff displayed a notice to this effect and updated the waiting times as appropriate.

There was ample car parking adjacent to the hospital at a reasonable charge.

Good

Outpatients

Leaving hospital

Everyone we spoke with told us that the system in place for making and changing appointments worked well.
Follow-up appointments were either booked at clinic or an appointment was sent in the post, which could be easily changed if it was not convenient.

Learning from experiences, concerns and complaints

Changes had been made within the waiting areas following feedback from patients. These included a television for the waiting room and some new seating.

Are outpatients services well-led?

Good

Governance arrangements

We found there were systems in place for the reporting and management of risk. Additionally assurance processes were in place to monitor patient safety.

Patient experiences, staff involvement and engagement

The views and experience of patients were sought in the form of a independently audited questionnaire distributed to a random selection of outpatients by the charity Age UK. The findings from the audit were fed back in a report for the department to improve the service provided.

Learning, improvement, innovation and sustainability

We reviewed the comprehensive training records kept by the manager of the outpatients department. All the staff had received an annual appraisal and had set learning and development objectives for the following year.