

# Warrington and Halton Hospitals NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

# Summary of findings

## Background to the trust

Warrington and Halton Hospitals NHS Foundation Trust comprises three hospitals across two sites – one in the borough of Warrington and two co-located in Runcorn in the borough of Halton. The trust serves a population of approximately 330,000 across both boroughs and employs around 4,200 staff.

Warrington hospital is the home of the emergency and acute care services supported by intensive care, acute cardiac care unit, stroke unit and the country's largest inpatient acute dementia ward. Maternity and paediatrics, ophthalmology, and screening services are all located here.

Halton General Hospital is where all elective work is carried out together with two integrated/ intermediate care wards; the Clatterbridge chemotherapy Centre, Macmillan Delamere Centre. The Runcorn Urgent Care Centre is located at this site.

The Cheshire and Merseyside Treatment Centre is also located on the Halton General site which is a centre for orthopaedic surgery and sports medicine.

The trust reports that it has 539 beds: 431 at Warrington; 44 elective and 22 intermediate care beds at Halton and 42 trauma and orthopaedic beds at the Cheshire and Merseyside Treatment Centre.

In the year before the inspection there were 112,000 visits to the emergency department at Warrington Hospital and 30,000 to the urgent care centre at Halton General hospital. In the same period there were approximately 500,000 individual patient appointments, procedures and stays and approximately 3,000 babies were born.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Good** ● ↑

## What this trust does

Warrington and Halton Hospitals NHS Foundation Trust provides acute hospital services to people of the Warrington and Halton boroughs. The trust has two sites delivering a range of acute services: Warrington Hospital and Halton General Hospital (which is also where the Cheshire and Merseyside Treatment centre is located).

## 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.

# Summary of findings

Between 26 March 2019 and 4 April 2019, we inspected five different core services provided by this trust as part of our ongoing inspection programme. Between 26 and 28 March 2019 we inspected medical care, surgery, critical care and maternity at Warrington Hospital. Between 2 and 4 April 2019 we inspected surgery and outpatients at Halton General Hospital.

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. We carried out an assessment of how well-led the trust is between 30 April and 2 May 2019. Our findings are in the section headed is this organisation well-led?

## What we found

### Overall trust

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

- We rated safe, effective, caring, responsive and well-led as good. All five core services we inspected during this inspection we rated as good. In rating the trust, we took into account the current ratings of the six services not inspected this time.
- We rated well-led for the trust overall as good.
- Our rating for Warrington Hospital and Halton General Hospital were both good which was an improvement since the last inspection.
- Our ratings for medical care and critical care at Warrington Hospital were both good which was an improvement from the last inspection. Our ratings for surgery at Warrington Hospital and Halton General Hospital were both good which was the same rating as the last inspection.
- We rated maternity at Warrington Hospital as good. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated outpatients at Halton General Hospital as good. We previously inspected outpatients with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

### Are services safe?

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

- The trust provided mandatory training in key skills to all staff and made sure everyone completed it. Compliance was generally above the trust's target.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Services were updating their training levels to be compliant with changes to national guidance.
- The trust controlled infection risk well.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- In most services, 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.
- Staff generally kept detailed records of patients' care and treatment.

# Summary of findings

- The trust managed patient safety incidents well. Staff recognised and reported incidents and near misses. The trust had improved the incident reporting systems since our last inspection.

However

- While the trust generally used systems and processes to safely prescribe, administer and store medicines. In some areas medicines were not always properly recorded or available and medicines reconciliation across the trust was well below national standards.

## Are services effective?

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

- The trust provided care and treatment based on national guidance and evidence-based practice. The trust had updated its process for auditing compliance with national guidelines.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.
- The trust made sure staff were competent for their roles. At the end of 2018-19 appraisal rates for most staff were above the trust target.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment.

However

- The outcomes in some national audits, for example for stroke, lung cancer and hip fracture were below the England average.
- We saw examples where the trust did not properly record the best interest decisions or capacity assessments for patients who lacked capacity

## 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, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Are services responsive?

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.

# Summary of findings

- People could access the service when they needed it and received the right care promptly. The trust was in line or better than national averages for most targets for being seen.
- It was easy for people to give feedback and raise concerns about care received. The trust had improved the back log of complaints since the last inspection.

However

- Patients sometimes were delayed once they were ready to be discharged.

## Are services well-led?

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

- Leaders had the integrity, skills and abilities to run the service. They were visible and approachable in the services for patients and staff.
- The trust had a well embedded vision and values which were well understood by staff. The trust had refreshed its strategy which was focused on sustainability of services and aligned to local plans within the wider health economy.
- 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.
- Leaders operated effective governance processes, throughout the service and with partner organisations.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. The trust had made improvements to its risk management since our last inspection.
- The trust collected reliable data and analysed it. The trust had a good range of reports and dashboards for staff to understand performance, make decisions and improvements.
- 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.
- The trust was committed to continually learning and improving services. Staff received training in quality improvement methodology and were encouraged to share learning.

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in medical care, critical care and maternity.

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

## Areas for improvement

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

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

# Summary of findings

## What happens next

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

## Outstanding practice

### Warrington Hospital

#### Medical services

- A smart heart programme had been delivered to over 1,000 children in local primary schools to raise awareness of heart health and the importance of healthy eating and exercise.
- The service had established a frailty assessment unit to identify patients whose needs were predominantly in relation to frailty. This multi-disciplinary service had helped reduce admissions and delivered improvement in patient access in the few months since it had been implemented.
- The clinical lead consultant nurse for frailty assessment had been invited as an expert advisor for NHS England.
- Awareness of needs and support for patients living with dementia was well embedded in practice. The environment and facilities in the cardiac care unit and frailty assessment unit were designed and developed based on dementia friendly approaches.

#### Critical care

- The outreach team had an expanded role and did not just attend wards to review patients who were potential going to be admitted to critical care, they also visited all emergency laparotomy patients, acute fractured neck of femur, acute kidney injury and any level three alerts from the laboratories to check guidelines were being followed.
- The critical care leads listened to staff and involved them wherever possible. The unit had received a large amount of charitable funds and to involve staff in deciding how to spend the money they held a 'Dragons Den' event where staff were able to 'pitch' for their idea on how the money should be spend. The results included; dementia clocks, a 'Sound ear', electrical device to aid immobile patients, a specialist rehabilitation chair and conversion of an unused roof top into an outdoor garden.

#### Maternity

- The bereavement service had won an award in 2018 for the best hospital bereavement service. There were two en-suite rooms with cuddle cots available. The specialist bereavement midwife was very responsive to individual needs from early losses to term babies.

## Areas for improvement

Action a 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 **SHOULD** take to improve

We told the trust that it should take action to bring services into line with legal requirements.

#### Trust wide

# Summary of findings

- The trust should review the fit and proper persons processes so all the required information is retained for all directors
- The trust should consider how it records the delivery plans for the enabling strategies
- The trust should review the progress of the implementation of strategies for patients living with dementia and with a learning disability and consider the implementation of a strategy for patients with mental health needs.
- The trust should continue to review the plans to achieve financial sustainability and the action required to deliver financial plan for 2019-20.
- The trust should review the information reported in the finance report to consider including remedial action on the financial position, risk-based forecasting and the level of recurrent cost improvement plans.
- The trust should review the processes for identifying, reporting and investigation of missed doses for critical medicines across the trust.
- The trust should consider further development and investment in systems to improve medicines reconciliation rates across the trust.
- The trust should review the root cause analysis form for serious incidents to consider how information about safeguarding, capacity, patient involvement is included.
- The trust should review the process for senior clinician input into structured judgement reviews.

## **Warrington Hospital**

### In medical care

- The trust should continue to monitor staffing levels and follow escalation plans to ensure levels of nursing and medical staffing are sufficient to provide safe care and treatment.
- The trust should review systems for medicines management regarding missed doses of medications.
- The trust should continue to monitor audit performance to identify further potential improvements.
- The trust should continue to sustain improvement and practice in application of capacity assessment and application of Deprivation of Liberty Safeguards where required.
- The trust should continue work to reduce delays in patient discharges where possible.

### In surgery

- The trust should consider needs such as safeguarding and deprivation of liberty are highlighted.
- The trust should make sure that all care plans in paper records are filled in consistently.
- The trust should review the monitoring of expiry dates of sepsis bags.
- The trust should ensure that mental capacity assessments and best interest decisions are recorded consistently in records.
- The trust should continue to look at ways to reduce the risk of readmission for elective admissions.
- The trust should continue to look at ways to improve outcomes on the national hip fracture database.

### In critical care

- The trust should consider increasing the number of isolation rooms with negative and positive ventilation, in accordance with Department of Health guidelines.

# Summary of findings

- The trust review the process for fridge checks so they are completed daily, in line with the trust's medicines management policy.
- The trust should continue to review the number and occurrence of patients nursed in a recovery area while they await a critical care bed.

## In maternity

- The trust should ensure that all midwives complete adult safeguarding training level three.
- The trust should review the availability of nets in case of a pool evacuation.

## Halton General Hospital

### In surgery

- The trust should ensure that controlled drugs are stored securely at all times in theatres.
- The trust should review the levels of safeguarding training with reference to the intercollegiate documents on safeguarding.
- The trust should review the process for monitoring consumables so they remain in date and fit for use.
- The trust should review the process for monitoring maintenance of patient trolleys.
- The trust should continue the work around safer surgery and the pre-operative briefing and documentation.

### In outpatients

- The trust should review the training available for staff on updating patients' risk assessment records.

## 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's board had a range of skills, knowledge and experience to lead the trust. The trust had a cohesive leadership team who demonstrated collective leadership. While most of the executive directors were in their first board director role, they were experienced senior managers and had participated in national leadership development programmes. Leaders were visible across both sites at the trust.
- The trust had well embedded values and strategic aims of quality, people and sustainability. The trust had recently refreshed its strategy and enabling strategies following engagement with patients, staff and the wider local community. The trust was starting to measure its progress towards meeting the strategic aims.
- The trust was a key partner in the Cheshire and Merseyside Health and Care Partnership and the place-based systems in Warrington and Halton. The trust was developing plans for integration with the local NHS community health provider and partnership working with other local NHS acute trusts.
- There was a positive culture across the trust. Staff were friendly and warm and felt respected and supported. The trust performed well in the most recent staff survey. There was a strong focus on openness and transparency.



# Summary of findings

- The trust had implemented a new integrated governance model and made changes to its risk management and incident reporting since the last inspection. There was a clear governance structure and reporting lines from ward to board.
- The trust had a clear structure and processes for overseeing performance, quality and risk. The trust had made improvements to the risk management systems since the last inspection, including investing in a new incident reporting system. This gave the trust greater oversight of issues facing the service and they responded when services needed more support.
- The trust used information well to monitor performance and quality. The trust used an electronic patient record and other systems to support a range of reports and dashboards from ward to trust level.
- The trust made sure that it included and communicated effectively with patients, staff, the public, and local organisations. The trust had a range of activities and methods for engaging with the public and had a strong group of governors. Governors were involved in trust meetings and quality visits across the trust. The trust used an engagement tool, widely used in NHS trusts, to improve staff engagement.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. The trust used quality improvement methodology and was developing and promoting its innovation and research.
- The trust had significantly improved its complaint handling since the last inspection. The trust had reduced the back log of complaints and planned to improve the timeliness of responses.

However:

- The trust did not currently have strategies to support patients living with dementia, learning disabilities or mental health illness. Some of the enabling strategies lacked clear delivery plans.
- The trust had not yet fully addressed the plans to break even in 2019-20 which were predicated by the delivery of a cost improvement programme of £7.5million and the resolution of £5million of cost pressures.
- While medicines optimisation within the trust was well-led medicines reconciliation rates for the whole trust were currently at 33% of medicines reconciled within 24 hours; this is well below National Institute for Health and Care Excellence guidelines of 90% within 24 hours.

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

## Ratings tables

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

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

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

### Ratings for the whole trust

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

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

### Rating for acute services/acute trust

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

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

## Ratings for Warrington Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Nov 2017	Good Nov 2017	Good Nov 2017	Requires improvement Nov 2017	Good Nov 2017	Good Nov 2017
Medical care (including older people's care)	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019
Surgery	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019
Critical care	Good ↑ Jul 2019	Good ↔ Jul 2019	Outstanding ↑ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Good ↑ Jul 2019
Maternity	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019
Services for children and young people	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
End of life care	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
Outpatients and diagnostic imaging	Requires improvement Nov 2017	Not rated	Good Nov 2017	Good Nov 2017	Requires improvement Nov 2017	Requires improvement Nov 2017
<b>Overall*</b>	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019

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

## Ratings for Halton General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
Medical care (including older people's care)	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Requires improvement Nov 2017	Good Nov 2017
Surgery	Good ↑ Jul 2019	Good →← Jul 2019	Good →← Jul 2019	Good →← Jul 2019	Good →← Jul 2019	Good →← Jul 2019
Outpatients	Good Jul 2019	Not rated	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019
<b>Overall*</b>	Good ↑ Jul 2019	Good →← Jul 2019	Good →← Jul 2019	Good →← Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019

\*Overall ratings for 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.

# Warrington Hospital

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[www.warringtonandhaltonhospitals.nhs.uk](http://www.warringtonandhaltonhospitals.nhs.uk)

## Key facts and figures

Warrington hospital is situated in the centre of Warrington, Cheshire. It is the home of the emergency and acute care services supported by intensive care, acute cardiac care unit, stroke unit and the country's largest inpatient acute dementia ward. Maternity and paediatrics, ophthalmology, and screening services are all located here.

The following CQC cores services are provided at Warrington:

- Urgent and emergency care
- Medical care
- Surgery
- Critical care
- Maternity
- Services for children and young people
- End of life care
- Outpatients

There are approximately 431 acute care inpatient, day case and specialist beds at Warrington.

Between February 2018 and January 2019 there were 48,000 inpatient admissions and 260,000 outpatient appointments.

## Summary of services at Warrington Hospital

**Good**  

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

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

# Summary of findings

- 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, 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 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. People could access the services when they needed to and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the trust'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 services 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 there were not always have enough staff to meet planned staffing levels, although there were processes to review staff shortages and take action to keep people safe.
- The hospital was not following best practice for medicines reconciliation and in medical care and critical care medicines were not always properly recorded or available.
- The hospital was below the England averages for audits for stroke, lung cancer and hip fractures. The trust had plans to improve performance.
- In surgery, we saw two cases where mental capacity assessments and best interests decisions were not fully recorded in patient records.
- In medical care, there were delays in discharge for patients.

# Medical care (including older people's care)

Good  

## Key facts and figures

The medical care and integrated medicine and community clinical business units (CBU) are responsible for the delivery of cardiology, diabetes and endocrine, respiratory, diabetes and endocrinology, sexual health, older peoples care, stroke, rehabilitation, intermediate care (IMC), frailty and patient flow.

The medical specialities CBU is supported by a team of consultants and nurse consultants (diabetes, dementia and frailty).

With the exception of the acute medicine floor the two CBU's are responsible for 10 medical wards at Warrington including the new 26 bedded acute cardiac care unit that opened in December 2018 following a £0.75m capital investment.

The frailty unit on the Warrington site opened in June 2018 offering an integrated approach to frailty, targeting patients who would benefit from services that enable them to remain in the community, reducing avoidable hospital attendance through access to rapid assessment, diagnostics, pharmacy, 24 hour respite care and 'Step Up' care provision.

NHS England transformation funding has supported additional support for inpatient diabetes care.

The development of the 'medically optimised' C22 WREN unit using a reablement model to ensure safe, effective discharges with a 'home first' approach is a further step in developing integrated services for the borough working closely with partners to optimise patients for discharge.

The trust had 23,608 medical admissions from August 2017 to July 2018. Emergency admissions accounted for 12,132 (51.4%), 215 (0.9%) were elective, and the remaining 11,261 (47.7%) were day case.

We carried out an unannounced inspection between 26 and 28 March 2019, (staff did not know we were coming), to enable us to observe routine activity. During the inspection we visited thirteen wards, also the discharge lounge and frailty assessment unit.

We spoke with 44 members of staff including Clinical Business Unit leaders, medical staff including consultants and junior doctors; nursing staff including matrons, ward managers, nurses and healthcare assistants; allied health professionals; administrative and housekeeping staff. We spoke with nine patients and their relatives.

We observed care and treatment and reviewed 22 patient care records and seven prescription charts.

## Summary of this service

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

- The trust provided mandatory training for staff and managers ensured staff completed this. This had improved since the last inspection.
- Staff were aware of safeguarding issues and followed trust safeguarding procedures when required.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean and implemented control measures to prevent the spread of infection.
- Staff kept appropriate records of care and treatment. This had improved since the last inspection.

# Medical care (including older people's care)

- Staff reported incidents when these arose and there were established systems for managers to share any learning with staff. This had improved since the last inspection.
- The service monitored the effectiveness of care and treatment and used audit results to make improvements.
- Staff gave patients enough food and drink to meet their needs and improve their health, responding to patients' individual preferences.
- Staff of different kinds worked well together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff cared for patients with compassion and involved patients and their families in decisions about their care. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust planned and provided services in a way that met the needs of local people. People could access the service when they needed it and the service responded to patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. This had improved since the last inspection.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Managers had a vision for the service and had involved staff and patients in developing this.
- Managers across the service promoted a positive culture that supported and valued staff. Staff at all levels were extremely positive and enthusiastic about working for the trust.
- The service used a systematic approach to continually improving the quality of its services, with effective systems for identifying and managing risks. This had improved since the last inspection.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service was committed to improving, by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- The service did not always have enough staff with the right qualifications, skills, training and experience to meet its planned staffing levels, although it had processes to review staff shortages and take action to keep people safe.
- The service prescribed, gave, and stored medicines well. Although not all medicines prescribed had a signature or appropriate code to indicate if the medicines had been administered and some medicines were not available.
- Audit results for patients following a stroke and for patients with lung cancer had been below England average. Improvement plans were identified and arrangements for transfer of hyper-acute stroke services to a neighbouring trust were imminent.

## Is the service safe?

Good  

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

- The trust provided mandatory training for staff and managers ensured staff completed this. Local records we reviewed confirmed high compliance with mandatory training.



# Medical care (including older people's care)

- Staff completed the required level of safeguarding training and were aware of the type of safeguarding issues which could arise in the service. Staff followed trust safeguarding procedures and were confident in applying these.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean and implemented control measures to prevent the spread of infection. Staff observed trust procedures for isolating patients where there was a risk to others of infection.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- The service did not always have enough staff with the right qualifications, skills, training and experience to meet its planned staffing levels, although it had processes to review staff shortages and take action to keep people safe.
- The service prescribed, gave, and stored medicines well. Although not all medicines prescribed had a signature or appropriate code to indicate if the medicines had been administered and some medicines were not available.

## Is the service effective?

**Good** ● ↑

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed policies based on this guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff monitored and managed patients' pain levels, responding promptly to patients' requests for analgesia.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked well together as a team and we saw multi-disciplinary team working was routine in day-to-day practice. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. This was an improvement since the last inspection where we found staff awareness of their responsibilities was low.

However

# Medical care (including older people's care)

- Audit results for patients following a stroke and for patients with lung cancer had been below England average. Improvement plans were identified and arrangements for transfer of hyper-acute stroke services to a neighbouring trust were imminent.

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff routinely considered patients' individual needs and were alert to any changes in these. They consistently respected patients' privacy and dignity. Ward bay doors were kept closed where possible to support patients' privacy and minimise any disturbance from the activity of the ward.
- Staff involved patients and those close to them in decisions about their care and treatment. They adapted their communication to support each individual person.
- Staff displayed a non-judgemental attitude when discussing or caring for patients who were living with dementia or who had a mental health need.
- Staff provided emotional support to patients to minimise their distress. They listened carefully to patients and helped reassure patients when they were anxious.
- We saw there was consideration of patients' wider well-being, with celebrations of special days and events.
- Feedback from patients was positive and patients we spoke with were very happy with the care and treatment they had received.

## Is the service responsive?

Good ● ↑

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

- Services were planned and provided to meet the needs of people. There was development of services, including a frailty assessment unit, in response to patient needs.
- People could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice.
- Systems were in place to assist with patient flow and transfer to community services.
- The service took account of patients' individual needs and provided a patient-centred approach in providing care. Staff were especially aware of the needs of patients who were living with dementia and actions were identified to support patients who were at risk of falling.
- The service supported patients in their individual needs, with use of communication books, choice of diet for religious or cultural preferences.

# Medical care (including older people's care)

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However

- Delays in discharge were a frequent issue for patients, particularly in elderly care and dementia wards.

## Is the service well-led?

**Good** ● ↑

Our rating of well-led improved. 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. Leaders were confident and knowledgeable about their services. All staff we spoke with were clear about their roles and how they were a part of the service overall. Leadership was clear, and staff felt supported and encouraged by managers. There was an open culture in which individuals were supported to take a lead in their development.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were enthusiastic about the development of services and were extremely proud of the care they provided to patients. There was a strong sense of positivity in the service, expressed by staff at all levels.
- 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.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. There were clear governance systems for managing risks and promoting quality in the service.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged widely with patients, the public, staff and other organisations in the local health economy, working collaboratively to improve health outcomes for people accessing 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.

## 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.

# Surgery

Good   

## Key facts and figures

The trust provides surgery at: Warrington Hospital, Halton Hospital and The Cheshire and Merseyside Treatment Centre (also located at Halton Hospital). This report focusses on Warrington Hospital.

The digestive diseases, musculoskeletal and specialist surgery clinical business units are responsible for the delivery of surgical services across the Warrington and Halton sites.

The trust had 25,628 surgical admissions from August 2017 to July 2018. Emergency admissions accounted for 6,581 (25.7%), 16,000 (62.4%) were day case, and the remaining 3,047 (11.9%) were elective.

*(Source: Hospital Episode Statistics)*

The Warrington site comprises 106 surgical and trauma and orthopaedic inpatient beds, across four wards.

All emergency surgery including trauma is undertaken at the Warrington site in dedicated theatres:

- one emergency theatre
- one trauma theatre
- five elective theatres
- one recovery area

Types of surgery include:

- gastroenterology
- general surgery, specialising in urology
- colorectal
- trauma and orthopaedics

The site also has 10 ophthalmology day case trollies and an endoscopy service with eight trollies. During the inspection one theatre was being used for maternity patients due to scheduled maintenance of the maternity theatre.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. The inspection comprised: one inspection lead and two team inspectors, medicines inspectors, mental health inspector and a specialist advisor with expertise in theatre nursing.

We inspected all four wards, theatres and recovery areas, ophthalmology day case unit and the surgical assessment unit. We spoke to 40 different members of staff, ranging from doctors and nurses, therapists, housekeepers, health care assistants, consultants and theatre specialists. We interviewed surgical leads from all three clinical business units.

We spoke to 20 patients in all the wards, and patients who were going into theatre.

## Summary of this service

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

# Surgery

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

- Compliance rates for mandatory training met the trust target.
- Staff were aware of their safeguarding responsibilities.
- The service managed cleanliness, infection control and hygiene well.
- The service had good staffing levels.
- The service managed risk and staff knew what to do if a patient deteriorated.
- The service followed evidence based practice to ensure high clinical standards.
- The service made sure patients nutritional and hydration needs were met.
- The service regularly asked patients about their pain levels.
- The service took part in a range of audits and used results to improve outcomes for patients.
- The service supported staff well, and made sure they were competent in their roles.
- The service was caring, and treated patients with dignity and respect.
- The trust provided services to meet the individual needs of patients.
- Patients could access the service when they needed to.
- Referral to treatment times were good and better than the England average.
- The service was well led with a clear governance structure and lines of accountability.
- Senior managers were aware of risks and put actions in place to reduce risks.

## 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. Managers kept electronic records of staff compliance and printed out monthly to keep in the staff room. Staff could access their own records to check when training was due for renewal.
- 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. Staff were trained in level one and two for both adult and children's safeguarding and compliance levels were good.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. We checked a range of areas and equipment and found good standards. Staff adhered to infection control policies and we saw regular hand washing and adherence to the 'arms bare below the elbow' policy'.
- The service had suitable premises and equipment and looked after them well. All items we looked at had recent services and electrical testing. Items were stored securely and packages were intact.

# Surgery

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. The service used and checked the use of surgical safety checklists. Staff knew how to assess the degree of illness a patient was experiencing and were aware of how to escalate a deteriorating patient. All areas had sepsis boxes and staff received training on how to recognise and treat sepsis.
- The service had enough medical and nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The trust had put a staffing plan in place to recruit and retain staff, and retention rates were good. This was an improvement following the last inspection.
- The service had systems to prescribe, give, record and store medicines. The service made sure medicines management training was in place and medicines incidents were discussed at the ward safety briefing.
- Staff kept records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service. The service focussed on improving falls rates and hospital acquired pressure ulcers and had seen improvements.

However,

- Although records were clear, there was no system to quickly highlight issues such as whether there were any safeguarding concerns, or patients were subject to a deprivation of liberty.
- Care booklets were not always filled in consistently in the paper records, for example the cognitive impairment and dementia section in the fractured hip pathway. This was important as relevant information may be missed.
- The service did not follow National Institute for Health and Care Excellence guidelines regarding medicines reconciliation.
- We found that blood culture bottles stored in sepsis bags had expired, which was important for testing the presence of sepsis in a patient.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Staff were compliant with The National Institute for Health and Care Excellence and pathways. For example, the Sepsis Six pathway developed by the UK Sepsis Trust.
- 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 preferences. Staff monitored nutritional 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. 18 out of the 20 patients we asked confirmed their pain levels were managed and did not have to wait for pain relief.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.

# Surgery

- All patients at Warrington Hospital had a lower expected risk of readmission for non-elective admissions when compared to the England average.
- In the patient reported outcomes measures survey, more patients reported an improvement after a procedure than patients reporting feeling worse.
- The service made sure staff were competent for their roles. Appraisal rates were just under the trust target. The service supported students and new staff well, and staff could sign up to a clinical supervision programme.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Surgical wards had their own physiotherapy and occupational therapy and made referrals to speech and language and dieticians.
- Staff had some understanding about how and when to assess whether a patient had the capacity to make decisions about their care. The trust reported good compliance rates with mental capacity training across different staff groups. Staff could describe the principles of the Mental Capacity Act and we saw examples of mental capacity assessments. Staff followed trust policy around seeking and documenting consent.

However,

- However, we found that in two cases it was recorded that the patient lacked capacity and treatment taken in their best interests but mental capacity assessments and best interests decisions were not fully recorded in patient records.
- From September 2017 to August 2018, all patients at Warrington Hospital had a higher than expected risk of readmission for elective admissions when compared to the England average. Surgical leads have put measures in place to address this and have seen improvements in readmission rates.
- The service performed lower than other trusts in the national hip fracture database 2018. Surgical leads had recognised this and put an action plan into place to address.

## Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We saw several examples of staff taking the time to interact with patients and talking in a warm and friendly way. All wards and the surgical assessment unit maintained the dignity and privacy of patients.
- Staff provided emotional support to patients to minimise their distress. We found many examples of where staff had provided emotional support to patients and their families. Staff understood the impact care had on people, particularly for palliative care patients.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients told us that staff always introduced themselves and spent time explaining conditions and treatment. Staff arranged interpreters for people who had difficulties with communication. Staff understood the importance of this when discussing a procedure and gaining consent.

# Surgery

## Is the service responsive?

Good  → ←

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

- The trust planned and provided services in a way that met the needs of local people. For example, the service had specialist leads for different areas of practice, including a learning disability lead.
- The service took account of patients' individual needs. Needs were highlighted during staff handover and through patient records. Staff planned for patients with additional needs to help minimise anxiety and concerns.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards. Referral to treatment times was better than the England average.
- The average length of stay for all elective patients was 4.3 days, similar to the England average of 3.9 days. For non-elective patients the average length of stay was 4.7 days, similar to the England average of 4.8 days.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Staff were aware of the trust complaints policy and formal complaints were dealt with in line with policy.

## Is the service well-led?

Good  → ←

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

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. Leaders were visible and approachable, and staff were encouraged to attend leadership programmes. All staff we spoke to felt supported by managers.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. Staff were engaged with the trust vision and strategy and worked in partnership with managers.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. All the staff we spoke with spoke very highly of the culture embedded. Staff described feeling proud of the service and the care delivered to patients.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. The three clinical business units had a clear structure with clear roles and remit.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The service had a comprehensive risk register. Risks were rated and reviewed monthly; all risks had a risk owner attached. The risk register detailed controls and assurances, and actions needing to be taken.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.



# Surgery

- 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 had different ways to talk to patients and staff, and acted on feedback.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## 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 adult critical care unit is an 18-bedded ward situated on the Warrington site. Care is delivered across two areas allowing level three and level two patients to be grouped if required. The unit participates in Intensive Care National Audit and Research Centre audits and in the Infection in Critical Care Quality Improvement Programme national surveillance programme looking at bloodstream infections in critical care units.

The unit ward delivery model includes: Consultant ward rounds 8am to 8pm Monday to Friday and 8am-5pm weekends offering twice daily ward rounds. Dedicated 1.00 WTE Band 8a Pharmacy cover Monday to Friday with plans for seven days.

There is an electronic rostering system for junior, middle and consultant staff. There is formalised handover sessions and daily multidisciplinary team huddles along with ward multidisciplinary team meetings and mortality and morbidity meetings, which include radiology.

The trust has trainee advanced critical care practitioners with dedicated consultant clinical supervision.

According to the Intensive Care National Audit and Research Centre data from 1 April 2018 to 30 September 2018, the units had 446 admissions. The service is a member of the Cheshire and Merseyside Critical Care Network. For the purposes of governance, critical care sits in the trust's medical and acute division.

We visited the unit on 26, 27 and 28 March 2018. 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; an intensivist consultant, consultants, junior doctors, a ward manager, a pharmacist, a microbiologist, a dietician, the outreach team, practice educators, a specialist nurse organ donor, members of the nursing team, allied health professionals, the housekeeping team, and seven patients and/or their families. We also reviewed eight patient records, policies, guidance and audit documentation.

As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We last inspected critical care in March 2017. We rated the service as requires improvement.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- The service had suitable premises and equipment and looked after them well. The design, layout and maintenance of the unit was utilised well and kept people safe.
- The service had enough medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

# Critical care

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff always cared for patients with compassion. Patients and family members said staff consistently treated them well and with kindness. Staff respected and valued patients' personal, cultural, social and religious needs.
- People's emotional seen as being as important as their physical needs. Staff provided emotional support to patients to minimise their distress.
- The trust planned and provided services in a way that met the needs of local people. Patients were well supported on transfer or discharge and were invited to follow-up clinics and support groups, which offered a variety of help and advice following their stay in critical care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. Staff were actively engaged, and their views were reflected in the planning and delivery of services.

## 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. In critical care the 85% target was met for eight of the 10 mandatory training modules for which qualified nursing staff were eligible.
- 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. Staff we spoke to had a good understanding of safeguarding and knew how to contact the safeguarding team and make a safeguarding referral.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. All areas we visited appeared to have been cleaned to a high standard and the unit performed better than similar units in Intensive Care National Audit and Research Centre standards for hospital acquired infections.
- The service had suitable premises and equipment and looked after them well. The design, layout and maintenance of the unit was utilised well and kept people safe. The combined high dependency unit and intensive care unit was spacious, well equipped and light, due to natural light from external windows.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. The critical care unit managed patient risk well and staff identified and responded appropriately to changing risks to patients.
- An acute care team was available 24 hours a day seven days a week.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Since the last inspection band six and seven nurses were trained in advanced airways skills so there was a trained member of staff on every shift.

# Critical care

- The service had enough medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment. Consultants carried out twice daily ward rounds. This was an improvement from the last inspection and was now in line with national standards.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. This was an improvement on the last inspection. While record keeping had improved time of decision to admit the patient to the unit was not recorded in every record.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The unit held a mortality and morbidity monthly meeting, reviewing all deaths for the unit. These meetings were attended by multidisciplinary teams (MDT) and was fed up to the trust mortality review group and fed into service improvement. This had been an improvement since the last inspection.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

However;

- The unit only had two isolation rooms with negative and positive ventilation. This was below the recommended number in national guidance.
- At the time of the inspection there was not a dedicated critical care pharmacist for the unit, although this was being addressed in the weeks following the inspection.
- Not all prescriptions had review or stop dates documented; the indication for the antibiotic was not always recorded. A medicines reconciliation had been completed for most of the records reviewed.
- Fridge checks were not always completed daily, in line with the medicines management policy. This had been an issue raised at the previous inspection.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The unit demonstrated submission of continuous patient data contributions to INARC. This meant that the care delivered, and mortality outcomes were being monitored against the performance of similar units nationally. We reviewed the latest validated and published ICNARC data for the period July to September 2018 which showed no alerts for the unit.
- 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 preferences. We saw evidence on all records we reviewed that malnutrition universal screening tool (MUST) scores were being calculated for patients and that referral to dietetic services were being made when needed. This was an improvement since the last inspection as this was not consistently done for each patient.

# Critical care

- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Qualified nursing and health visiting staff met the trust target for appraisal rates. The critical care leads held teaching every Friday for all staff on the unit and covered a variety of clinical topics and procedures.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

## Is the service caring?

**Outstanding**  

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

- Staff always cared for patients with compassion. Patients and family members said staff consistently treated them well and with kindness. This was observed throughout our visit by all levels of staff, at all times.
- Kindness and compassion by staff was evident throughout our visit and staff shared, with passion, stories of individuals members of staff going above and beyond their duty.
- Staff respected and valued patients' personal, cultural, social and religious needs. A multi faith memorial service was held annually by the unit, arranged by the band seven nurses and involving many other members of staff. Relatives and friends were invited by letter and it was well attended.
- In addition to the memorial service, the unit held a condolence book and a letter was sent out after the death of patients asking if they would like their loved one's name in the book.
- People's emotional seen as being as important as their physical needs. Staff provided emotional support to patients to minimise their distress. The unit had a counselling room in addition the family waiting room where nurses and doctors supported families in private.
- Staff involved patients and those close to them in decisions about their care and treatment. People and those close to them were active partners in their care. Patients and family members gave consistently positive feedback about the way in which staff communicated with them.
- The unit had access to a specialist nurse organ donor (SNOD) who was assessible to staff on the unit.

## Is the service responsive?

**Good**  

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

- The trust planned and provided services in a way that met the needs of local people. Patients were well supported on transfer or discharge and were invited to follow-up clinics and support groups, which offered a variety of help and advice following their stay in critical care.

# Critical care

- The service improvement lead worked hard to improve and expand services for patients, former patients physical and psychological needs were discussed at the follow-up clinics.
- The service took account of patients' individual needs. Staff were aware of and used 'This is me' booklets which are available to be used for dementia patients, those with an autism spectrum disorder, or anyone who would benefit and supported the patient in an unfamiliar place. Patient diaries were bound and presented to the patient at the clinic, and discussions held over their content.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice. The most recent validated ICNARC data showed that the unit performed better than similar units for discharges out of hours.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

Good   

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Leaders had the knowledge, experience and integrity to lead the service.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The unit's values were clear and were the same as the trust values. They were displayed around the unit so that staff were familiar with them.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. All staff we spoke to loved working in the service and spoke highly of managers.
- Senior band five nurses were placed on a rotation to be attached to the outreach team. This promoted multidisciplinary team working and helped retention of staff for the unit. The nurses would complete a three-month attachment.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- Critical care leads emailed staff once a month with 'Pit stop' which was any highlights, or topical issues, a recent 'Pit stop' had been to reiterate SEPSIS and embed knowledge.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The outreach team were an integral part of the unit and was managed in accordance with national critical care guidelines.
- The critical care unit had a comprehensive risk register which identified the risk, owner, actions and completion date. We spoke to the critical care leads who listed the units top five risks which were in alignment to those recorded on the risk register.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

# Critical care

- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. Staff were actively engaged, and their views were reflected in the planning and delivery of services. A ‘Dragons den’ style project had taken place recently on the unit, encouraging staff to put forward ideas on how to spend money in the unit, from a large charitable donation.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Outstanding practice

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

## Areas for improvement

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

# Maternity

Good 

## Key facts and figures

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

Warrington Hospital provides 24-hour maternity services for people that reside in and around the Warrington area. Between October 2017 to September 2018 there were 2,649 deliveries at the trust. Warrington hospital has a maternity unit that includes a labour ward with two admission rooms and five high risk delivery rooms, one of which was for enhanced care. There was also an alongside midwifery led unit that included three rooms, two of which had fixed pools. There were two obstetric theatres with recovery areas for two patients. The induction of labour bay was situated outside of the labour ward, next to the maternity ward.

There was a combined antenatal and postnatal ward that has three six-bedded bays and three siderooms. Outpatient services include the hospital antenatal clinic, an antenatal day unit, sonography (scanning) and a triage area.

Community antenatal clinics take place at locations throughout the Warrington and Halton areas including GP surgeries and children's centres.

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

We inspected the hospital as part of an unannounced inspection between 26 and 28 March 2019. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We reviewed eight patient records and other documentation relating to checks carried out in theatre. We spoke with 12 patients and their partners as well as observing one woman during surgery, one woman in the antenatal clinic and one family at a postnatal community visit.

We spoke with approximately 35 members of staff including specialist hospital and community midwives, doctors of all levels, matrons, care assistants, student midwives, receptionists, housekeeper, pharmacy technician and senior managers.

## Summary of this service

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

We rated it as good because:

- Staff had completed mandatory training and specific skills and drills for this service.
- Staff had received safeguarding training updates and understood how to keep women safe.
- All areas visited were visibly clean and the premises were suitable with plans to reorganise the service in place.
- There were sufficient numbers of midwifery and medical staff to meet the needs of the service.
- Women's records were completed appropriately by all staff both paper and electronic.
- Staff provided medicines, including pain relief, appropriately to women.



# Maternity

- Staff understood how to report incidents and received feedback.
- Staff followed national guidance and monitored the service.
- There was effective multidisciplinary working over seven days.
- Women were positive about care provided and supported by staff and partners involved with individualised care.
- There was an open and transparent culture with clear supportive leadership.
- There was a commitment to engagement with staff and public with monitoring of the service to promote improvements.

However:

- Midwifery staff compliance for adult safeguarding level three was below the trust target.

## Is the service safe?

**Good** ●

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

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. All training was multi-disciplinary with doctors and midwives attending.
- Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff were compliant with safeguarding level three training for children.
- Staff controlled infection risk well. All ward and obstetric theatre areas inspected were visibly clean and cleaning rotas were in place.
- The service had suitable premises and equipment and looked after them well. Since the last inspection, equipment had evidence of daily checks and maintenance within the previous 12 months. Plans were in place to relocate services.
- The service had enough staff with the right qualifications, skills, training and experience to keep women safe to provide the right care and treatment. Since the last inspection, there was one-to-one care in labour with a supernumerary co-ordinator as well as manager of the week. There was 60 hours consultant cover per month.
- Staff kept appropriate records of patients' care and treatment. Since the last inspection, records were stored securely in lockable cabinets. They were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Paper prescriptions records were in place including allergy details.
- The service managed safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. Staff understood the term duty of candour and when to apply it.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, women and visitors. The service used information to improve the service.

# Maternity

However:

- Following implementation of updated guidance, compliance for midwives for safeguarding adults level three was 58% at time of inspection, although the service always had someone was level three trained on each shift.
- There were two birthing pools, however; only one net in the event of an emergency.

## Is the service effective?

**Good** ●

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

We rated it as good because:

- The service provided care and treatment based on national guidance. Policies we reviewed were current and available for staff to view. Since the last inspection, an enhanced recovery programme had been implemented for elective caesarean sections.
- Staff gave women enough food and drink to meet their needs and improve their health. Parents could access drinks between meals. An infant feeding strategy had been implemented to support breast feeding.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. Since the last inspection, a maternity dashboard had been implemented and they compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Staff worked together as a team to benefit women. Doctors, midwives and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support women, who lacked the capacity to make decisions about their care.

## Is the service caring?

**Good** ●

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

We rated it as good because:

- Staff cared for women with compassion. Feedback from parents confirmed that staff treated them well and with kindness.
- Staff provided emotional support to parents to minimise their distress including at times of bereavement with an award winning service that offered memory boxes for losses or for perinatal mental health issues.
- Staff involved women and those close to them in decisions about their care and treatment. Birth partners were able to be resident with the woman.

# Maternity

## Is the service responsive?

**Good** ●

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

We rated it as good because:

- The service planned and provided services in a way that met the needs of local people. Women could choose to have care at the trust as well as other local providers.
- The service took account of women's individual needs. It was accessible for women with reduced mobility and interpreters were available. Women with mental health or learning disabilities were cared for appropriately.
- Women could access the service when they needed it. Since the last inspection a triage service had been implemented as well as an antenatal day unit. Waiting areas in the antenatal clinic had improved to try and differentiate between obstetric and gynaecology waiting.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Good** ●

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

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 service had a vision and strategy for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. A new midwifery-led birthing unit was planned, that included the re-location of the induction of labour area by the end of the year.
- Managers across the service promoted a positive culture that supported and valued staff.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Since the last inspection, the risk midwife reviewed risks monthly.
- The service engaged well with women, staff, the public and local organisations to plan and manage appropriate services and collaborated with organisations such as maternity voices 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. Plans included reorganisation of the service in order to offer more choices.

# Maternity

## Outstanding practice

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

## Areas for improvement

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

# Halton General Hospital

Hospital Way  
Runcorn  
Cheshire  
WA7 2DA  
Tel: 01925635911  
[www.warringtonandhaltonhospitals.nhs.uk](http://www.warringtonandhaltonhospitals.nhs.uk)

## Key facts and figures

Halton General Hospital and the Cheshire and Merseyside Treatment Centre are located on the same site on the outskirts of Runcorn, Cheshire.

Halton General Hospital is where all elective work is carried out together with two integrated/ intermediate care wards; the Clatterbridge chemotherapy Centre, Macmillan Delamere Centre. The Runcorn Urgent Care Centre is located at this site.

The Cheshire and Merseyside Treatment Centre is also located on the Halton General site which is a centre for orthopaedic surgery and sports medicine.

The following CQC cores services are provided at the Halton site:

- Urgent and emergency care
- Medical care
- Surgery
- Outpatients

There are 44 elective surgical beds and 22 intermediate care beds at Halton General Hospital and 42 trauma and orthopaedic beds at the Cheshire and Merseyside Treatment Centre.

Between February 2018 and January 2018 there were 15,000 inpatient admission and 112,000 outpatient appointments.

## Summary of services at Halton General Hospital

**Good**  

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

- The hospital 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 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.

# Summary of findings

- 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 services 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 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. People could access services when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the trust'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 services engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However,

- In surgery, we observed one instance of a controlled drug being left unattended in the operating theatres and found some consumables that were past their use by dates. Some patient trolleys also had not had annual maintenance.
- In surgery, some processes around the pre-operative briefing were not thorough, but work was in progress to improve this.
- In surgery, we saw an example of mental capacity assessment not in line with current guidance and trust policy.

# Surgery

Good   

## Key facts and figures

Surgical services at the Halton site which included the Cheshire and Merseyside Treatment Centre are managed by the digestive diseases, musculoskeletal and specialist surgery clinical business units, these were responsible for the delivery of surgical services at the Warrington site also. These services undertaken include: General surgery which comprised of upper gastro-intestinal, colorectal, thyroid, breast services, urology, ear nose and throat, ophthalmology, trauma and orthopaedics, oral surgery and orthodontics.

The Halton site has a 27 bedded ward (Ward B4) which accommodated both inpatients and day-case patients and the Cheshire and Merseyside Treatment Centre, which is used for elective trauma and orthopaedics, there was also a 30 bedded ward which accommodated both inpatient beds and day-case patients.

The Halton site comprises of four elective theatres, one clinical treatment room and two recovery areas, whilst the Cheshire and Merseyside Treatment Centre has four elective theatres and one recovery area.

The service had 15,096 surgical admissions from February 2018 and January 2019. 12,748 were elective day case procedures, 2,315 were elective inpatient procedures and 33 were none elective. Of these 90 were undertaken on patient aged 16 or 17 years.

The Care Quality Commission (CQC) carried out a comprehensive inspection between 2 and 12 April 2019. This inspection looked at the surgical services provided at Halton General Hospital only and included the Cheshire and Merseyside Treatment Centre.

During this inspection we visited the operating theatres, surgical inpatient and day case wards and the pre-operative assessment clinic at Halton General Hospital and the operating theatres, surgical inpatient and day case wards and the pre-operative assessment clinic at Cheshire and Merseyside Treatment Centre.

We spoke to seven patients, 25 members of staff including senior managers, nurses, student nurses, health care assistants, consultants, middle grade doctors, pharmacists, allied health professionals, pharmacists, domestics and ward clerks.

We observed care and treatment and looked at 11 patient care records. We reviewed comments from staff focus groups and we looked at the service performance data.

## Summary of this service

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

- The service had good systems in place to reduce the risk of avoidable harm to patients. There was a good and open safety culture and staff had a strong emphasis on maintaining safe ways of working.
- There was effective incident reporting practices and learning when things went less than well. The service had suitable processes to identify areas for improvement and these were followed up to ensure improvements were achieved.
- The service had low levels of patient harm, they had low levels of infections and falls. These were monitored to ensure risks were acted upon.

# Surgery

- There were sufficient numbers of trained and experienced staff, who were able to meet the needs of patients and reduce the chances of avoidable harm.
- The service reported good patient outcomes and compared favourably against many measures and England averages.
- The service provided care and treatment which was based on evidence based practice and guidance.
- The service had effective processes for multi-disciplinary working, all members of the team provided valuable input into the care and treatment of patients.
- The service ensured patients' privacy and dignity was protected and they were treated with kindness and compassion.
- The service was able to meet the individual needs of patients in their care such as cultural, psychological and personal differences. Patients were treated as individuals and care was determined with their needs in mind.
- The service provided on the Halton site were planned with the needs of patients in mind. The premises and environment were suitable for the activities undertaken on site.
- Referral to treatment times into the service were better than England average times.
- Leaders were competent and capable, were well respected and supportive of staff.
- The service had good governance and performance management structures in place which enabled them to understand the service, any risks and potential for improvement. This enable them to implement new ways of working and new initiatives which staff were engaged in.

## 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. Mandatory training rates for most modules met the trust's target of 85%.
- 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. Staff we spoke with understood how to report and escalate concerns.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. The environment was clean, staff followed infection prevention and control principles.
- The service had suitable premises and equipment and looked after them well. The environment was appropriate and equipment was usually serviced and maintained appropriately.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. The service used and checked the use of surgical safety checklists. This was an improvement from the last inspection. We saw evidence that risk assessments were completed and acted upon.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. We saw that there were enough staff on the wards.



# Surgery

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Records were of a good standard.
- 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 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. We saw that incidents and lessons learned were shared with staff and actions were implemented to reduce the risk of reoccurrence.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

However,

- We observed one instance of a controlled drug being left unattended in the operating theatres.
- Safeguarding training levels were not yet in line with the revised intercollegiate guidance.
- We found some consumables that were past their use by dates.
- Patient trolleys in the Cheshire and Merseyside Treatment Centre had not had their annual maintenance survey.
- Some processes around the pre-operative briefing were not thorough, but work was in progress to improve this.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Care pathways reflected latest evidence based practice.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences. Food and fluid charts were completed, patients were assisted with their diet and fluids.
- 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.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Appraisal rates were below trust targets, but were acceptable and improving.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. There was multidisciplinary input into care planning and delivery.
- Staff were able to offer health promotion advice such as smoking cessation, healthy diet and nutrition and had access to condition specific advice.

However,

# Surgery

- Whilst staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 and knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care; we saw an example of the application of such processes not in line with current guidance and trust policy.

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed positive interactions between staff and patients
- Staff provided emotional support to patients to minimise their distress. We saw that staff considered the emotional needs of patients in their care.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients reported they felt listened to and included in their care.

## Is the service responsive?

Good ● → ←

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

- The trust planned and provided services in a way that met the needs of local people. The environment was suitable and designed with patients in mind.
- The service took account of patients' individual needs. Adjustments were made for individual patient need. The service took account of personal, cultural and religious needs and preferences.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice. Services were flexible to meet the needs of patients.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. The complaints we reviewed were investigated and responded to appropriately.

## Is the service well-led?

Good ● → ←

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Managers were enthusiastic, capable and knowledgeable about their service and their areas of responsibility.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The trust strategy was focused around quality, people and sustainability; they worked with partners, staff and patients to achieve this.

# Surgery

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff appeared happy and proud of their work and the hospital.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. The service had robust governance processes in place.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. There was good access to information sources to assist managers and staff.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Areas for improvement

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

# Outpatients

Good 

## Key facts and figures

Outpatients services at Warrington and Halton Hospitals NHS Foundation Trust are located across Warrington Hospital, Halton General Hospital, Cheshire and Merseyside Treatment Centre with some services provided in a community setting.

At Halton General Hospital, the main outpatients department is located on the lower ground floor with clinics also held in the Macmillan Delamere Centre and at the Cheshire and Merseyside Treatment Centre. Some specialities had dedicated outpatient areas including ophthalmology, breast screening, physiotherapy and diabetes clinics.

The main outpatients department consists of 26 consultation rooms at both the Warrington and Halton sites and hosts over 300 medical and surgical clinics per week.

The outpatient department is part of the diagnostics and outpatients clinical business unit and is a key function that supports the effective delivery of service for all clinical business units within the trust.

The Care Quality Commission (CQC) carried out an unannounced inspection between 2 and 4 April 2019. This inspection looked at the outpatient services provided at Halton General Hospital and included the physiotherapy service, phlebotomy, Macmillan Delamere Centre and Cheshire and Merseyside Treatment Centre.

We spoke with 13 patients, 15 members of staff including senior managers, nurses, student nurses, health care assistants, consultants, middle grade doctors, pharmacists, allied health professionals, pharmacists, domestics and ward clerks.

We observed care and treatment and looked at 12 patient care records. We reviewed comments from staff focus groups and we looked at the service performance data.

*(Source: Routine Provider Information Request (RPIR) – AC1. Context acute)*

## Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. 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. 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, provided facilities for patients to access enough to eat and drink, and access to 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.

# Outpatients

- 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. People could access the service when they needed it and did not have to wait too long for treatment.
- 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:

- Although staff assessed risks to patients, staff had not received specific training to be able to update the patient's risk record.

## Is the service safe?

**Good** ●

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated safe as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Training compliance was high and was monitored by local managers and by the trust.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean and implemented control measures to prevent the spread of infection. The infection prevention and control policy and training module was available to all staff. Audits with good outcomes were undertaken by staff to ensure compliance.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Since the last inspection there had been a programme of refurbishment and considerable improvements had been made to the environment. Staff managed clinical waste well.
- 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 patient's 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 patient's 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.

# Outpatients

- 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.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

Staff had not received specific training to be able to update the patients' risk assessment record.

## Is the service effective?

**Not sufficient evidence to rate** ●

We inspect but do not rate effective for outpatients:

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way or referred patients to an appropriate clinic.
- 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.
- 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 patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Good** ●

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated caring 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.

# Outpatients

## Is the service responsive?

**Good** ●

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

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. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were 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** ●

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.

# Outpatients

## Areas for improvement

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



# Our inspection team

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

The team included one inspection manager, 12 inspectors, one assistant inspector, eight specialist advisers and an assessor from NHS Improvement.

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.