Wirral University Teaching Hospital NHS Foundation Trust

Inspection report

Arrowe Park 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	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Inadequate**

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

Wirral University Teaching Hospital NHS Trust provides services at Arrowe Park Hospital and Clatterbridge Hospital.

The hospitals are located on the Wirral peninsula in the North West of England and serves the people of Wirral and neighbouring areas.

Wirral University Teaching Hospitals NHS Foundation Trust became a Foundation Trust on 1 July 2007. The trust provides services for around 400,000 people across Wirral, Ellesmere Port, Neston, North Wales and the wider North West footprint with 855 beds trust-wide, including 749 at Arrowe Park Hospital.

Overall summary

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

What this trust does

Arrowe Park Hospital is one of two hospital sites managed by Wirral University Teaching Hospitals NHS Foundation Trust. The hospital is the main site and provides a full range of hospital services including emergency care, critical care, a comprehensive range of elective and non-elective general medicine (including elderly care) and surgery, a neonatal unit, children and young people's services, maternity and gynaecology services and a range of outpatient and diagnostic imaging services.

The other site is Clatterbridge Hospital in Bebington and provides surgical and medical rehabilitation services together with some outpatient services.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

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.

Wirral University Teaching Hospital NHS Foundation Trust was last inspected in September 2015 and rated requires improvement overall. We inspected the trust on 13 March to 15 March, 20 March to 23 March and 1 to 3 May 2018. We looked at medical care, surgery, end of life care, urgent and emergency services, maternity and the critical care unit. We also assessed the well led aspect of the trust.

We inspected certain services at Arrowe Park Hospital based on the level of risk and also inspected the well-led aspect as this had not been inspected before. We did not visit services at Clatterbridge Hospital as part of this inspection.

Summary of findings

What we found

Overall trust

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

- There was an unstable executive leadership team with a significant turnover of senior leaders. This had affected the capability and capacity within the senior leadership team together with the pace to progress improvements in care provided.
- The trust was not fully compliant with the fit and proper person requirements as not all appropriate checks had been completed on directors and non-executive directors.
- Although there was a trust governance structure in place the arrangements did not always operate effectively. Some new systems had been put in place to monitor quality and safety across the trust but the improvement was difficult to assess.
- The risk management system was applied inconsistently throughout services and risk registers and action plans to mitigate the risks were not always reviewed in a timely way.
- Information used in reporting, performance management and delivering quality care was not always accurate or reliable. Leaders and staff did not always receive accurate information to enable them to challenge and improve performance.
- Not all services had a clear vision for what it wanted to achieve and did not always have workable plans to make improvements.
- There was not always a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Some staff informed us that they had witnessed or experienced bullying or harassment and we found that when concerns had been raised, they had not always been dealt with in a timely manner.
- Not all services provided 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 found that there were still staffing shortages which had not improved since the last inspection. We also found times when staff did not have all the competencies required to care for patients in the maternity unit following emergency surgical procedures.
- The trust had not always managed patient safety incidents well. This was because serious incidents had not always been reported and investigated in line with the NHS England Serious Incident Framework 2015 or trust policy so that improvements were made to reduce the risk of similar incidents happening again. There were occasions when an apology was not given in a timely way when things went wrong.
- Some areas of the hospital were not as clean as they should have been and not all equipment had been serviced or maintained adequately.
- Not all services had suitable premises for patients and in critical care they did not always comply with best practice guidance for the design of the environment. There were times when some areas were being used that were not always appropriate due to the lack of facilities when the hospital was busy.
- In the emergency department patient risk assessments for falls and pressure ulcers had not been completed in line with trust policy and best practice guidance. This was particularly important as patients had spent more than 12 hours in the department on a regular basis.
- The children's emergency department was not open 24 hours a day, seven days a week. This meant that children were sometimes assessed and treated in inappropriate areas of the department.

Summary of findings

- There were a large number of patient moves, especially at night. Services did not monitor the reason for placing patients into these areas and therefore could not clarify if the placements were made for clinical reasons. There were also a large number of patients ready for discharge across the trust. This had not improved since the last inspection.
- There were safeguarding processes in place to protect people from abuse, however these were not always effective. We had concerns that some patients who required restrictions in place to keep them safe were potentially being deprived of their liberty without lawful authority.

However

- Staff understood how to protect patients from abuse. Safeguarding policies for adults and children were readily available and staff received appropriate levels of safeguarding training.
- The service provided care and treatment based on national guidance. Staff had access to information to support them in providing the most appropriate care and treatment.
- Staff cared for patients with compassion. Patients were treated with dignity and had their privacy maintained the majority of occasions.
- Leaders had recognised that culture within the trust required improvement and had recently undertaken external reviews and put actions in place. We also found improvements in the culture in maternity services following our last inspection.
- There had been improvements in how end of life services was led since the last inspection. There had been an increase in consultant cover for palliative medicine and performance dashboards were not in place to monitor and improve the service.

Are services safe?

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

- Systems, processes and standard operating procedures were not always reliable or appropriate to keep people safe.
- There were periods of understaffing or inappropriate skills mix which were not always addressed quickly enough. There was a high number of bank and agency staff used.
- Information on patient safety was not always timely. Risk assessments were not always being completed in some service areas.
- Incidents were not always being recorded or investigated in a timely way and in line with national guidance and trust policy. People did not always receive a timely apology when something went wrong.
- Major incident equipment had not always been checked regularly and was not always easily accessible should it be required in an emergency situation and unanticipated event.
- There were times when areas were being used to care for patients which were not always fit for purpose and the appropriate equipment and facilities always available.
- There was insufficient attention to keep patient records safe.

However

- There were systems and processes in place to keep people safe from abuse and safeguarding policies were in line with best practice guidance.
- Staff could access patient information when they needed it to plan and deliver care, treatment and support
- People received their medicines when required.

Summary of findings

Are services effective?

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

- Staff did not always adhere to the Mental Capacity Act 2005 principals and guidance was not always effective. There were times when deprivation of liberty safeguards applications had not been made in a timely way which meant there was a risk that patients were being detained unlawfully.
- In some services outcomes for patients who used services were sometimes below expectations when compared with similar services.
- There was limited evidence of monitoring adherence to national guidelines to ensure care pathways were up to date and appropriate.
- Not all staff had the right skills and experience to fulfil their roles. There was limited leadership development in services and some services were not able to evidence staff competencies to fulfil additional roles. There were gaps in support arrangements for staff for professional development.

However

- People's care and treatment was planned and delivered based on national guidance and standards.
- Pain relief was effectively managed.
- There was participation in relevant local and national clinical audits together with external reviews where appropriate to help improve standards of care.

Are services caring?

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

- Feedback from people who used the services and those close to them were positive about the way staff treated people.
- People were treated with respect and kindness during all interactions we observed. People felt supported and said staff cared for them.
- Staff supported people and those close to them to manage their emotional responses to care and treatment. Personal, cultural, social and religious needs were understood.
- People said staff spent time with them and provided information in a way they could understand. Staff responded compassionately when people needed help and supports.
- People's privacy and confidentiality was respected the majority of times.

However

- We did observe that people's dignity was not always maintained and there were occasions when the facilities provided in certain areas did not always promote privacy and dignity.

Are services responsive?

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

- There were shortfalls in how the needs of different people were taken into account on the grounds of protected characteristics under the Equality Act. There were no network groups for patients.
- Information was not always accessible for people and not readily available in different languages.

Summary of findings

- Complaints were not always being responded to in a timely way and there was little evidence of the learning applied to practice within services
- Not all services had been planned and provided that met the needs of the local people, for example the children's department was not open 24 hours a day.
- People did not always receive treatment in a timely way. This was because the urgent and emergency service had continually failed to meet the target to transfer, admit or discharge patients.
- Access and flow continued to be a challenge for the trust and there were significant patient moves out of hours, a high number of delayed discharges and patients being cared for on a ward that did not meet their speciality.
- Medical certification of death continued to be a long standing issue and there were not always available in the required timeframe.

However

- Services had responded to individual needs. For example, areas designed to help people living with dementia and a bereavement room for families and loved ones of patients who had passed away.
- There was a translation service in place and there was access to a psychiatric liaison service when required.
- There was a rapid discharge team in place to help facilitate patients who were end of life to die in their preferred place of care where appropriate.

Are services well-led?

Our rating of well-led went down. We rated it as inadequate because:

- The leadership, governance and culture did not always support the delivery of high quality person-centred care.
- Not all leaders had the necessary experience, knowledge and capacity to lead effectively. There were unstable leadership teams throughout the trust. The need to develop leaders had not always been identified and action was only just beginning to be taken. There was little attention to succession planning and board development.
- In some services there was limited evidence of a strategy and workable plans to make improvements. There was no effective approach to monitoring or providing evidence of progress against delivery of the strategy or plans on a regular basis.
- Managers across the trust had not always promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Some staff informed us that they had witnessed or experienced bullying or harassment and we found that when concerns had been raised, they had not always been dealt with in a timely manner.
- People did not always receive a timely apology when something went wrong in line with national guidance and regulation.
- The trust did not always ensure that all recruitment checks had been completed for senior leaders in line with national guidance and regulation.
- Equality and diversity were not consistently promoted and there were no specific network groups available for staff with particular protected characteristics under the Equality Act.
- The governance arrangements and their purpose were unclear and did not always operate effectively. There had been a recent governance review but staff were not always clear about their role and what they were accountable for.

Summary of findings

- Risks were not always dealt with appropriately and the risk management approach was not applied consistently. Risk registers and actions were not always regularly reviewed and there was no evidence that the corporate risk register had been regularly reviewed and updated before the inspection.
- Information that was used to monitor performance or make a decision could not be relied on to be accurate or reliable. For example, workforce information. Required data to be submitted to external organisations was not always reliable.
- There was little recent innovation or service development and there were a number of policies and standard operating procedures that were overdue for review.

However

- Senior leaders had recognised that improvement had to be made and had begun to involve staff in the review of the strategy and review of the trust values.
- The executive team had begun to visit service areas to help improve the accessibility and visibility of the team.
- The risk registers across the trust did show that most risks had controls in place to reduce the level of risk.
- There was evidence of collaborative working with other NHS organisations and stakeholders and there was recognition that there was a need to work in a more integrated way for the benefit of patients.

Ratings tables

The ratings tables in the report show the ratings overall and for each key question, for each service and for the whole trust. They also show the current ratings for services or parts of them not inspected this time.

Outstanding practice

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

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

Areas for improvement

We found areas for improvement including 34 breaches of legal requirements that the trust must put right. We found 78 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

Action we have taken

Due to the nature of some concerns we had following this inspection, we issued actions required by the trust. This meant the trust had to be compliant with the relevant regulation.

We issued requirement notices. Our action related to breaches of five legal requirements at a trust-wide level and seven in core services at Arrowe Park Hospital.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

We will make sure that the trust continues to take the necessary action to improve its services following this inspection and the previous inspection in October 2017. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Summary of findings

Outstanding practice

- In medical care services there were areas specifically designed for patients with dementia which included reminiscence rooms designed to resemble a pub and a beauty salon from the 1950's and contained equipment from that era.
- In maternity services they carried out community PROMPT training (a package that trains the attendees how to deal with obstetric and neonatal emergencies in the home setting) for the local ambulance trust staff and community midwives to train together. The maternity department were runners up this year in the Royal College of Midwives "Excellence in Midwifery Education, Learning and Research award for the delivery of the course.
- Maternity services had a "Mums and Midwives" drop in so women could receive their free Pertussis and flu vaccinations.
- Theatre staff took part in multi-disciplinary clinical simulations as part of continued learning. Staff described a change in practice as a result of one simulation.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations.

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

Trust-wide

- The trust must ensure that all governance, incident and risk systems and processes are effective and fully implemented.
- The trust must ensure that all policies are reviewed and up to date with national guidance.
- The trust must ensure that complaints are managed effectively in line with trust policy.
- The trust must ensure that people receive an apology when things go wrong in a timely way and that duty of candour is applied in line with national guidance and trust policy.
- The trust must ensure that all fit and proper person's checks are completed in line with guidance for all directors and non-executive directors at board level and they are compliant with the fit and proper person's regulation at all times.
- The trust must ensure that all information that is used for managing performance is accurate an up to date.
- The trust must ensure that all application for deprivation of liberty safeguards are made in line with legislation.
- The trust must ensure that all information is monitored to improve the flow of patients through the hospital and all areas being used for additional beds are fit for purpose.
- The trust must ensure that safeguarding children training is in line with national guidance.
- The trust must ensure that there is an increase in the number of primary mortality reviews undertaken to ensure effective learning.

Urgent and Emergency Care

- The service must ensure that the environment and equipment are maintained and cleaned in line with trust policy and best practice guidance.

Summary of findings

- The service must ensure that appropriate numbers of nursing and medical staff are available at all times.
- The service must ensure that there is a member of staff trained in paediatric advanced life support available at all times.
- The service must ensure that patients receive an initial assessment within 15 minutes of arrival, in line with trust policy and Royal College of Emergency Medicine standards.
- The service must ensure that patient safety checklists and patient risk assessments, including falls and pressure ulcers are completed in line with trust policy and best practice guidance.
- The service must ensure that all medicines, including controlled drugs and patient group directions are managed in line with trust policy and legislation.
- The service must ensure that all incidents, including serious incidents are reported and investigated in line with trust policy and the NHS Serious Incident Framework 2015.
- The service must ensure that all staff complete full competency assessments to undertake their roles and that this is recorded in line with trust policy.
- The service must ensure that there are effective systems in place to monitor the service provided and that when areas for improvement are identified, actions to make improvements are completed in a timely manner.

Medical Care Services

- The service must deploy sufficient staff with the appropriate skills on wards and on the acute medical unit, medical short stay ward and ambulatory care unit.
- The service must ensure that records are kept secure at all times so that they are only accessed and amended by authorised people.
- The service must ensure premises are suitable for the purpose for which they are used, especially in the discharge hospitality centre and day case unit.
- The service must ensure patients' nutrition and hydration needs are met including supporting patients to eat and drink.
- The service must ensure that safeguarding systems and processes are operated effectively and capacity assessments completed in a timely manner to ensure that patients are not deprived of their liberty without lawful authority.
- The service must ensure they assess the risk to health and safety of patients when accommodating patients in escalation areas and do all that is practicable to mitigate any risks. Care and treatment of patients with higher acuity must take place in appropriate areas that are safe for such use.
- The service must decrease the number of patients transferred between wards at night. The transfer of dementia patients at night must only take place in exceptional circumstances to ensure that care and treatment is appropriate, meets individual needs and reflects preferences.

Surgery

- The trust must ensure all premises are maintained and fit for purpose.
- The trust must ensure there are enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The trust must ensure systems and processes are in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

Summary of findings

Critical Care

- The service must ensure that the unit provides a suitable environment for patients, staff and visitors. The trust must ensure plans are developed to indicate when facilities will comply with national standards
- The provider must ensure that where risks are identified, measures are taken to reduce or remove the risks with a timescale that reflects the level of risk and impact on people using the service.

Maternity Services

- The service must ensure that there are adequately skilled and competent recovery staff available at all times to recover women who have been in theatre.
- The service must ensure there are adequate security arrangements to keep babies safe at all times.
- The service must ensure that women's care records are kept securely in locked cabinets at all times.

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:

Trust-wide

- The trust should ensure that culture within the trust is improved.
- The trust should ensure that engagement with staff, patients and the public is improved.
- The trust should consider how innovation is promoted within the trust.
- The trust should ensure that the quality strategy is reviewed and monitored effectively.
- The trust should ensure that divisional review of performance is undertaken effectively.
- The trust should consider how there is a trust oversight of all staffing issues.
- The trust should consider ways in engaging effectively with the council of governors and the public.
- The trust should ensure that compliance with national guidance is monitored.

Urgent and Emergency Care

- The service should ensure that mandatory training is completed by all staff in a timely way.
- The service should ensure that records for children are completed consistently, including using the mandatory safeguarding questions for children at all times and correctly using the paediatric early warning score.
- The service should ensure that all staff are compliant with hand hygiene in between providing direct care and treatment to patients.
- The service should ensure that the paediatric area is secured at all times, reducing the risk of unauthorised access to the department.
- The service should ensure that patients who have an increased modified early warning score are monitored and escalated for further review, in line with trust policy.
- The service should ensure that staff are able to access major incident equipment in a timely manner and that major incident equipment is checked and maintained in line with trust policy.
- The service should ensure that the transfer of care for all patients is completed appropriately, in line with trust policy.

Summary of findings

- The service should ensure that pain management is recorded appropriately and that pain relief is administered in a timely manner when needed.
- The service should ensure that best interest decisions and mental capacity assessments are recorded in line with trust policy and legislation.
- The service should ensure that staff are able to raise concerns when needed and that they are acted on in a timely manner.
- The service should ensure that health and safety risk assessments are kept up to date.
- The service should consider ways to make sure that patient pathways for different conditions are included in all patient records and completed fully when appropriate.
- The service should consider ways in which to make sure that all staff have an understanding of female genital mutilation and aware of the legal requirement to report incidences of this.
- The service should consider ways to make sure that all equipment in the department is stored appropriately.
- The department should consider ways to ensure that all breaches of mixed sex accommodation in the emergency department review unit are recorded appropriately.
- The service should consider ways to make sure that complaints are dealt with in both a timely manner and in line with trust policy.
- The service should consider ways to improve the response rate of both staff, patients and relatives in order make further improvements to the service.

Medical Care Services

- The service should improve mandatory and safeguarding training compliance across all staff groups.
- The service should ensure the safe and proper storage of medicines on wards.
- The service should ensure that equipment and premises are kept clean and daily checks take place.
- The service should ensure all equipment is secure, properly maintained and appropriately located. Particularly, sluice rooms which store substances hazardous to health and urine samples should be locked.
- The service should ensure that all resuscitation trolleys across the service are regularly checked and emergency equipment has the appropriate portable appliance tests carried out.
- The service should improve performance across all metrics in the national falls audit.
- The service should ensure all staff have an up to date appraisal.
- The service should ensure that venous thromboembolism (VTE) assessments are carried out within 24 hours of admission in line with national institute of clinical excellence guidance.
- The service should ensure that patients accommodated on escalation wards have access to a dedicated multi-disciplinary team.
- The service should ensure they provide health promotion services to support national priorities to improve the population's health.
- The service should ensure the privacy and dignity of patients is maintained at all times
- The service should ensure all patients who are not on the correct speciality ward, have regular senior medical reviews.

Summary of findings

- The service should ensure that patients are discharged at an appropriate time to ensure this meets the needs and safety of the patient.
- The service should ensure that a standard operating policy is in place for the practice of 'boarding' patients and there is an effective governance process.
- The service should ensure that they provide information to patients and relatives so that they are aware of how to raise a concern or complaint.
- The service should ensure there are sufficient managers at senior nurse and clinical lead level to run a service providing high quality sustainable care.
- The service should improve the visibility of leaders and improve communication between staff at ward level and leaders.
- The service should ensure that staff feel valued and supported and they are able to speak up and are listened to when they do so.
- The service should ensure that all identified risks are placed on the risk register and that they are regularly reviewed and action implemented in a timely way.

Surgery

- The service should ensure any emergency equipment in areas accessible to the public without a constant staff presence should be secure.
- The service should audit the implementation of the World Health Organisation Surgical Safety Checklist Five Steps to Safer Surgery.
- The service should ensure all medical records are stored securely.
- The service should ensure medicine refrigerator temperature readings are consistently recorded across the surgical division.
- The service should ensure consistent reporting of incidents by all staff.
- The service should ensure a record is maintained when role specific competencies are achieved.
- The service should ensure the paediatric theatre recovery area is suitably decorated for children.
- The service should ensure that bed moves for patients with dementia are reduced particularly at night.
- The service should consider patient engagement in future service developments.

Critical Care

- The service should ensure that staff monitor the drugs room temperature and take action to address the temperature if it is outside of an appropriate range.
- The service should ensure that it has a vision and strategy which is communicated to its staff.
- The service should review the reception and entry system arrangements for visitors to the unit.
- The service should ensure that patient leaflets are up to date, relevant and accessible for patients and visitors to the unit.
- The service must ensure that staff employed to cover duties are aware of ongoing audits and adhere to processes and guidance in the same way.

Summary of findings

- The service should ensure that storage of gas cylinders is in line with the policy and best practice.
- The service should ensure that the unit meets the trust target of 95% for completion of mandatory training and for protecting vulnerable people training.
- The service should consider ensuring there are adequate signs on entry to the unit instructing visitors to wash their hands.
- The service should monitor and audit nursing staff carrying out aseptic non touch technique when administering medication.
- The service should ensure all sluice areas and medication rooms in the unit are secure and that refrigerators in the medical room and packed appropriately.

Maternity Services

- The service should ensure that all equipment is recorded, serviced and calibrated in line with the manufacturer's instructions.
- The service should ensure response to all complaints are in line with trust policy.
- The service should ensure that all drugs fridges are secure, used for their intended purpose and checked as per recommendations.
- The service should ensure that birth partners and staff attending theatre wear appropriate theatre attire at all times.
- The service should ensure that mandatory training, safeguarding training and appraisal compliance is increased.
- The service should ensure up to date cleaning schedules are in place in all areas and that all areas are clean.
- The service should ensure that all guidance for staff has the latest version numbers documented to ensure up to date best practice is being followed by all staff.
- The service should consider either purchasing lone worker devices for community staff or implementing a robust system for checking on the welfare of their staff.
- The service should ensure that all relevant documentation is completed in the personal child health record.
- The service should review the staffing arrangements of the transitional care unit to prevent access and flow issues in the unit such as delayed inductions of labour.
- The service should review obstetric cover for the triage area to prevent access and flow and delays in treatment issues.
- The service should ensure that the performance dashboard is completed monthly for all fields and consider a review of governance roles.

End of Life Services

- The service should consider reviewing the way documents are stored on the electronic patient record to ensure that important information such as capacity or pain assessments can be easily located by staff when needed.
- The service should ensure that the issue with the timely completion of medical cause of death certificates is recorded and monitored via the relevant risk register.
- The service should review the way their risks are recorded so there is a record of them in one place which corresponds to those on the divisional risk registers.

Summary of findings

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 Inadequate because:

- There was an unstable leadership team with a number of key posts vacant and currently being undertaken by interim roles. There had been a significant turnover of leaders including the chief executive and chairman. This had affected the capability and capacity within the senior leadership team together with the pace to progress improvements in care provided. There was no succession planning and development of the leadership team.
- The trust was not fully compliant with the fit and proper person requirements as not all appropriate checks had been completed on directors and non-executive directors. This was a beach of regulation.
- The quality strategy had not been reviewed for some time and the trust was just commencing a review of the strategy but this was not going to be completed until the new chief executive and chairperson were in place. The operational plan did not include an effective approach to monitoring as there were no key milestones identified for measuring the key priorities at all levels of the service. The trust values had been in place for some years and not all staff understood the meaning of the values.
- Staff satisfaction was mixed and staff did not always feel actively engaged, empowered or supported. There were teams working in silos and there was evidence that management and clinicians did not always work cohesively. There was evidence that when concerns had been raised these had not always been acted upon in a timely way, though this was improving. There was evidence that the culture was top-down and directive. There was evidence that staff had experienced bullying and harassment and that the culture was at times defensive. People did not always receive a timely apology when something went wrong in line with national guidance and trust policy.
- Equality and diversity were not always promoted and there were no specific network groups for those with particular protected characteristics under the Equality Act. Board members recognised that there was work to be done to improve the equality and diversity across the trust.
- Although there was a governance structure in place the arrangements did not always operate effectively. There had been a recent review of the governance arrangements but how these were being operationalised and monitored was unclear and parts had been put on hold whilst a further review was going to be undertaken. There had not been any recent external review. Whilst there had been some new systems put in place to monitor quality and safety across the trust, systems were still relatively new. This meant the improvement was difficult to assess. Staff were not always clear about their roles within the governance structure and this had caused uncertainty.
- There were safeguarding processes in place to protect people from abuse, however these were not always effective. We found a number of occasions when the deprivation of liberty safeguards processes had not been put in place as soon as they were required. This meant that there was a risk that patients were being detained unlawfully.
- The risk management system was applied inconsistently throughout services and risk registers and action plans were not always reviewed in a timely way. The approach to service delivery and improvement had been reactive. The sustainable delivery of quality care was put at risk by the financial challenge.

Summary of findings

- Information used in reporting, performance management and delivering quality care was not always accurate or reliable. Leaders and staff did not always receive accurate information to enable them to challenge and improve performance.
- Although leaders had recognised that engaging with staff needed to improve, there was limited evidence obtaining the views of the council of governors and the public and who used services. There was insufficient attention to appropriately engaging with particular equality characteristics.
- There was little innovation or service development. There was evidence that incidents were not always being reported and investigated in a timely way and the incident management systems were applied inconsistently. This meant there was a risk of missed opportunities to learn and improve services.

However

- To improve board members awareness of patient experience patient stories were being heard at board meetings.
- Leaders had recognised that culture within the trust required improvement and had recently undertaken external reviews and put actions in place. They had also put on a number of events which had proved relatively popular with staff.
- There was a weekly quality safety summit meeting which looked at themes from incidents and near misses. This was well attended by staff.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ➔➔ May 2018	Requires improvement ↓ Mar 2018	Good ➔➔ May 2017	Requires improvement ➔➔ May 2017	Inadequate ↓ May 2018	Requires improvement ➔➔ May 2018

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
Arrowe Park Hospital	Requires improvement ➔➔ May 2018	Requires improvement ➔➔ May 2018	Good ➔➔ May 2018	Requires improvement ➔➔ May 2018	Inadequate ➔➔ May 2018	Requires improvement ➔➔ May 2018
Clatterbridge Hospital	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
Overall trust	Requires improvement ➔➔ May 2018	Requires improvement ➔➔ May 2018	Good ➔➔ May 2018	Requires improvement ➔➔ May 2018	Inadequate ➔➔ May 2018	Requires improvement ➔➔ May 2018

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 Arrowe Park Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ➔➔ May 2018	Requires improvement ➔ May 2018	Good ➔➔ May 2018	Requires improvement ➔➔ May 2018	Inadequate ➔ May 2018	Requires improvement ➔➔ May 2018
Medical care (including older people's care)	Inadequate ➔ May 2018	Requires improvement ➔ May 2018	Requires improvement ➔ May 2018	Requires improvement ➔➔ May 2018	Inadequate ➔ May 2018	Inadequate ➔ May 2018
Surgery	Requires improvement ➔➔ May 2018	Requires improvement ➔ May 2018	Good ➔➔ May 2018	Requires improvement ➔ May 2018	Requires improvement ➔ May 2018	Requires improvement ➔ May 2018
Critical care	Requires improvement ➔➔ May 2018	Good ➔➔ May 2018	Good ➔➔ May 2018	Good ➔ May 2018	Requires improvement ➔➔ May 2018	Requires improvement ➔➔ May 2018
Maternity	Requires improvement May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Services for children and young people	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
End of life care	Good ➔ May 2018	Good ➔ May 2018	Good ➔➔ May 2018	Good ➔ May 2018	Good ➔➔ May 2018	Good ➔ May 2018
Outpatients	Requires improvement Sept 2015	Not rated	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
Overall*	Requires improvement ➔➔ May 2018	Requires improvement ➔➔ May 2018	Good ➔➔ May 2018	Requires improvement ➔➔ May 2018	Inadequate ➔ May 2018	Requires improvement ➔➔ May 2018

*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 Clatterbridge Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
Surgery	Requires improvement Sept 2015	Good Sept 2015	Outstanding Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Outpatients	Requires improvement Sept 2015	Not rated	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
Overall*	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015

*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.

Arrowe Park Hospital

Arrowe Park Road
Wirral
Merseyside
CH49 5PE
Tel: 01516785111
www.whnt.nhs.uk

Key facts and figures

Arrowe Park Hospital is one of two hospital sites managed by Wirral University Teaching Hospitals NHS Foundation Trust.

The hospital is the main site and provides a full range of hospital services including emergency care, critical care, a comprehensive range of elective and non-elective general medicine (including elderly care) and surgery, a neonatal unit, children and young people's services, maternity and gynaecology services and a range of outpatient and diagnostic imaging services.

We last inspected the hospital in September 2015 and we rated it as requires improvement.

During this inspection we visited surgical wards, medical wards, theatres, critical care unit and the emergency department. We also visited maternity services and looked at end of life services We spoke with patients and their relatives. We also spoke with various members of staff including senior managers, the specialist palliative care team, doctors, nurses, healthcare support workers, therapy staff and pharmacy staff. We also spoke with patients and relatives.

We observed care and treatment and looked at care records of patients. We received comments from focus groups and we reviewed the hospital's performance data.

Summary of services at Arrowe Park Hospital

Requires improvement 

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

A summary of services at this hospital appears in the overall summary above.

Urgent and emergency services

Requires improvement 

Key facts and figures

The emergency department provides care and treatment to approximately 250 adults and children a day. Services are provided to both adults and children for medical and surgical emergencies and trauma.

Some areas of the department had been modernised. This included the reception area and waiting room, the triage and minor injuries area as well as the resuscitation and high dependency area. The majors area, children's area and the emergency department review unit are based in the old hospital.

The department has three rooms to manage mental health patients, including a 136 room for patients who were brought to the department by the police. Mental health liaison services are provided by a local mental health trust.

We visited all areas of the emergency department including the reception and waiting area, the triage area, majors and resuscitation areas, the children's area as well as the emergency department review unit.

We spoke to staff of different grades, including nurses, doctors as well as members of the management team from both the department and the division of medicine. We also spoke to staff from other areas of the hospital that had regular contact with the emergency department.

We reviewed 20 sets of patient records for adults and children, including five prescription charts. We also reviewed information that was provided by the trust before and after the inspection. We spoke to patients and relatives about their experience and observed care and treatment being delivered.

Summary of this service

A summary of our findings about this service appears in the Overall summary

Is the service safe?

Requires improvement 

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

- When things had gone wrong, the approach to reviewing and investigating causes was sometimes insufficient. This was because serious incidents had not always been fully investigated in line with the NHS England Serious Incident Framework 2015 so that improvements were made to reduce the risk of similar incidents happening again.
- Serious incidents had not always been identified in a timely manner. This was because we found that between January and December 2017, only two had been reported within 48 hours, which was not in line with the NHS England Serious Incident Framework 2015.
- The department had continually struggled to meet the Royal College of Emergency Medicine standard for all patients to be triaged within 15 minutes of arrival between March 2017 and February 2018. Records indicated that compliance for patients who had self presented had varied between 32% and 46%.

Urgent and emergency services

- The service did not always provide enough staff with the right skills and training to keep people safe from avoidable harm and to provide the right care and treatment. This was because a member of staff who was up to date with advanced paediatric life support was not always available in the department. There were also a high number of occasions when the planned number of nursing and medical staff had not been achieved.
- Staff kept appropriate records of patients' care and treatment. However, staff had not always followed trust policy and local procedures when transferring records to inpatient areas of the hospital.
- Patient risk assessments for falls and pressure ulcers had not been completed in line with trust policy and best practice guidance. This was particularly important as patients had spent more than 12 hours in the department on a regular basis.
- The service had not always controlled infection risk well. We found the environment and equipment to be visibly dirty in some areas of the department.
- The service had not always recorded and stored medicines in line with trust policy and legislation. We found examples of when controlled drugs had not been checked regularly as well as when the amount of controlled drugs administered had not been recorded or countersigned by another member of staff.
- Although the service had appropriate policies and procedures in place for staff to follow in the event of an emergency, staff did not understand what their roles would be if an emergency happened. Major incident training had not been provided to staff in the department.
- The service had not used safety monitoring results well. This was because the service was unable to provide monitoring information about the total number of patient harms in the department between April 2017 and March 2018.

However,

- Some areas of the department had been recently modernised. A trust register was kept to monitor whether equipment in the department had been tested for safety, however, on reviewing records it was unclear whether equipment was still located in the department and if it had been tested for safety.
- Staff understood how to protect patients from abuse. Safeguarding policies for adults and children were readily available and staff received appropriate levels of safeguarding training.
- The service provided mandatory training in key skills to all staff and made sure all staff completed it.

Is the service effective?

Requires improvement 

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

- The service provided data to the Royal College of Emergency Medicine so that patient outcomes were measured against similar services nationally. However, records indicated that results for some areas were worse than the national average.
- The service was not always able to evidence that staff were competent to undertake their roles. This was because training records had not been completed fully and a record of these had not been kept in line with trust policy.
- Records indicated that pain management had not always been recorded appropriately and pain relief had not always been given in a timely manner.

Urgent and emergency services

- Staff did not always work together as a team to benefit patients. We observed that there were not always good working relationships between staff from the department and from other areas of the hospital.

However,

- The service provided care and treatment based on national guidance. Staff had access to information to support them in providing the most appropriate care and treatment.
- Staff gave patients enough food and drink to meet their needs.
- Most staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Is the service caring?

Good 

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

- Staff cared for patients with compassion. Patients were treated with dignity and had their privacy maintained on most occasions.
- Staff involved patients and those close to them in decisions about their care and treatment on most occasions.
- Staff provided emotional support to patients and relatives to minimise their distress. We observed staff spending time to comfort patients and relatives as well as taking time to provide information about their care and treatment.

Is the service responsive?

Requires improvement 

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

- People had not always received treatment in a timely way. This was because the service had continually failed to meet the four target to transfer, admit or discharge patients.
- On some occasions, the trust planned and provided services in a way that met the needs of local people. However, the children's department was not open 24 hours a day, seven days a week. This meant that children were sometimes assessed and treated in inappropriate areas of the department.
- The service had not investigated complaints in a timely manner and learned lessons from the results were not shared with all staff. We found examples of when complaint investigations had taken longer than expected and although complaints were discussed in different meetings, we did not see any evidence of learning from these.
- The department did not have any link nurses for areas such as end of life. This was important because link nurses share best practice with the wider hospital.

However,

- The service had taken account of patients' individual needs on most occasions. For example, a bereavement room had been developed for families and loved ones of patients who had passed away.

Urgent and emergency services

Is the service well-led?

Inadequate 

Our rating of well-led went down. We rated it as inadequate because:

- The service did not have a clear vision for what it wanted to achieve and did not always have workable plans to make improvements. The division of medicine did not have a clear plan to make improvements despite poor performance over the 12 months and an improvement plan had only recently been developed for the emergency department.
- Managers across the service had not always promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Some staff informed us that they had witnessed or experienced bullying or harassment and we found that when concerns had been raised, they had not been dealt with in a timely manner.
- The service did not have managers at all levels with the capacity to run a service providing high quality sustainable care. At the time of the inspection, the department had a matron but did not have a department manager or a practice educator. In addition, the service was not always able to ensure that the shift leader remained supernumerary due to frequent staffing shortages.
- The service had not 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. We found a number of occasions when poor performance had been identified, but actions to make improvements had not always been taken in a timely manner. There were a number of basic safety concerns and a lack of embedded culture of safety.
- The service had not collected, analysed, managed and used information well to support all its activities. We had concerns that data provided by the trust for the service was not always accurate. This meant that we were not assured that managers had the correct information available.

Areas for improvement

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

Medical care (including older people's care)

Inadequate 

Key facts and figures

The medical care service at Arrowe Park Hospital has 394 inpatient beds.

The trust had 51,148 medical admissions from October 2016 to September 2017. Emergency admissions accounted for 26,231 (51.3%), 2,727 (5.3%) were elective, and the remaining 22,190 (43.4%) were day case.

Admissions for the top three medical specialties were:

- Gastroenterology: 10,285
- General medicine: 9,467
- Geriatric medicine: 9,327

(Source: Hospital Episode Statistics)

The 'acute and medical' division manages medical services. There are various wards including general medical and specialist services within the division including stroke services, cardiology, respiratory, haematology, nephrology, cardiac care unit, endoscopy, dialysis unit and care of the elderly. Wards 27 and 21 are specialist dementia care wards.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected medical care services including care of the elderly between 20 and 23 March 2018.

During the inspection we visited ward 14 (escalation area), ward 12 (surgical/medical ward), ward 19 (escalation), ward 21 (male dementia), ward 22 (geriatric medicine), ward 23 (stroke unit), ward 24 (geriatric medicine), ward 25 (isolation unit), ward 27 (female dementia) ward 32 (cardiology), ward 36 (gastroenterology), ward 37 (respiratory care) and ward 38 (respiratory care). We also visited the cardiac care unit, endoscopy department, day case unit, ambulatory care unit, acute medical unit, medical short stay ward and discharge hospitality centre.

We spoke with members of staff including senior managers, members of the patient experience team, ward sisters as well as registered nurses and doctors and clinical support workers. We also spoke to 18 patients and relatives.

We observed care and treatment and looked at 40 patient care records and seven prescription cards as well as service performance data.

Summary of this service

A summary of our findings about this service appears in the Overall summary

Is the service safe?

Inadequate 

Our rating of safe went down. We rated it as inadequate because:

Medical care (including older people's care)

- The service did not maintain levels and skill mix of staffing to keep patients safe. We found that planned and actual staffing levels demonstrated gaps in registered nursing staff and clinical support workers. We had similar concerns in relation to staffing shortages in some areas at the last inspection. The service used bank and agency staff to provide care and treatment but many shifts were not filled by this. We reviewed incident reports which indicated that patient care had been affected due to the lack of appropriate and qualified staff, especially on the acute medical unit.
- The service had a high number of vacancies for medical and dental staff. There was a high turnover of both nursing and medical staff, over three times higher than the trust target. The shortage of medical staff meant that patients placed on wards which were not best suited to their needs (outliers) did not receive a timely review by a consultant.
- Though the service provided mandatory training in key skills to all staff, compliance rates were below the trust target. The mandatory training compliance rates provided by the service before and during inspection differed significantly.
- We found some areas were cluttered with equipment, equipment was dusty and some areas did not complete daily cleaning checklists. We found unlocked store cupboards that contained syringes and needles.
- In some areas we found unsecured sluice rooms which contained substances that are hazardous to health as well as sharp items such as scissors, and urine samples. Patients were not constantly supervised in these areas, meaning that patients with dementia or who were confused could access harmful substances or items.
- The day case unit lacked appropriate facilities and equipment to provide safe care and treatment to medical inpatients.
- Additional beds were opened in areas which were not routinely used for medical patients. These escalation areas did not fully comply with the standard operating procedure defined by the service and we did not find evidence that all escalation areas had been risk assessed prior to opening. This meant that patient safety was put at risk as patients who had higher acuity care needs were not cared for in areas which were not suitable to their needs.
- Although information was available that was accurate and up to date and was shared with those involved in the care of the patient, we found records trolleys were not stored securely to prevent unauthorised access, and computer terminals were not always locked and displayed confidential information.
- The storage of medication did not always meet national guidelines. We found medication that had not been placed in secure cupboards and nutritional supplements that were out of date.
- There were issues that persistent since the last inspection, for example unsecure medical notes and unlocked areas that contained hazardous liquids. This was inconsistent across the service.

However,

- Staff received training in sepsis and compliance rates were high.
- Staff observed hand washing and 'bare below the elbow' guidelines. They used personal protective equipment when delivering care and treatment to patients.
- The service had introduced measures to prevent falls. Although the service performed worse than the national average on two of the four agreed measures in the national audit of inpatient falls there had been a decrease in falls in the areas the prevention work was focussed.

Is the service effective?

Requires improvement 

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

Medical care (including older people's care)

- Staff did not always understand their roles and responsibilities under the Mental Capacity Act 2005 and the service used a safeguarding pathway which resulted in a delay from admission to a capacity assessment being completed. Staff should submit a deprivation of liberty safeguards application as soon as the lack of capacity is identified. However, we found records where this did not happen and saw that staff were able to bypass this mandatory field within the electronic patient record. Some patients did not have current deprivation of liberty safeguards in place as they had lapsed and there was no evidence of best interest decisions being made for them.
- The trust provided audit data which told us that they were not yet compliant with the National Institute for Health and Care Excellence guidance for undertaking the venous thromboembolism risk assessment within 24hours of admission.
- Staff did not consistently undertake nutritional assessments for patients and we saw mixed adherence to the policy to escalate malnutrition universal screening tool scores. There was low compliance with the requirement for weekly assessment using the malnutrition universal scoring tool. During our observations of meal times we identified a number of patients who required assistance to eat their meal who did not receive support.
- The service did not always make sure that all staff received an annual appraisal. Appraisal rates were significantly below the trust target.
- We did not see evidence of health promotion activities provided for patients within the hospital and linking with the wider community.

However,

- Service provided care and treatment based on national guidance and had policies and procedures in place which reflected this.
- The service monitored the effectiveness of care and treatment and performed as expected against the national average in most audits.
- The trust had a positive result in the Stroke SSNAP audit and achieved a grade A overall which is the highest grade achievable. Staff monitored patients' pain through regular 'intentional rounding'. Pain relief was available to patients.
- Service monitored the effectiveness of care and treatment and patient outcomes were reviewed.
- We observed a multidisciplinary team approach to patient care across the service which included staff from therapy service such as speech and language therapy, physiotherapy and occupational therapy as well as specialist nurses and consultants.

Is the service caring?

Requires improvement 

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

- The service did not always protect the privacy and dignity of patients. We observed in the discharge hospitality centre male and female patients dressed in nightwear sitting together with no other covering or blanket to preserve dignity. Medical patients on the surgical day case unit did not have access to a shower and there was only one toilet designated for single sex use meaning the opposite sex patients had to use a commode.
- The Family and Friends response rate for the service was lower than the national average.
- Some relatives told us that they did not feel that all staff had communicated with them about their loved one's care and treatment in a timely manner.

- We observed patients who required assistance to eat were not always offered support, the service scored lower than the national average in the food domain of the 2017 Patient Led Assessment of the Care Environment.

However,

- Patients and relatives gave positive feedback about the way staff treat people. Overall, patients and relatives told us that staff cared for them with compassion, dignity and respect.
- We observed positive and respectful interactions between staff and patients and saw a large number of thank you cards and letters displayed.
- Staff offered appropriate emotional support to patients and their relatives. The service supported relatives of patients who had died in hospital through the 'tie for treasure' bag initiative, which gave the relatives of patients who had passed away in hospital a personal keepsake of their loved one.
- The service encouraged relatives and carers involvement in care and treatment and was signed up to 'John's Campaign'. This recognises that carers of dementia patients should be welcomed in hospital as they provide crucial support. The service supported carers involvement through open visiting hours and providing facilities for relatives and carers to stay in hospital if they wished.

Is the service responsive?

Requires improvement 

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

- People could not always access the service when they needed it, referral to treatment times were consistently below the national average.
- Information provided by the service showed that there was a shortage of medical beds and a number of patients placed on wards that were not best suited to meet their needs (also known as outliers).
- Issues with patient flow resulted in additional beds being opened in areas which were not routinely used for medical patients. Escalation areas did not fully comply with the standard operating procedure defined by the service.
- Ward 25 was the outlier ward for infection prevention and control and did not have a dedicated consultant. We reviewed electronic patient records and found that some patients had not had regular consultant reviews.
- There were a large number of patients moved after 10pm which included patients who were living with dementia.
- We saw that patients were being discharged patients later in the day due to delays in setting up packages of care. The service discharged 183 people after 10pm in February 2018. There were also a large number of delayed discharges across the service which impacted on the availability of beds on the wards.
- The service had introduced a practice of 'boarding' patients who were deemed fit for discharge in seated areas. At the time of our inspection the service had not ratified a standard operating procedure or risk assessment for this practice.
- We did not see promotion of the concerns and complaints process displayed in the wards or departments we visited. The service did not always investigate complaints in a timely manner as per their policy. However, staff told us an improvement plan was being developed to address this.

However,

Medical care (including older people's care)

- The service took account of patients' individual needs for those patients with complex needs such as dementia or learning disability. Notice boards on wards identified dementia champions for those areas and wards had access to a specialist learning disability nurse five days a week.
- There was a matron with a lead on dementia who had oversight of the implementation of initiatives to improve care for dementia patients.
- The service worked with Healthy Wirral to understand and meet the needs of the local community.

Is the service well-led?

Inadequate 

Our rating of well-led went down. We rated it as inadequate because:

- The service did not have sufficient managers at all levels to run a service providing high-quality sustainable care. There were gaps in leadership posts especially at senior nurse and clinical lead level.
- Staff reported that executive level leaders were not visible and accessible to staff at ward level.
- Although divisional leaders demonstrated an understanding of the challenges the medical division faced and could identify actions to address them, they struggled to implement change due to the lack of devolved governance structures to divisional level and financial pressures.
- Not all staff understood and or could communicate the vision and strategy for the service.
- There was not always a positive culture that supported and valued staff. We saw that morale was low in medical and nursing staff and some staff were afraid to speak up. Other staff felt that when they did speak out they were not listened to and changes were not made.
- The service had defined lines of accountability but these did not always support the delivery of good quality and sustainable services. We saw that this led to inconsistent performance across the service in areas such as cleanliness, environment and equipment and records.
- The service did not have effective systems for identifying risks and planning to reduce them. We did not see that all identified risks were escalated to the risk register and the service did not have robust and safe oversight of risk to patient safety in escalation areas
- The service had failed to make improvements in key areas highlighted in the previous inspection, for example ensuring sufficient staffing levels and secure storage of patient records.
- Bank and agency staff did not always have access to patients' records and compliance with mandatory data security training was low.
- The service did not engage staff, patients and the public in planning and managing services.

However,

- The divisional management team held monthly clinical governance and quality improvement meetings.
- Staff had access to the information they needed to undertake their roles effectively. Policies and procedures were available and accessible via the trusts intranet facility. Important information was shared with staff in daily ward 'huddles' to keep staff up to date and aware of issues.

Medical care (including older people's care)

Outstanding practice

There were areas of outstanding practice in this service. See Outstanding Practice section above.

Areas for improvement

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

Surgery

Requires improvement 

Key facts and figures

Arrowe Park Hospital provides a range of surgical services including general surgery, urology, ear, nose and throat, ophthalmology, orthopaedic trauma and elective surgical services in a mixture of longer stay and short-stay wards.

There is also a day surgery unit, a surgical assessment unit (SAU) a surgical elective admissions lounge (SEAL) and the Wirral Acute Femoral Fracture Unit (WAFFU).

The trust had 34,088 surgical admissions from October 2016 to September 2017. Emergency admissions accounted 9,872 (29%), 18,890 (55%) were day case, and the remaining 5,326 (16%) were elective.

We inspected the hospital as part of an unannounced inspection between 20 March and 23 March 2018. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. At the last inspection, we rated one of the key questions for the service as requires improvement so we re-inspected all five key questions. During our inspection we visited the general theatre and recovery area, the preoperative surgical service, the surgical assessment unit, the surgical elective admissions lounge, the Wirral Acute Femoral Fracture Unit and five inpatient wards, wards 10,11,17,18 and 20.

During the inspection we reviewed staffing and checked equipment and storage of medicines. We reviewed 20 patient records, 14 prescription charts and spoke with 25 patients and three relatives. We spoke with 80 staff of different grades including nurses, doctors, consultants, ward managers, allied health professionals and senior managers. We received comments from people who contacted us to tell us about their experiences and we reviewed performance information about the trust.

Summary of this service

A summary of our findings about this service appears in the Overall summary

Is the service safe?

Requires improvement 

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

- At the time of our inspection the theatre recovery area was being used to care for day surgery patients until they were ready for discharge. This was inappropriate due to the lack of facilities for patients who had recovered from a surgical procedure within the recovery area.
- Ward 17 was showing signs of wear and tear and the facilities available were not suitable for the acuity of patients on the ward. Piped oxygen and wall mounted suction was not available at every bed space and portable heaters and electrical extension cables were in use due to the limitations of the environment. A planned refurbishment of the ward had been postponed. There were also hazardous chemicals that were not locked away which posed a risk to patients and the public.
- Resuscitation trolleys were not sealed or tagged in any area we visited. We saw one trolley which was kept in a waiting room which meant there was a risk that emergency equipment could be tampered with and not available when required.

Surgery

- Incident reporting was variable and not all staff we spoke with were aware of the never events that had occurred within the division.
- Records were not always kept secure. We saw record trolleys that were unlocked and unattended which meant there was a risk that patient information could be accessed by unauthorised people.
- The World Health Organisation (WHO) Surgical Safety Checklist Five Steps to Safer Surgery was in use and recorded electronically, however the process had not been not audited since the introduction of the electronic system the previous year to ensure it was being implemented correctly.
- Current standards from the Association for Perioperative Practice (AfPP) state that at least one member of staff on duty in the theatre recovery area should have completed advanced life support training however none of the 68 recovery staff had received this training.
- The service did not have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. There were times when the number of nursing shifts on wards, filled as planned, fell below 70%.
- The number of pressure ulcers and catheter acquired infections had increased between October 2017 and December 2017.

However,

- 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. They used control measures to prevent the spread of infection.
- The service prescribed, gave and recorded medicines well. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and 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.

Is the service effective?

Requires improvement 

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

- Whilst the service monitored care and treatment there were some outcomes for people who used services which were below expectations compared with similar services.
- Patients had a higher than expected risk of readmission for elective admissions when compared to the England average. There was a higher mortality rate than expected for hip fractures and there had been an increase in the post operative length of stay for patients undergoing bowel cancer procedures.
- The service did not participate in all the national audits for which it was eligible, for example the national vascular registry 2017.

Surgery

- Although staff told us they undertook competency training for additional roles, we were not assured these had been completed for certain competencies as there was not always documented evidence.
- Patients were not always being deprived of their liberty in line with national guidance and legislation. There was a lack of consistency in how people's mental capacity was assessed. Of the four records reviewed relating to patients subject to a Deprivation of Liberty Safeguards (DOLS) order, not all had a mental capacity assessment completed and submissions to the Local Authority were not completed as soon as a restriction had been put in place.

However,

- Staff could describe the use of evidence based guidance that underpinned care within their clinical area.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- 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 had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

Is the service caring?

Good ➔➔

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

- Arrangements were in place to maintain patient privacy and dignity.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We also observed positive interactions between staff and patients.
- Patients we spoke with stated they were consulted regarding their treatment and had been kept informed of their plan of care. Parents were invited into the theatre recovery area to support their children.
- Spiritual care was available from the chaplaincy for patients of all faiths and included the opportunity to discuss any worries or concerns prior to surgery.

Is the service responsive?

Requires improvement ➔

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

- Some people were not able to access services when they needed to. There had been a marked increase of cancelled operations which had not been rescheduled within 28 days between August 2017 and September 2017 and was above the England average.
- From January 2017 to December 2017 the trust's referral to treatment time for admitted pathways for surgery was consistently worse than the England average and all elective orthopaedic surgery had been suspended at the time of our inspection due to pressures within in the hospital on beds required for medical patients.
- There were a high number of patients who moved between wards during their stay. Some of these moves were during the night and included vulnerable patients.

Surgery

- Although the service treated concerns and complaints seriously and investigated them, the time to investigate and respond to complaints was slow and not in line with the trust complaints policy. Complaint information was not always available for patients and the public.

However,

- Arrangements were in place to accommodate people in vulnerable circumstances in the surgical elective admissions lounge and theatre.
- A range of information leaflets and literature was available for patients to read about a variety of conditions and support services available.

Is the service well-led?

Requires improvement 

Our rating of well-led went down. We rated it as requires improvement because:

- Although the service had a strategy in place there was no workable implementation plans to put this into action or how It would be monitored.
- Staff knowledge about the role of the Freedom to Speak Up Guardian was variable and some staff told us that staff satisfaction was variable across the service.
- Risks and issues were not always dealt with in a timely way. We found occasions when risk assessments had not been completed. A risk assessment relating to issues on a ward was not completed until concerns were raised during our inspection.
- We were not assured that all risks on the risk register were being managed in a timely way. There were risks that had been on the register for over two years and it was not always clear if actions had been implemented to mitigate the risk.
- Following an external review of the pain service completed in February 2017 it identified that the service required additional staff. This had been on the risk register since 2015 and this had still not been fully resolved.
- There was a limited approach to obtaining the views of people who used services for service developments and improvements.
- Although managers discussed divisional performance in a number of meetings there was limited evidence of scrutiny and challenge across all areas of performance.

However,

- Staff reported that senior managers of the service were visible and approachable.
- Safety huddles were conducted at the beginning of each shift which allowed information to be shared with staff which promoted a learning culture.
- The service collected, analysed, managed and used information to support improvements in standards of care.

Outstanding practice

There were areas of outstanding practice in this service. See Outstanding Practice section above.

Surgery

Areas for improvement

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

Critical care

Requires improvement 

Key facts and figures

The critical care unit at Arrowe Park Hospital is a 18 bedded unit commissioned to provide care and treatment for eight level three and ten level two adult patients. This configuration can be changed according to demand and the unit was equipped to be able to take 18 level three patients if required.

The critical care unit is divided into two clinical areas, a 12 bedded unit where the level three intensive care unit patients are cared for and a separate six bedded level 2 high dependency unit. Both areas have two side rooms each for the purpose of isolating patients that present with an increased infection control risk. A critical care outreach service is also provided. The outreach team are based within the critical care department and managed by the divisional matron.

According to the Intensive Care National Audit and Research Centre data from 1 April 2017 to 31 December 2017, the units had 617 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 13, 14 and 15 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 consultants, junior medical staff, a pharmacist, two pharmacist technicians, 27 members of the nursing team, one allied health professional, two members of support staff, one member of the housekeeping team, five patients and the families of eight patients. We also reviewed patient records, policies, guidance and audit documentation to support our decision on ratings.

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

Summary of this service

A summary of our findings about this service appears in the Overall summary

Is the service safe?

Requires improvement 

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

- Not all staff understood how to protect patients from abuse, or how to recognise and report abuse. The trust set a target of 95% for completion of safeguarding training but only 56% of eligible nursing staff had completed level 2 training.
- The service did not always control infection risks well. While clinical areas appeared clean staff did not always follow infection control procedures. We observed staff failing to carry out the aseptic non touch technique when administering medication.

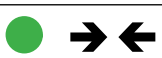
Critical care

- The service did not have suitable premises and equipment and the premises were not always looked after well. The unit did not comply with best practice guidance for the design of the environment, did not have side rooms with appropriate airflow or single sex toilets.
- Staff areas, waiting rooms and corridors appeared unkempt, cluttered and on occasions dirty. Sluice areas with cleaning products were not secure and oxygen cylinders were not stored in line with best practice guidance.
- There was a mixed sex toilet attached to the waiting room which was out of order. The toilet had no seat; we were told this had been reported. The floor was dirty and the flooring needed improving.
- Staff attended mandatory training courses but compliance rates were below the trust target. The overall compliance rate was 30%.

However:

- The risks to patients were assessed and their safety monitored and managed so they were supported to stay safe. All patients admitted acutely to the unit were continually assessed and monitored using early warning scores and other recognised tools.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. There was adequate nursing staff and consultant cover to meet patient needs and in line with national requirements.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. The unit used an electronic patient records adapted for critical care which was comprehensive and easily assessable.
- The service prescribed, gave, recorded and stored most medicines well. Patients received the right medication at the right dose at the right time. Prescriptions were signed and dated accordingly and drugs were documented as required. While most drugs were stored properly, the service did not always act when the temperate of the fridges used to store medicines were higher or lower than it should be.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately and were encouraged to do so. Managers investigated incidents and shared lessons learned with the whole team in meetings and huddles. When things went wrong, staff apologised and gave patients honest information and suitable support.

Is the service effective?

Good 

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

- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them, for example by creating action plans to address changes in results. They also took part in national audits, including the intensive care national audit and research centre.
- Staff gave patients enough nutrition and hydration to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Patient records showed that patients had had their fluid state/ fluid balance checked.

Critical care

- The service made sure staff were competent for their roles. The unit met the national requirement for nursing staff with a post registration award in critical care nursing and had practice nurse educators to support staff with courses and equipment training.
- There was good multidisciplinary working and we saw that staff from the unit worked well together and across services to deliver care and treatment. The unit could access specialist nurses when required. The outreach team reviewed all patients on wards who had been discharged from critical care.

However:

- Not all staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. There was currently no support within the unit for patients who were suspected to be experiencing depression or required psychology or psychiatric support.
- Not all nursing staff on the unit had not completed the Immediate Life Support training.
- There was only one physiotherapist available on the unit during the week. This fell short of the guidelines for the provision of intensive care services 2015 which suggests a ratio of one whole time equivalent physiotherapist to four intensive care unit Level 3 beds.

Is the service caring?

Good ➔➔

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

- Staff cared for patients with compassion and treated patients with kindness, dignity and respect. Feedback from patients confirmed that staff treated them well and gave them emotional support.
- Staff provided emotional support to patients to minimise their distress**.** The unit has recently introduced patient dairies for the unit, a valuable tool in helping patients come to terms with their critical illness experience.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff communicated well with patients in a manner that they could understand their care, treatment and condition.

However:

- The bed areas were separated by curtains which could be easily movable and were disposable, however the density of the curtains did not reduce the level of general noise and did not improve the level of auditory privacy in the bed space.

Is the service responsive?

Good ➔➔

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

- The service took account of patients' individual needs**.** The critical care follow up team offered physical and psychological support to patients and their families following critical illness and the unit used patient passports to support communication.

Critical care

- The unit were making improvements to improve access and flow to the unit and discharge from the service. Although there were delayed discharges they had made improvements to rectify this and the unit had raised the issue on the risk register. Critical care bed management issues were discussed at the trust bed management meeting, where previously they hadn't.
- There were no recent complaints received about critical care services.
- Patients had access to computers to help with activities such as reading and playing computer games.

However;

- The trust did not always plan and provided services in a way that met the needs of local people**.**
- There was no reception desk within unit and nursing staff were called away from their duties to answer the phones and greet visitors entering the unit.

Is the service well-led?

Requires improvement 

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

- The unit had not always had consistent nursing leadership and while the ward matron had been off sick for a period of time, we could see that many changes had reverted back, or failed to continue.
- The existing critical care unit footprint and bed layout did not meet the latest guidance published by the Department of Health in 2013. We were aware that management knew the impact the environment was having on patient safety, however we were not assured that the risk was being acted upon in a timely way as the service had only begun to develop a feasibility plan which had not yet been completed.
- Although senior managers told us what the unit's vision was the unit did not have a formal vision and strategy for what it wanted to achieve and workable plans to turn it into action.
- The unit had put in place a risk register after the last inspection, however we were not assured that all risks had been managed in a timely way as a number of the risks were over 12 months old.

However,

- All senior managers spoke highly of the matron. Changes had been made to systems and processes prior to a period away from the unit, to improve patient safety and the efficiency of staff; however, some nursing staff told us they were uneasy about the changes.
- Managers across the unit promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. We spoke to said there was a good team spirit within the unit. Unit managers had identified ways to support staff when having to move areas to work.
- Although staff had expressed their dislike to being moved from the unit to cover other areas in the hospital, managers were aware that this had affected moral and were trying to improve this.
- The service learnt when thing did not go well. **We saw copies of a 'Learning lessons safety bulletin', produced for the nursing staff by the critical care lead. The bulletin was informative, easy to read and well thought out. Providing information on incidents, new guidelines and changes in policies.**

Critical care

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 ratings directly with the previous ratings.

The service provides 24 hour maternity services for women that reside in an around the Wirral area. Between October 2016 and September 2017, there were 3,115 births at the trust.

The service has 47 maternity beds at Arrowe Park Hospital. These consist of ward 53, the combined antenatal and postnatal ward (32 beds), labour ward (10 beds) and the midwife-led unit, Eden Suite (five beds). The unit also facilitates a home birth service and is due to open a standalone "pop up" birth centre.

Outpatient services include the hospital antenatal clinic, an antenatal day unit, a triage assessment area and an obstetric sonography (pregnancy scanning) service.

Community antenatal clinics take place in locations throughout the Wirral catchment area including GP surgeries, Children's Centres and in a shopping centre.

We inspected the maternity department as part of an unannounced between 13 and 15 March 2018. We visited all maternity areas within the hospital maternity department including obstetric theatres. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During the inspection we spoke to over 40 members of staff including administrative support staff, clinical support workers, breastfeeding support workers, student midwives, midwives, senior midwifery matrons, the head of midwifery, obstetricians of varying grades, anaesthetists and operating department practitioners and three women and three family members.

Before the inspection we held a focus group with 10 midwives and health care assistants and one pharmacist.

We reviewed 11 prescription charts and 10 sets of maternity records

Summary of this service

A summary of our findings about this service appears in the Overall summary

Is the service safe?

Requires improvement

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

- The service provided mandatory training in key skills to all staff and set a target of 95% compliance. However, only hospital midwives and hospital support workers had achieved this.

Maternity

- There were not always cleaning schedules in all areas meaning we were not assured that clinical areas were checked and cleaned regularly. Staff and relatives entered obstetric theatres with outside footwear presenting an infection control risk. Drug fridges were not checked consistently and were not always secure or clean meaning we were not reassured about the safe storage of the medicines within and whether they were safe for use. Staff rooms were not clean, had broken equipment in them and appeared generally unkempt.
- The service had suitable premises and equipment and, on the whole, looked after them well. However, we observed baby weighing scales and oxygen saturation monitors being used which did not appear to have been serviced recently.
- The maternity unit did not have a baby security tagging system that provided an automated alert if unauthorised removal of a baby was attempted. We observed during our inspection that a door to the labour ward was broken and did not always lock that was only fixed after the end of day two of our inspection. There was not always a member of staff monitoring who was entering or leaving this area.
- The service had, on most occasions, enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. However, for two of the three days of our inspection the transitional care unit was not open to admissions due to inadequate skill mix of staffing and the neonatal unit was closed to admissions.
- Although staff mostly kept appropriate records of patients' care and treatment women's maternity records were not kept securely on the wards and there was an ongoing connectivity issue inhibiting community midwives from updating the maternity information technology system or taking booking bloods in a timely way.
- The service mostly prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. However, we were not assured that all women were offered self-medication or that the system for monitoring the medicines in the cupboard was robust enough.
- There was not always the correct staff with the competencies available to provide post-operative emergency care out of hours.

However

- 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 observed that the World Health Organisations surgical safety checklist was completed correctly in maternity theatres.
- Staff we spoke with 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.

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 evidenced its effectiveness. The service carried out audits to ensure both compliance and effectiveness of care provided and to benchmark their performance and highlight areas for improvement.

Maternity

- 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 women's religious, cultural and individual preferences.
- Staff managed pain well. Women had access to a variety of analgesia in labour including relaxation and hypnosis.
- The service achieved good outcomes for women and babies. The trust was achieving above the target set for initiation of breastfeeding at birth, had reduced its still birth rate, had low tear rates and high rates of vaginal birth after previous caesarean section.
- The service made sure staff were competent for their roles. Managers completed staff appraisals and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. Midwives, obstetricians and other healthcare professionals supported each other to provide good care.
- Maternity services were available seven days a week. Midwifery, obstetric and anaesthetic cover was provided outside of normal working hours and the midwifery staff we spoke to told us that they felt supported during these periods.
- The service promoted the health and wellbeing of mother and baby at various opportunities and worked well with the wider trust colleagues to ensure it was compliant with the mental capacity act.

Is the service caring?

Good

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

- Staff cared for women and their families with compassion. Feedback and observations confirmed that staff treated them well, with kindness and compassion. Women described care from midwifery and obstetric staff as good or excellent.
- Staff provided emotional support to women and their partners to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. We observed staff interacting positively with women and those close to them.

Is the service responsive?

Good

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

- The service planned and provided services to meet the needs and wishes of people who used the services. Services were provided to reflect the needs of the local population such as specialist clinics and an antenatal clinic in a local shopping centre.
- Women could access the service mostly when they needed and wanted to.
- The service took account of people's individual needs. The service provided additional support and services to women such as pregnant teenagers, women with mental health needs and women who did not speak English as a first language

- The service treated complaints and concerns seriously, investigated them and shared the lessons learnt in a variety of formats such as patient stories.

However,

- Complaints were not always responded to within accepted time frames.
- Due to lack of adequate specialist staffing the transitional care unit was not always available for women and babies to be cared for. However, we were told by the head of midwifery of plans to work with the neonatal unit staff to provide maternity assistant practitioner staffing at all times.

Is the service well-led?

Good 

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

- 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 were positive about the improvements to the culture since the last inspection.
- The service had leaders at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Staff were positive about the leaders and the changes they had made.
- 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 service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning when things went well and when they went wrong, promoting training, research and innovation.
- The service supported some leadership training and development and had been recognised in a national award for its training.

However,

- While the service had systems for identifying risks, planning to eliminate or reduce them some identified risks such as women undergoing induction of labour in side rooms on the ward or unqualified midwives recovering women following emergency caesarean sections were not on the risk register.
- The maternity service did not have a current robust data collection system, such as a maternity dashboard. While the service collected information, it was not presented so it could be easily used to benchmark outcomes, review clinical and quality performance and implement clinical changes.
- Some staff felt that the senior midwifery leaders and executive board members could be more visible.
- We were told by the head of midwifery and several of the staff that governance was improving but there is no specified lead in the department and senior midwives had no designated time to carry out this role.

Outstanding practice

There were areas of outstanding practice in this service. See Outstanding Practice section above.

Maternity

Areas for improvement

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

End of life care

Good ↑

Key facts and figures

The trust provides end of life care at their Arrowe Park Hospital site. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, palliative and end of life care, and bereavement support and mortuary services.

The trust had 1,565 deaths from October 2016 to September 2017.

The trust is part of the North West Coast Palliative and End of Life Strategic Clinical Network. Their team of consultants in palliative medicine collaborate with integrated specialist palliative care nurses to help patients on the end of life pathway and their families cope with their condition and treatment of it.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We visited 20 wards in different specialty areas. We also visited the bereavement office, the mortuary and the chapel.

We spoke with 50 members of staff at different levels including doctors, nurses, managers, volunteers, porters and administrative support staff. We spoke with 16 patients receiving palliative or end of life care, and nine relatives. We reviewed ten patient records and 10 prescription charts. We observed care and treatment and attended a multidisciplinary daily board round.

Summary of this service

A summary of our findings about this service appears in the Overall summary

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, including 'protecting vulnerable people'. The protecting vulnerable people courses contained modules relating to safeguarding adults, safeguarding children, PREVENT , Mental Capacity Act, Deprivation of Liberty Standards, domestic violence, Mental Health Act and dementia awareness.
- 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.
- Risks to people who were receiving palliative or end of life care were assessed, monitored and managed on a day-to-day basis. These included signs of deteriorating health, medical emergencies or challenging behaviour. Risk assessments were person-centred, proportionate and reviewed regularly. There were daily handovers at board round to ensure that staff could manage any identified risks to people receiving end of life care.

End of life care

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. There had been in increase in medical cover by consultants in palliative medicine since our last inspection in September 2015.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave and recorded medicines well, including appropriate anticipatory medication. Patients had daily medication reviews documented and those on syringe drivers were appropriately managed.
- The service had good oversight of patient safety incidents related to end of life care and managed them 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 appropriate support.

However,

- Some documents were hard to find on the electronic patient records system, which was only stored chronologically and was not searchable.

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 for people receiving end of life care. This was monitored to ensure consistency of practice.
- People receiving palliative and end of life care had comprehensive assessments of their needs, which included consideration of clinical needs, including pain relief, and nutrition and hydration needs. The expected outcomes were identified and care and treatment was regularly reviewed and updated. Appropriate referral pathways were in place to make sure that needs were addressed.
- 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.
- The service gave appropriate pain relief to patients in a timely way. Symptom control relief guidelines including pain management were available for staff to access on the trust intranet.
- Staff participated in relevant local and national clinical audits and other monitoring activities such as reviews of services, benchmarking and peer reviews. Accurate and up-to-date information about effectiveness was shared internally and externally and was understood by staff. It was used to improve care and treatment and people's outcomes and this improvement is checked and monitored.
- All staff, including volunteers, were qualified and had the skills they needed to carry out their roles effectively and in line with best practice. The learning needs of staff were identified and training was available to meet these needs.
- 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.

End of life care

- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. This included a 24 hour rota to provide on site nursing cover for end of life care, and a 24 hour helpline providing medical advice.
- The end of life care team provided a seven day service with a minimum of three clinical nurse specialists in the hospital Monday to Friday, and two at weekends. The palliative medicine consultant resource across Wirral and all of these doctors collaborated to provide a 24 hour advice line to both hospital and community settings.
- There was an end of life care folder on every ward with information leaflets for families including practical advice such as how to access the parking concession passes.
- 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.

However,

- Hospital staff were not always able to maintain and further develop their professional skills in palliative and end of life care. Capacity on the wards meant that staff could not always be released to attend training offered by the end of life care facilitators.
- It was not easy to find completed mental capacity assessment on the electronic patient record system.

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 receiving end of life care, and their families, confirmed that staff treated them well and with kindness.
- We saw evidence that people were treated with dignity, respect and kindness during interactions with staff and relationships with staff were positive. People felt supported and say staff cared about them.
- Staff supported people and those close to them to manage their emotional response to their care and treatment. People's personal, cultural, social and religious needs were understood. People were supported to maintain and develop their relationships with those close to them, their social networks and the community.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients said they had been consulted about their wishes for future care and plans were being put in place to accommodate these.

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.
- Facilities and premises were appropriate for the services being delivered. There was a clean and newly furnished family room in the bereavement office where relatives could meet with the bereavement team and some environmental improvements had been made to the visiting area in the mortuary.

End of life care

- The service took account of patients' individual needs. Staff we spoke with were aware of different religious and cultural practices following the death of a family member or close friend. Translator facilities were available to the service and there was access to a psychiatric liaison team. There was a 'reasonable adjustment' care plan for patients with cognitive impairment or learning disabilities and a similar 'this is me' document for patients living with dementia, that noted their personal preferences.
- People could access the right care at the right time. Access to care was managed to take account of people's needs, including those with urgent needs. A consultant in palliative medicine attended a daily clinical session in the acute medical unit which meant there was contact with patients who may be coming towards the end of life, from the start of their inpatient admission.
- There was a rapid discharge process in place, with involvement from an integrated discharge team and the district nurses where appropriate.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. All complaints relating to end of life care, and subsequent responses, were reviewed by the clinical service lead for palliative medicine and discussed at the weekly business meeting when relevant.

However,

- Medical certificates of death were not always available in the required timeframe. This had been identified as an issue at the last inspection.

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. There was a consultant in palliative medicine in the role as clinical lead for palliative and end of life care, a band 7 lead nurse managing the end of life care facilitators and volunteers, and a service manager for the community based palliative care team.
- We spoke with all of the managers and leads for the teams and found them all to be enthusiastic, experienced, and knowledgeable about their service. They were visible and approachable, and were working together to move the service forward.
- The director of nursing was the executive lead for end of life care and the clinical lead for palliative and end of life care said they had good access to them. A new non-executive director for end of life care had recently been appointed.
- There was a palliative and end of life care steering group which met monthly and had oversight of the strategy and action plan. The trust wide clinical governance group received six-monthly updates on the progress made by the palliative and end of life care steering group to deliver the strategy. This had been put in place since our last inspection in September 2015.
- There was a comprehensive Adult Palliative and End of Life Care Strategy 2016-19 in place detailing what the service wanted to achieve, with defined plans to turn it into action. Good progress was being made with this, despite some delays due to changes in the trust executive team. This was a much-improved situation from the time of our last inspection in September 2015.

End of life care

- The service had an ambition to make palliative and end of life care as good as it could possibly be each and every time. There was a hospital palliative and end of life care redesign plan developed in January 2018 which set out an operational plan for meeting their vision to provide care that was proactive, well-coordinated and patient focused.
- Managers promoted a positive culture that supported and valued staff and all the staff we spoke with passionate about their roles in palliative and end of life care.
- The service used a systematic approach to continually improve the quality of its palliative and end of life care. The arrangements for governance and performance management were clear and operated effectively. There was a weekly business meeting for end of life care, where they reviewed all incidents and complaints, as well as the six monthly patient experience report. This was not in place at the time of our last inspection in September 2015.
- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. They were reviewed at the monthly clinical governance group and locally, at the monthly steering group and the weekly business meetings. There was a performance dashboard which was updated and reviewed regularly.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Questionnaires were handed to all bereaved families and information received was analysed, recorded and acted on by the service.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. It was evident that a lot of time had been spent on developing plans to improve services for end of life care, and that these were continuing.

However,

- Although we saw evidence that the teams were trying to work together and support each other. Staff told us that there were times when they did not feel fully engaged with each other due to reporting to different managers and different priorities.
- The risks associated with palliative and end of care were known to the service but were recorded on different divisional risk registers which did not always match those recorded on the trust risk register. Not all of them were updated and one had incorrect controls recorded next to it.
- Some of the information collected by the different elements of the end of life care service had to be entered onto two different electronic information systems. This meant time was lost duplicating patient information in two places.

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity	Regulation
Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

Our inspection team

Nicholas Smith, head of hospital inspection and a lead inspection manager led this inspection. An executive reviewer supported our inspection of well-led for the trust overall.

the team included a further inspection manager, ten inspectors, one assistant inspector, fifteen specialist advisers, and an expert by experience.

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