

Report to Public Trust Board 2013

Title	Summary of Care Quality Commission feedback on Care provision
Sponsoring Executive Director	Director of Quality and Safety/ Chief Nurse
Author(s)	Director of Quality and Safety/ Chief Nurse
Purpose	To brief the Trust Board on regulatory feedback on CQC outcomes
Previously considered by	Executive team and Quality and Safety Committee

Executive summary

The Care Quality Commission undertake planned reviews across a range of outcomes in an annual programme of Inspections as part of their regulatory framework.

This report provides an overview of the key areas which were reviewed in late summer and the Autumn of 2012 and the outcomes from the final Inspection reports sent to the Trust in December 2012. The report also includes an overview of the CQC A&E patient survey published in December 2012.

In addition to the routine annual planned Inspections, the Care Quality Commission review Data provided by the Trust and will when required raise questions to which they need further information and a review of maternal readmissions was required. The Trust provided a comprehensive response to this query and CQC were satisfied with the outcome and actions required.

All four reports provide positive assurance to the Trust on the outcomes of care provided in the Royal Shrewsbury Hospital, Maternity services and both sites in relation to the A&E survey and should be considered as positive assurance for the Board Assurance framework when next reviewed as well as the Quality Governance Framework which is being considered in the January Trust Board meeting.

Related SATH objectives	SATH Sub-objectives
We will always provide the right care for our patients	QS1. Ensure that we learn from mistakes and embrace what works well QS2. Design care around patient needs QS3. Provide the right care, right time, right place, right professional QS4. Deliver services that offer safe, evidence-based practice to improve outcomes QS5. Meet regulatory requirements and healthcare standards QS6. Ensure our patients suffer no avoidable harm

Risk and assurance issues	Positive assurance provided through the report and no new risks are identified which the Board need to be briefed on.
Equality and diversity issues	The report provides assurance on regulatory outcomes across the full range of our patient diversity including vulnerable patients.
Legal and regulatory issues	This report provides assurance across a range of regulatory outcomes set out in the Health Act 2010.

Action required by the Trust Board

To **Note** the positive assurance provided through these CQC reports and to **consider** this evidence when reviewing the Quality Governance Framework and Board Assurance Framework.

**Overview report on the Care Quality Commission Inspections
31st January 2013**

1.0 Introduction

The Care Quality Commission has undertaken two routine inspections on the Royal Shrewsbury Hospital in 2012. This paper provides the key themes arising from those reviews and the outcome to a Data query in Maternity services.

2.0 Background

The Care Quality Commission (CQC) undertake routine annual Inspections at every NHS Trust but also undertake themed reviews to look at specific standards. CQC were commissioned by the Secretary of State for Health to undertake a review of older people to see whether they are treated with respect and whether they get food and drink that meet their needs.

The original review of 100 NHS Hospitals took place between March and June 2011. In November 2011, they announced that they would be inspecting a further 50 NHS Trusts and 500 adult social care services during 2012. The Inspections were carried out by CQC Inspectors supported by practising professionals and “experts by experience”- people with experience of caring or receiving care. The Royal Shrewsbury Hospital was identified as a Trust for Inspection in both 2011 and 2012. The national NHS report was published in October 2012 and the final report for the Royal Shrewsbury Hospital published in December 2012.

3.0 Overview of the Reports

3.1 Care and welfare of people who use services (Outcome 4)

CQC followed up their inspection of 21 September 2011 to check that action had been taken to meet the standards for this outcome. They did not revisit the Royal Shrewsbury Hospital as part of this review because the Trust was able to demonstrate that they were meeting the standards without the need for a visit. A report was sent to CQC providing evidence that we were fully compliant with the standard, relating to the care and welfare of people who use the service.

CQC were satisfied with the evidence provided and the full report in Appendix 1 outlines that the Trust has made sure that the necessary changes have been made and the previous minor concern placed on the Royal Shrewsbury Hospital has been lifted and the Trust is fully compliant with this outcome

3.2 Themed review (DANI)- Whether older people are treated with respect and whether they get food and drink that meet their needs.

This themed review covered a range of outcomes as follows:

- **Outcome 01:** People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run
- **Outcome 05:** Food and drink should meet people's individual dietary needs
- **Outcome 07:** People should be protected from abuse and staff should respect their human rights
- **Outcome 13:** There should be enough members of staff to keep people safe and meet their health and welfare needs
- **Outcome 21:** People's personal records, including medical records, should be accurate and kept safe and confidential

The Trust was found to be fully compliant across the full range of outcomes with positive feedback from patients and staff during the Inspection.

3.3 Review of maternal non –elective readmissions within 42 days of delivery at Shrewsbury and Telford Hospital NHS Trust.

The Care Quality Commission wrote to the Trust on the 22nd October 2012 to outline specific areas of concern sourced from information in the HES data (Hospital Episode Statistics) in which the data made the issue of maternal readmissions look as an outlier to other Trusts.

In summary the issues raised were as follows

- Rates for maternal non-elective readmissions within 42 days of delivery have been higher than expected in all quarters since Quarter 2 in 2009.
- From April 2011 to February 2012 the Trust's maternal readmission rate (5.3%) was significantly higher than the national rate (3.0%).
- Almost 60% of the Trust's readmissions were recorded with a primary diagnosis on readmission of Z76.8 compared with only 6.3% nationally.
- The rate of readmission with this primary diagnosis at the Trust was 3.15 which was significantly high when compared to the rate nationally (0.2%).
- From CQC's experience they outlined that of previous similar cases, they have often found that the code Z76 has been used to record healthy mothers readmitted alongside their unwell babies. Therefore, the high number of readmissions with this code could be due to such a data recording issue.
- In a review sent in response to a previous related alert at the Trust for neonatal readmissions, the Trust found that a number of the readmissions were miscoded as they were actually healthy babies accompanying their unwell mothers back to the Trust, and were not true admissions.

The CQC required the Trust to respond by the 19th November 2012 and the Trust did so by the required date and provided clarity on the issues raised and identified 4 recommendations which are shared in Appendix 3 (3a). CQC have accepted the data which demonstrates that the maternal non-elective readmission rates within 42 days of delivery to The Shrewsbury & Telford NHS Trust (who required clinical care other than routine postnatal care) are in fact significantly lower than the rates reported in the HES data and well within the expected rate for the Trust (Appendix 3b). An action plan for ensuring these recommendations were followed up is outlined in Appendix 3c.

3.4 CQC – A&E Patient survey (Published 6th December 2012)

3.4.1 An overview

The Care Quality Commission (CQC) commissioned the Picker Institute to conduct a series of patient surveys in Trusts' A&E departments across the country. The results are used by the Trusts to improve their patient experience and performance. The 2012 survey is one of a series first conducted in 2003 and most recently 2008. This means that not only can we compare our results with other hospitals across the country but also know how we are improving.

The questions are grouped into eight sections. You can see from table 1 that we were rated as being "about the same" as the average in all eight sections. (For each of these sections we could be rated as being "worse", "about the same" or "better" than the average.

With the current challenges facing the NHS as a whole, and our hospitals in particular, to provide timely urgent care, these results suggest we were doing OK at the time of this survey—but there is definitely scope for improvement. We know that we do not get it right every time for every patient. Our goal must always be to offer the best care and patient experience we can.

3.4.2 Key highlights

The questions are grouped into eight sections (e.g. "Doctors and Nurses"). In all eight sections our results were "about the same" as the average for other hospitals across England. There were no sections where we were "better" or "worse" than the average.

There were 3 areas where we performed significantly better than the average Trust. These were:

Enclosure 8

- Q4. How well do you think the ambulance service and A&E staff worked together?
- Q6. Were you given enough privacy when discussing your condition with the receptionist?
- Q36. Did a member of staff tell you about medication side effects to watch for?

There were no areas where our trust was 'worse' than most other trusts in the survey; all other areas were 'about the same' as other trusts in the survey.

3.4.3 Comparing to the last survey in 2008

Compared with 2008, there are two areas where our scores have significantly improved:

Q8. How long did you wait before being examined by a doctor or nurse?

Q36. Did a member of staff tell you about medication side effects to watch for?

There are no areas where our scores have shown a statistically significant decline compared with 2008.

3.4.4 Looking Ahead

These results offer some solid foundations to build on. They are a great credit to the work of staff in our A&E departments striving to provide prompt, safe care sometimes facing very high demands for emergency assessment and treatment.

- We will be working with staff and patients to understand what these results mean to them and where improvement is most needed.
- Providing better information about how to provide feedback and A&E waiting times. These were our lowest (worst) scores in the survey.
- Doing more to take into account people's home circumstances when discharging them from A&E. This was our second lowest score in the survey.
- Carrying on the progress we have made to improve information and planning on discharge from A&E—about medications, danger signals and returning to normal activities.

4.0 Conclusion and recommendations

The Trust Board are asked to **note** this briefing and the full reports outlined in the Appendix to this report and **note** the positive assurance provided across a range of regulatory outcomes and to **consider** the positive assurance against the risks/ standards identified in the Board assurance Framework and the Quality Governance Framework.

Director of Quality and Safety/ Chief Nurse

January 2013

Table 1

Section	Score	How did we compare with other hospitals across the UK?
Travelling by Ambulance	9.4/10	
Reception and Waiting	6.5/10	
Doctors and Nurses	8.2/10	
Care and Treatment	8.3/10	
Tests	8.3/10	
Hospital Environment and Facilities	8.1/10	
Leaving the A&E Department	6.7/10	
Overall Views and Experiences	6.9/10	

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Royal Shrewsbury Hospital

Mytton Oak Road, Shrewsbury, SY3 8XQ

Tel: 01743261000

Date of Publication: December 2012

We followed up on our inspection of 21 September 2011 to check that action had been taken to meet the following standard(s). We have not revisited Royal Shrewsbury Hospital as part of this review because Royal Shrewsbury Hospital were able to demonstrate that they were meeting the standards without the need for a visit. This is what we found:

Care and welfare of people who use services



Met this standard

Details about this location

Registered Provider	Shrewsbury and Telford Hospital NHS Trust
Overview of the service	Royal Shrewsbury Hospital is part of Shrewsbury and Telford Hospital NHS Trust, the main provider of acute hospital services in Shropshire, Telford and mid Wales. The trust has two main hospital locations in Shrewsbury and Telford, with a range of community hospital based maternity units. The acute hospitals provide emergency services, medical and surgical investigations and a full range of diagnostic, medical treatments for physical illness or condition, injury or disease.
Type of service	Acute services with overnight beds
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Management of supply of blood and blood derived products Maternity and midwifery services Surgical procedures Termination of pregnancies Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'

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Summary of this follow up review

Why we carried out this review

We carried out an inspection on 21 September 2011 and published a report setting out our judgements. We asked the provider to send us a report of the changes they would make to comply with the standards they were not meeting.

We have followed up to make sure that the necessary changes have been made and found the provider is now meeting the standard(s) included within this report. This report should be read in conjunction with the full inspection report.

We have not revisited Royal Shrewsbury Hospital as part of this review because Royal Shrewsbury Hospital were able to demonstrate that they were meeting the standards without the need for a visit.

How we carried out this review

We reviewed all the information we have gathered about Royal Shrewsbury Hospital and reviewed information sent to us by the provider.

We have not revisited Royal Shrewsbury Hospital as part of this review.

What we found about the standards we followed up

At our last inspection of the hospital we found that assessments, care plans and risk assessments had not been individualised or comprehensive which may have impacted on people's needs being met appropriately and effectively. We have reviewed the evidence given to us by the Trust who confirmed they are now compliant with this outcome.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard reviewed

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Assessments, care plans and risk assessments have been developed in an individualised and comprehensive way to ensure people's needs are met safely and effectively.

Reasons for our judgement

We visited the hospital on 21 September 2011 and found minor concerns for the care and welfare of people using the service. We found that overall staff had a good knowledge of people's needs. However we found that assessments, care plans and risk assessments were not individualised or comprehensive. Although we did not find that outcomes for people were poor, we did find that care plans and risk assessments were not being reviewed and monitored sufficiently to ensure appropriate treatment was consistent.

For example, we found that the care records had not been written in a person friendly way. A separate set of generic care plans had been available and staff ticked the boxes relating to the care the individual required. There was no evidence in the nursing notes to demonstrate that a person's care had been evaluated regularly as no outcomes to evaluations were recorded.

The care plans we sampled were generic and these had not always been fully completed. We found that there were examples where care plans and assessments had not been recorded properly, which placed people at risk of not receiving the right treatment, or staff not realising that someone's needs may have changed and that different care may have been required.

The Trust produced a detailed action plan setting out the changes they would make to improve people's experiences in relation to this outcome.

The changes recorded in their action plan included, "Nursing documentation detailed review, piloting and publication complete and launch of new evidence based care planning and assessment documentation to be launched on Dec 3rd 2012".

The Trust also completed a provider compliance assessment (PCA) to confirm that the improvements they had scheduled in their action plan had been completed. "After a comprehensive documentation review in partnership with senior and junior staff and Staffordshire University we are ready for the launch of the new documentation to support significantly improved assessment documentation and evidence based care plans which will enable individual care planning to be much clearer and evidenced. The majority of staff

have been through the pre launch training and are eagerly anticipating the launch. In the meantime the provider compliance forms demonstrate the improvements made in timely and effective assessments in documentation demonstrated through assurance reviews and RCA (Root Cause Analysis) reviews".

The Trust confirmed in both their action plan and the completed PCA that they were now compliant with this outcome.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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Review of compliance

Shrewsbury and Telford Hospital NHS Trust Royal Shrewsbury Hospital

Region:	West Midlands
Location address:	Mytton Oak Road Shrewsbury Shropshire SY3 8XQ
Type of service:	Acute services with overnight beds
Date of Publication:	December 2012
Overview of the service:	<p>Royal Shrewsbury Hospital provides 350 inpatient beds and is part of Shrewsbury and Telford Hospital NHS Trust. The trust is the main provider of acute services in Shropshire, Telford and Mid Wales.</p> <p>The hospital provides emergency services, medical and surgical investigations and a full range of diagnostic facilities and medical treatments for physical illness or</p>

	condition, injury or disease.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Royal Shrewsbury Hospital was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 6 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

We were supported on this review by an expert-by-experience who has personal experience of using or caring for someone who uses this type of care service.

What people told us

People told us what it was like to be a patient in Royal Shrewsbury Hospital. They described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether older people in hospitals were treated with dignity and respect and whether their nutritional needs were met.

The inspection team was led by a Care Quality Commission (CQC) inspector joined by a second CQC inspector, practising professional and an expert by experience, who has personal experience of using or caring for someone who uses this type of service.

We visited two wards providing adult inpatient care across the hospital. We spoke with nine patients who were receiving a service, two relatives and 10 staff from different disciplines. Patients we spoke with shared positive experiences about the care they received and how they were treated. They told us staff were respectful, promoted their privacy and dignity and kept them well informed about their care and treatment.

Patients were complimentary about the meals and food choices available. They told us their meals were served hot, were appetising and well presented. Where patients required assistance with eating, we saw staff provide support discreetly and respectfully. Patients who required specific meals to meet their dietary needs told us they were provided with the "right" food.

Patients told us they were well cared for and said they felt safe. They described staff as competent and caring. One patient said, "Everyone is wonderful here. They treat you properly and are very respectful." Patients told us they were confident in raising any concerns with the staff.

Patients considered there was generally enough staff on duty to meet their needs. All but one person told us that staff attended to their call bells in a timely manner. One patient commented, "The staff are rushed off their feet here but I'm not kept waiting". Another patient said, "The staff know what they are doing". Staff were confident that numbers and skill mix could be changed in order to meet any changing circumstances of patient care.

Patients told us staff regularly spoke with them prior to completing their records. We saw evidence of good incident reporting processes in place. However, the current system for recording patient information was not integrated or unified. The trust had already identified this as an area requiring improvement.

What we found about the standards we reviewed and how well Royal Shrewsbury Hospital was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 05: Food and drink should meet people's individual dietary needs

The provider was meeting this standard. People were protected from the risks of inadequate nutrition and dehydration.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet patient's needs.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was meeting this standard. People were protected from the risks of unsafe or inappropriate care and treatment because records were generally completed.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

Patients we spoke with were positive about their care and understood the treatment that was planned for them. They told us that staff promoted their privacy and dignity and treated them with respect.

Staff engaged with patients in a positive manner and were calm and attentive to patient's needs. Patients were spoken to in an appropriate manner and called by their preferred form of address. One patient told us that, unlike their past experience in other hospitals, staff had asked their preferred name on arrival and "everyone always" used their preferred form of address.

When patients required assistance with personal care or when their care and treatment was being discussed we saw this was done discreetly. Staff told us that all care needs were handled sensitively and discreetly. Staff described how they ensured patient's privacy at all times by speaking quietly, mindful of other patients hearing their discussions even when behind the privacy curtains.

Other evidence

Is people's privacy and dignity respected?

Both wards accommodated men and women; however we saw that each bay was dedicated to single gender occupancy. We observed that staff were responsive to patient's needs. They spoke in a polite and respectful way and were sensitive to any concerns or questions patient's had about their care and treatment. We saw staff from all professions within the hospital treating patients with respect and dignity.

Staff made use of privacy screening around bed areas when carrying out personal care and treatment. On occasions we overheard conversations taking place with nursing staff carrying out procedures. However, staff spoke with patients quietly, respectfully and explained what they were doing and why. One patient became extremely anxious whilst receiving personal care. The member of staff supporting the person provided lots of encouragement and reassurance and was very attentive to their needs and respected their privacy and dignity.

Staff told us they received a printed handout to ensure patient's diagnosis was not verbally discussed during bedside handovers so confidentiality was maintained. We observed the staff handover conducted at each patient's bed. Staff spoke quietly, mindful of being overheard. They also reported each ward had designated 'dignity champions' promoting dignity amongst patients.

Are people involved in making decisions about their care?

Patients that we spoke with told us they were kept informed about their care and treatment and that staff explained things to them. Most expected healthcare staff to make the right decisions as to the care and treatment that they should receive. Staff told us that ward rounds and comfort checks provided opportunities for patients to be involved and talk about their care and support needs regularly. One patient told us a discharge meeting had been arranged with them, their relatives and key people involved in their care.

We saw lots of examples of staff promoting independence. We observed patients being encouraged to use the bathroom facilities wherever possible. We heard patients being greeted with respect and asked about their personal preferences when they were assisted with washing and dressing. For example, they were asked what parts of their body they were able to do themselves and what areas they needed support with. Following their personal care patients were asked if they were comfortable and if there was anything else staff could do for them.

We observed quality checks being conducted on one ward. We saw examples of reviews recently performed by the ward manager and senior staff. Privacy and dignity was an area which they included and fed back good and poor observations to the staff on that ward. Staff commented that these reviews were useful and helped to keep on top of good day to day practice.

Our judgement

The provider was meeting this standard. People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

Patients told us they enjoyed the meals provided. One patient described themselves as a "very fussy eater". They said they were 'diabetic' but they could always find enough of the right food to satisfy themselves. Patients we spoke with confirmed food was plentiful and were complimentary about the meals provided. One patient described their meals as "absolutely great".

Other evidence

Are people given a choice of suitable food and drink to meet nutritional needs?

Patients that we spoke with told us they were given a choice of food for each meal. They said they completed menu cards selecting their personal preferences 24 hours in advance. They told us they were able to select their own portion size and they received the portions they requested. Patients told us this system worked well although inevitably when patients were transferred between wards the system was less effective. One patient told us they had received sandwiches although they had ordered a hot meal the day before being transferred. A meal had not been ordered for one patient, however staff immediately found a suitable meal for the person and apologised for the inconvenience caused.

We saw patients being offered a choice of hot drinks supplied by the housekeepers. Patients had a fresh jug of water that was accessible to them by their bedside. We saw staff complete food and fluid charts where required.

One patient had been in hospital for some time and was given an additional menu to

select from as an alternative from the weekly menu. Menus provided diet codes for patients to select from to include vegetarian, diabetic, high energy and healthy heart options. Snacks were available outside of mealtimes on each of the wards we visited.

Are people's religious or cultural backgrounds respected?

We saw patient's individual religious and cultural needs were indicated on their admission documentation. Staff reported that where a need for a specific diet is identified then this is communicated to catering staff and checked each mealtime to ensure the correct menus were provided. The hospital provided a choice of menu to include an ethnic menu. Meals offered included a range of Halal meat with rice or two vegetarian options. This ensured patients with specialist dietary needs were given appropriate suitably nutritious food.

Are people supported to eat and drink sufficient amounts to meet their needs?

We observed lunchtime across two wards and spoke with patients about their experiences. The two wards we inspected had protected mealtime arrangements in place. This is when all non-urgent activity on the ward stops to allow patients to have the time to eat their meals and not be disturbed by visitors or health professionals. We saw a visitor and two health professionals arrive at one ward during lunch time, however they were politely advised of the protected mealtime arrangements in place and agreed to return at a later time. We observed the environment was quiet which helped patients concentrate on their meal. Patients appeared relaxed and told us they enjoyed their meal.

Patients were seated comfortably in order to eat their meal. We saw staff going around the ward before mealtime to give patients the opportunity to wash their hands prior to eating. Patients received their meals in a timely manner and no meals were left to go cold. The food tray was placed within easy reach and patients were offered condiments. The food delivered was hot, looked appetising and was well presented. Staff explained the meals provided to patients and were responsive to patients' needs. They were polite and respectful. We saw staff being attentive whilst promoting people's independence.

We reviewed the care documentation for five patients with a range of needs and saw that upon admission staff had completed a nutritional assessment to determine if a person was at risk of malnutrition. Patients at risk of poor hydration and nutrition were being identified on admission and food and fluid charts put in place to ensure that this aspect of their care was closely monitored.

A 'housekeeper' role that had been introduced across the wards continued to work well. This role ensured that extra assistance was available to patients regarding eating and drinking. This allowed other staff to concentrate on providing direct care.

We saw the hospital had adopted a 'red tray' system. This reminded staff of those patients who would need assistance with their food and drink. After patients had finished their meal we heard staff ask if their food was to their liking and if they'd had enough to eat. We saw staff completing food and fluid charts and these were an accurate reflection of the food and fluid each person consumed.

Staff were effectively deployed across both wards ensuring patients received the support they required to eat and drink. One patient we spoke with told us, "The staff can't do enough for you here". Another said, "I really like it here because the staff are so helpful". Staff explained that if they had concerns about an individual they would seek advice from the dietician or the speech and language team.

We saw food, fluid and weight charts had been completed for each patient depending on level of need. On admission baseline general observations and weight was recorded so that any changes could be monitored. Care records demonstrated referrals to the dietician and speech and language therapist where patients had presented difficulty with chewing and swallowing. Progress notes recorded nutritional intake for each patient. These had been completed by the nursing staff at the end of every shift.

Our judgement

The provider was meeting this standard. People were protected from the risks of inadequate nutrition and dehydration.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

Patients confirmed they had not experienced or observed any poor practice during their stay. They told us they were treated with respect. One patient commented, "Everyone is wonderful here. They treat you properly, the staff are very respectful".

Staff knew that they had a duty of care to take appropriate action to protect vulnerable patients in their care. They were confident that they would recognise and act on any poor practice or alleged abuse to safeguard patients in their care.

Other evidence

Are steps taken to prevent abuse?

Staff spoken with demonstrated an awareness of the principles of safeguarding vulnerable adults and the procedures for dealing with any incidents. They confirmed they had received training in this area and demonstrated an understanding of the different forms of abuse and knew the procedure to follow if they suspected abuse. Staff told us they had a greater understanding of safeguarding vulnerable adults over the last couple of years.

The trust had a designated safeguarding lead for the protection of patients using the service from the risk of abuse, and to support staff in recognising and reporting abuse. Staff were complimentary of the support and guidance they received. They told us if they had any concerns no matter how small they immediately refer them to the safeguarding lead. The trust has continued to provide us with quarterly reports on adult

protection investigations.

Staff were aware of whistle blowing procedures and were confident they were able to share any concerns that may impact upon the wellbeing of patients in their care.

Do people know how to raise concerns?

Although we observed both wards as being extremely busy, nobody reported concerns to us about the way staff supported them. Patients we spoke with told us they would feel comfortable in raising concerns directly with a member of staff.

We saw a range of leaflets available on the wards that provided patients with information about the complaints procedure, how to share comments and Patient Advice and liaison Service (PALS).

Staff we spoke with knew of their duty to raise an alert if they became aware of any poor practice, allegation or disclosure. A senior member of staff told us that staff were confident in raising concerns and that the trust operated an 'open door' policy.

Are Deprivation of Liberty Safeguards used appropriately?

Senior staff confirmed they had either received, or were due to attend, training in Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They told us they were well supported by the safeguarding team and demonstrated they understood the need to seek 'authorisation' when patients needed to be kept within the ward for their personal safety. They shared an example of a recent application made to deprive a person of their liberty and told us this had been approved. They said they fully involved the patient and their relatives in assessing capacity and involved the doctor and the mental health liaison nurse located on site. They told us the patient's capacity was kept under review and confirmed patients were only deprived of their liberty when it was considered to be in their best interest. The trust acknowledged the need to ensure all staff were trained and familiar with this legislation.

Our judgement

The provider was meeting this standard. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We asked patients if they thought there was enough staff on duty to meet their needs. Patients considered there was generally enough staff on duty throughout the day and night. One patient commented, "The staff are rushed off their feet here but I'm not kept waiting". Staff were confident that numbers and skill mix could be changed in order to meet any changing circumstances of patient care. One patient told us, "Staff are busy all the time, they never stop but they have time for the patients".

We saw that everyone on both wards had call bells within reach. We saw patients used their call bell to summon help and staff responded in a timely manner. Call bells rang infrequently throughout our time on both wards. We saw staff working well with patients, meeting their needs with sensitivity and respect. We saw that staff made a point of going into bays to check if patients needed assistance or if those asleep or resting were alright. This showed care was personal to patients even if they could use a call bell to require help.

Other evidence

Are there sufficient numbers of staff?

Duty rotas were completed ensuring there was a suitable range of staff to meet patient's needs during the day and night. We observed there were sufficient levels of staff on duty to meet the needs of the patients. Staff reported that staffing levels were "adequate" and "much much better." They told us the use of agency staff had significantly reduced and where possible the same agency staff were used on the ward

to ensure continuity of care. We were told vacant hours were covered by permanent staff in the first instance, followed by bank staff and agency as a last resort. Staff told us where it was identified a person required additional support due to a health condition this was provided. They said managers never refused to ensure staffing was appropriate to the dependency levels of patients on the wards.

Throughout our inspection staff were seen in bays assisting patients who required support. We also observed that staff treated patients with respect and attended to their needs promptly in a kind and caring manner. We saw sufficient staff were available to assist patients over the lunchtime period.

Do staff have the appropriate skills, knowledge and experience?

Staff spoken with confirmed they had received training to carry out their roles and responsibilities. Staff told us they were well supported by the trust and received regular one to one supervision with their manager to discuss their performance and training and development. They confirmed daily handovers were in place in addition to regular staff meetings. We observed that when patients required support with moving and handling, that this was undertaken appropriately, sensitively and in line with manual handling guidelines.

Our judgement

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet patient's needs.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

Patients that we spoke with told us they were given information about their treatment and that it was always explained to them. We saw they had access to their records that were held at the end of their beds or outside the single rooms. Staff told us they explained care plans with patients and regularly spoke with them when gaining information to record on comfort charts.

Another staff member told us information was shared with staff during hand over. Staff all felt that they were told what they needed to know during these times.

Other evidence

Are accurate records of appropriate information kept?

We saw evidence of good incident reporting processes in place with evidence of relatives being informed and care plans reviewed in light of the incident. We found that the current system for recording patient information was not integrated or unified. We were advised that the trust was in the process of introducing new assessment tools and documentation to ensure a more structured approach was taken to care.

We found patients' food and fluid intake was monitored and mostly accurately written down by staff and up to date. Staff we spoke with were aware of the need to closely monitor patient's food and fluid intake and output. We also saw records of patient 'care

and comfort' checks in place and these were accurately maintained. These records were a tool that staff used to record regular checks on each patient.

We reviewed five care records. We saw specific records that explained how the wishes of patients preferring not to have emergency medical intervention were respected. These had been completed as required with the exception of the record held for one patient. For example the 'do not resuscitate' (DNAR) form had not been discussed with key people or endorsed by the most senior professional within the required timeframe required. The provider might wish to note that all DNAR decisions should be clearly documented. This would ensure that all information relating to discussions held with all parties provides a cohesive record. The trust volunteered to review DNAR records and share their findings with the resuscitation Committee.

Are records stored securely?

Patient's medical records were kept securely and could be located promptly when needed by appropriate staff. Staff demonstrated an understanding of maintaining confidentiality.

Our judgement

The provider was meeting this standard. People were protected from the risks of unsafe or inappropriate care and treatment because records were generally completed.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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