Review of compliance

South Devon Healthcare NHS Foundation Trust Torbay Hospital	
Region:	South West
Location address:	Hengrave House Torbay Hospital, Lawes Bridge Torquay Devon TQ2 7AA
Type of service:	Acute services with overnight beds
Date of Publication:	February 2012
Overview of the service:	The South Devon Healthcare NHS Foundation Trust catchment area covers 300 square miles - from South Dartmoor to the length of coastline which stretches from the mouth of the River Exe (Dawlish), past the Teign and Dart estuaries (beyond Dartmouth).

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Torbay Hospital was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders 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

During our site visits to South Devon foundation trust (Torbay Hospital) Centre, we went to 13 ward and clinical areas in addition to the outpatient clinics at the hospital. We spoke to over 60 patients and visitors. We also spoke with many members of staff.

We were told that patients thought their privacy was protected and that they felt staff were respectful during their visit to the hospital. Patients also told us that they had felt involved in planning their care or treatment.

Patients said they felt safe and said staff were very kind to them.

One patient had been admitted and moved several times due to her condition, her feelings were that all the moves were needed to give her the best treatment, she was kept informed of why she was being moved and all was done with respect and good humour.

Patients said they were pleased with the way they received their medicines in hospital. They told us staff are "excellent", "marvelous" and "brilliant". Patients told us they were happy with the way they received their medicines and that staff are helpful if they had any questions. One patient told us that the staff "couldn't be faulted, nothing is too much trouble".

Patients thought staff worked very hard to keep ward areas clean. Patients appreciated the mobile shop that visits each area every day.

Staffing levels were satisfactory patients said their needs were being met. We had many positive comments about staff. One patient said, "The staff are fabulous, I can't fault them; another comment made was "ask and it is done for you" Frequent comments made were "nothing is too much trouble" "so kind, even it's when busy"

Patients told us they knew how to complain and that if they had any concerns they would raise them straight away with the staff on the ward. Patients also knew about the Patient Advisory and Liaison (PALS) team.

What we found about the standards we reviewed and how well Torbay 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

Patients's views about the service are taken into account and they are supported to make choices about their care and treatment.

Overall, we found that the service was meeting this essential standard.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Patients are fully involved in making choices and decisions about their care. There are good practices in place and staff make sure that they support and respect patient choice.

Overall, we found that the service was meeting this essential standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Patients receive safe and appropriate care.

Overall, we found that the service was meeting this essential standard.

Outcome 06: People should get safe and coordinated care when they move between different services

Whilst working practices and systems have evolved slightly differently in the various wards and departments, patients experience care that is delivered by skilled teams of staff. Information is shared appropriately so patients receive good co-ordinated care whilst in hospital, during leave and for their discharge.

Overall, we found that the service was meeting this essential standard.

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

Staff training, comprehensive systems and policies and procedures help to protect patients from abuse.

Overall, we found that the service was meeting this essential standard.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

Medication systems are adequately managed and patients receive their medication appropriately.

Overall, we found that the service was meeting this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The premises are safe and accessible, providing a pleasant environment for patients which promotes their well being, privacy and dignity.

Overall, we found that the service was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The recruitment procedures used by the trust ensure that people who are employed are of good character and have the qualifications, skills and experience necessary to carry out their role and provide a safe service.

Overall, we found that the service was meeting this essential standard.

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

Patients on the wards we visited have their care needs met by sufficient numbers of well trained staff.

Overall, we found that the service was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The risks to patients are minimised as there are good systems in place which monitor their health, welfare and safety. Staff are clear about the need to question and challenge their work practices to improve patient experience.

Overall, we found that the service was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly

Patients know how to complain and the trust supports them to do so. The trust listens to and acts on complaints.

Overall, we found that the service was meeting this essential standard.

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

Most records are good as they are up to date, well maintained and accuarately reflect the care the patients need, however the attention paid to this varies and on one ward this is not the case. The inconsistency of approach to and standard of some care records, is a risk that could lead to gaps in care.

Overall, we found that the service was meeting this essential standard, however minor improvements should be made to maintain compliance.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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
We spoke to four patients who said they felt involved in their care within the maternity services. Patients said they appreciated being cared for by their community midwife who worked across all areas of maternity services. This meant that care was consistent and appeared more seamless to the patient. Patients also spoke highly of the midwives who respected individual requests and allayed specific fears and concerns.

We spoke to one patient during our visit to a surgical ward about the reason for their admission and the care provided. They told us that they understood the treatment they were receiving, and had been told about the options open to them, the staff were respectful, and that they felt listened to.

They also told us that their privacy and dignity was respected and that they were encouraged to express preferences and choices about their care and treatment. They said they were involved with their treatment, staff took time to explain what was happening and that they were able to tell staff if they were unhappy about any of their care.

Other evidence
We saw that patient's privacy and dignity was respected through staff giving all

personal care in private and by staff speaking to patients in a respectful way. We heard staff address patients appropriately, using their preferred names. Dignity was being respected by appropriate closing of curtains in shared bays when patients were receiving personal care.

Individual care plan files were kept on either the bottom of patient's beds or in a holder outside their rooms. This was to enable them to have access to their care plans while also enabling staff to update information.

Patients had been given information so that they understood the choices they had that were related to their care, treatment and support.

Our judgement
Patients's views about the service are taken into account and they are supported to make choices about their care and treatment.

Overall, we found that the service was meeting this essential standard.

Outcome 02:
Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:
* Where they are able, give valid consent to the examination, care, treatment and support they receive.
* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
* Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us
All four patients within the maternity department stated that midwives had asked consent when performing investigations and tasks. One patient said midwives had explained the antenatal screening tests very well. Another patient who had a caesarean section said they had been reassured by the many pre and post operative checks that had been performed in theatre before the operation. Patients also said they had been asked to sign consent form and understood what they were giving consent for.

Patients said they were aware of why they were at the hospital, understood their treatment regime and had been given all the information they needed by the doctors and nurses.

Patients we spoke with said staff asked their permission before they performed any task or care.

Other evidence
On the visit we looked at the ways in which decision-making is supported and issues of concern or capacity are resolved.

The majority of individuals we saw had the capacity to make decisions for themselves or with the support of a person of their choice. For some patients where their capacity

might be slightly impaired at times, staff might have to make some decisions on their behalf, for example what clothing to wear. Regular decisions being made on patient's behalf were recorded in their plans.

The care plans that we saw also included some information about choices patients have made in advance about their health care or wishes they have for end of life or emergency intervention care. This might for example include information about whether they would want active intervention if they were to suffer a cardiac arrest.

We saw patients being offered choices whilst we were at the hospital, and we also saw patients telling staff of decisions they had made regarding their care that day,for example one patient told staff they were going to have a "walk out" to get some exercise, staff supported and encouraged this. Where care was being delivered we saw staff telling the patient what was going on and what was going to happen.

Our judgement
Patients are fully involved in making choices and decisions about their care. There are good practices in place and staff make sure that they support and respect patient choice.

Overall, we found that the service was meeting this essential standard.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
Patients that use the service told us that the staff were caring and helpful at all times. During our visit we saw staff interacting well, comforting patients, speaking respectfully to them and working to meet their needs at all times.

One of the wards is a day case unit, where patients come in for a surgical procedure and spend the day on the unit and are usually discharged home. Some patients may stay longer depending on their fitness. On the night before our visit the hospital had admitted a large number of people 13 of whom had been admitted to this ward as there were no other beds available in the hospital. When we visited we saw that staff were busy, but were calm and efficient. They said they were busy but were coping well. The ward manager had arranged additional staff and all the patients we saw were looking comfortable and well cared for.

We visited another ward which was also busy. Shortly after we arrived there was a medical emergency and we saw all staff undertaking their appropriate roles calmly and efficiently.

We spoke to one lady who was admitted to Emergency Assessment Unit (EAU) after having seen her GP. When asked if she felt well cared for she said "oh yes, they explained what was happening". She said it was "so busy" but she "felt safe". She said she had a "long discussion with the doctor" and "they do a marvellous job under very difficult circumstances." She said she had "no sleep because of lots of activity but it wasn't noisy". She hadn't been able to clean her teeth because she wasn't given a

glass of water or a receptacle to spit out into.

We spoke to a lady who arrived at the Emergency Department by ambulance at 530pm after seeing her GP at the surgery. She said there were "queues everywhere" but she felt "well looked after" and "didn't have to wait too long". She anticipated that it might be difficult to sleep and asked for medicine to help but was still disturbed. She hadn't been able to bring any personal belongings with her and felt cold in the night wear she was given. She was given soap and a wash cloth but nothing to clean her teeth with which she found upsetting. She said she had been offered "lots to drink" and the food was "very good indeed". She described the fish pie as "excellent". She said she " felt ready to go home". When asked if she had been treated with respect she said "oh yes, definitely. The staff are friendly and helpful. They don't let it show if their patience is tried."

We spoke to one lady in the EAU who had been admitted the day before. When asked about her experience she described it as "fair". She had found it difficult to sleep and described some staff as "curt and abrupt" and " walking away rather than answering questions". She said she had had a "thorough examination" by a doctor but at 2pm she had not yet been helped to wash. Two staff caring for the patients in the lady's bay were asked if the lady had been helped with washing. Neither nurse had helped the lady nor did it appear that each nurse thought the other nurse may have helped. Care given had not been documented and so it was not possible to confirm if the lady had been helped by another member of staff.

On one ward patient's dignity and privacy was not fully respected as urinals were seen on bedside tables and on beds.

Staff handover sessions are undertaken when morning, afternoon and night staff, report for duty. This is to ensure that all staff are updated about the patients with any changes in treatment and are fully aware of new admissions.

We observed the review of care meeting on an EAU. The review was led by a senior doctor with a full range of staff in attendance. Each review focused on the person as a whole and a comprehensive and well structured overview was presented by a junior doctor. Supporting information was also available electronically. Due consideration was given to health and social care needs and relative or family involvement was clear. The team were enabled to take part and their contributions were valued. Because of a lack of beds patients were not always able to be allocated to the preferred ward but great effort was taken to achieve this where possible. During the meeting members of the public were able to walk through the area posing a potential risk to confidentiality. It was explained that normally a door would be locked to prevent this but had been overlooked on this occasion.

We spoke to one patient who had been admitted to the hospital from overseas. They had spent some time in the intensive care unit [ITU] and as their condition improved they were transferred to this ward. They praised the staff in the ITU and told us that the "excellent care I received there has been continued here". They told us that staff "always explain treatments and what they are doing". They said they are always given a choice of food, which is very good and they "eat all I'm given".

All four patients in the maternity department said they had felt "well cared for" and "in

good hands." One relative had said maternity care in Torbay had been far more pleasant than elsewhere in the country."

Patients told us they did not have to wait long for their request for help to be responded to. Patients also said midwives had clearly explained their plan of care throughout the pregnancy, birth and post birth. Patients also explained that midwives had supported them to change their plan of care during their pregnancy and birth and had kept them fully involved and informed.

Care plans are kept either at the bottom of patient's beds or in a special holder on doors to single rooms. Confidentiality is maintained by all documentation being kept together in a file. We saw that charts, such as records of drinks taken and medication taken, were well maintained, accurate and up to date.

Assessment and management of risks associated with nutrition, manual handling, falls and skin condition had been undertaken and regularly reviewed. Strategies were developed to minimise risks, for example, each patient admitted was assessed to determine their risk of developing pressure sores and pressure relieving equipment was then provided in line with this assessment.

We saw evidence in care plans that both the patient and a family member had been included in how they chose to have their care delivered and saw clear instruction to staff to ask how the patient wanted their care delivered.

Most care plans were accurate and up to date. Outcomes of the care plans were clearly recorded in daily notes kept in individual files with clinical records. We saw that all types of staff wrote in these notes which gave a general overview of treatment, interventions and progress.
We spoke to one of the primary care nurses for this patient and it was evident they were familiar with the patients needs.

Other evidence
People have given some information about their social and personal history to the staff to support the compilation of their care plans. This helps staff have an understanding of the context of the life the person enjoys normally.

The care that we saw being delivered was in accordance with the care recorded in the individuals plan, and we saw staff moving people and using equipment as the assessment had indicated. Handovers are held between each shift which helps to ensure that staff coming on duty are clear about any changing needs or requirements for that day. Other areas of care planning that we saw were generally completed consistently throughout the plans that we sampled. Risk assessments were also completed in every file.

Both nursing and care staff were able to give examples of how they promote privacy and dignity. Staff explained that where patients were not able to communicate, they would involve relatives, use non verbal communication and allow extra time and reassurance as part of the care. Staff also spoke of mental capacity assessments being used where a person is unable to make a decision about their care and spoke of involvement of Independent mental capacity assessors.

Our judgement
Patients receive safe and appropriate care.

Overall, we found that the service was meeting this essential standard.

Outcome 06:
Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:
* Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with Outcome 06: Cooperating with other providers

Our findings

What people who use the service experienced and told us
There are variations in the way patients experience how their care is co-ordinated.

On one ward one member of staff had a specific responsibility to ensure that patient discharge was co-ordinated. For patients with less complex needs a date for discharge was considered on the day of admission and planning started to ensure that the patient was discharged safely at the appropriate time. For patients with more complex needs a date for discharge was considered further in to their stay. We were told that if a patient is not likely to be fit to go home then support from other services and staff can be accessed on the same day or raised at the ward meeting. The aim is for discharge arrangements to be completed before the day of discharge. To allow beds to be available for new admissions discharges are planned for 11am in the morning. If 11am is not convenient to the patient then there is flexibility.

The ED had a co-located GP service between the hours of 8am and 8pm where patients with less urgent problems could be seen. The ED staff talked positively about their relationships with the GPs in this service and how the teams learnt from each other and worked flexibly. Patients with minor injuries were seen in a Minor Injury Unit. We were told that patients were assessed promptly by either a doctor or a nurse depending on their need. One area was decorated specifically to cater for the needs of children and toys were easily accessible.

On another ward the Discharge Co-ordinator role was not available at weekends. A plan was agreed in the week and the doctor providing weekend care or ward nurses

were able to discharge patients following an agreed protocol. One member of staff said the discharge of patients worked well because "everyone communicates well and the doctors are helpful."

One member of staff described hospital transport as "generally pretty good" and did not delay people leaving.

We saw the care team meet to review the care of patients. On one ward this was led by a junior doctor and in another area this was led by a senior doctor.
On one ward the patients were seen by a senior doctor the day after they came in to hospital and then each weekday day either by a senior or junior doctor. In other areas patients were seen by a senior doctor every day including weekends. This means that in some areas patients are not seen by a senior doctor everyday and do not benefit from experienced senior decision making. Senior managers acknowledged this variation and how the day of the week a patient is admitted on may affect their care in terms of the length of their stay. Reference was made to data which showed that patients admitted on a Friday have a longer length of stay. A senior doctor talked of his aspirations to standardise working practices across the seven day week.

Other evidence
We observed a meeting of senior staff to review the available beds for patients. A higher than anticipated number of patients had been admitted as emergencies the day before and so it was a challenge to find beds for people. The team systematically assessed available beds and took great effort to ensure patients were cared for in the best area. However in some cases medical patients were being nursed on surgical wards. There was also a lack of availability of side rooms which was an issue for nursing patients with infections. The team also made great effort to avoid cancelling people who were expecting to come in to hospital. The team explained that the hospital routinely had the vast majority of beds in use and so bed availability was closely monitored to ensure the best match with peoples' needs

Our judgement
Whilst working practices and systems have evolved slightly differently in the various wards and departments, patients experience care that is delivered by skilled teams of staff. Information is shared appropriately so patients receive good co-ordinated care whilst in hospital, during leave and for their discharge.

Overall, we found that the service was meeting this essential standard.

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
All the people we spoke to during this visit told us they were well cared for by all staff and they feel safe and secure at Torbay hospital.
Staff spoke about the safeguarding part of their annual mandatory training. They were confident that they would recognise poor practice. They said that if they witnessed potentially abusive actions they would report this to a senior member of staff.

One member of staff was able to give an example of a recent case where a patient had been helped by the hospital safeguarding team. Concerns were raised by a nurse and action taken was seen recorded in the patient's notes.

We observed interactions between staff and patients. These were at a pace in line with each person's needs and demonstrated respect towards them as individuals. For example, we observed an interaction in which a person told staff to come back later as they wanted a sleep.

All of the patients we spoke to told us they feel safe with comments such as, " the staff are really good, they look after me really well".

Other evidence
The hospital had a policy of never using restraint . We were told about a patient on a ward who had been displaying aggression and staff told us how they managed this person during this time. We saw no evidence that restraint was being used in the hospital.

Our judgement
Staff training, comprehensive systems and policies and procedures help to protect patients from abuse.

Overall, we found that the service was meeting this essential standard.

Outcome 09:
Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
The patients we spoke with were very pleased with the staff in the hospital, and told us that they are kind and helpful. They told us they are "excellent", "marvellous" and "brilliant". Patients told us they were happy with the way they received their medicines and that staff are helpful if they had any questions. One patient told us that the staff "couldn't be faulted, nothing is too much trouble".

We watched some lunchtime medicines being given on one of the wards and saw that these were given to patients in a safe way. People were treated with respect, and were asked if they were comfortable and had any pain.

Other evidence
We assessed information and evidence that the provider gave to us. We spoke with some staff in the Pharmacy Department, and on two of the wards.

We asked about how medicines are handled and managed in the hospital. We looked at supply and storage arrangements and checked prescription charts and medicines records. The prescription charts that we saw were clearly written and signed by the prescriber, and well completed by nursing staff when medicines were given to people. If doses had not been given for any reason this was clearly recorded on the charts. These records helped to show that people received their medicines in the way that they were prescribed for them.

There are clinical pharmacists and technicians who are involved on the wards with checking the medicines that patients bring in, assessing prescriptions and checking patient's medicines to take home. There is an out-of-hours service provided by the pharmacy which covers any emergencies. There is a medicines information department which provides services to hospital staff.

Staff on one ward told us that they have sometimes had to wait for medicines to arrive when patients are going home. There is now a new system introduced by the pharmacy which seems to be speeding up this process. Staff on another ward told us these medicines arrive quickly on the ward and there is not usually much delay for patients being discharged.

There are medicines policies and procedures and these are available electronically to staff on the wards. There are clear procedures in place for the safe management of controlled drugs, and any issues are dealt with appropriately. There are medicines governance groups which meet regularly and assess medicines audits, and any reported incidents. The pharmacy department ensures that any patient safety alerts or recalls are actioned in the appropriate timescales. These groups help to ensure safe medicines management in the hospital.

There is induction training in medicines for nurses and new doctors. When new nursing staff start at the hospital they attend a two day course on safe administration of medicines, and they must have attended this course before intravenous injections can be given. There is also a competency assessment after the course to make sure staff can give medicines in a safe way.

Our judgement
Medication systems are adequately managed and patients receive their medication appropriately.

Overall, we found that the service was meeting this essential standard.

Outcome 10:
Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:
* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
Four patients and three relatives were asked what they thought of the buildings. All were complimentary about the building works and improvements. One negative comment was received which related to lack of parking facilities at the hospital.
The older parts of the hospital have long narrow corridors with limited access to natural light. The recently modernised areas had a more positive effect on wellbeing.

Other evidence
We had a tour of the hospital with staff from the estates department. We went to the kitchen area, ward areas, outpatients department, maternity unit, linen room, porter's office, switchboard, estate department, waste recycling area and saw the main fire control panel. All areas of the hospital were tidy and clean.

Staff informed us the estates department had won the national 2011 Health Service Journal award for efficiency. Staff explained that the award had been won because they had looked at the processes used in the hospital to make sure patients benefited from a more efficient service.

We noted that some areas of the hospital were looking worn and in need of some refurbishment, whilst others were in the process of repair. Estates staff explained about the planned and ongoing programme of repair and regeneration that had taken place at the hospital. They explained that within the last two years works had included improvements to the main entrance and access, re roofing parts of the hospital, refurbishing the maternity unit and other ward areas and upgrading the electrical system in the hospital to improve patient safety and maintenance effectiveness.

We saw two examples of ward areas that had been upgraded. Patients within these ward areas told us they were pleased with the improvements in the environment. Nursing staff told us that single sex accommodation is provided wherever possible and ward bay areas were never mixed.

The estates staff showed us records of the rolling programme of works with the timescales for completion. These showed timescales were met and budgets appeared available for scheduled works. We also saw and were informed that these works and programmes ensured energy efficiency and used carbon energy funding for some projects of work. We were shown an example of efficiency within the recycling centre at the hospital where waste was recycled efficiently generating a financial income which is then re invested in the trust.

There is a programme of safety checks that take place in the hospital, to make sure it is a safe place to stay and work. These routine checks included fire and gas safety, electrical checks and legionella prevention. We were also told of external professionals that visit the hospital, including the Health and Safety Executive (HSE) and fire department.

We were shown the system in which staff were able to request urgent repairs within the ward and non clinical areas. Staff told us the estates department were very quick attending urgent requests for repairs. Estates staff told us that formal monthly "walk and talk" tours of the hospital take place with key staff including infection control staff and estates staff. These tours identify areas that need attention.

Our judgement
The premises are safe and accessible, providing a pleasant environment for patients which promotes their well being, privacy and dignity.

Overall, we found that the service was meeting this essential standard.

Outcome 12:
Requirements relating to workers

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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
Patients in the maternity department said they "felt in good hands" and thought "staff were skilled and knowledgeable" Patients also said they felt there were enough staff to help them with their care and the care of their baby.

We spoke with a member of staff who had been recruited when living overseas. They told us about their application process and an interview carried out by telephone. The person's line manager confirmed the recruitment process and confirmed it was "well worth the effort".

A senior nurse talked to us about the support she received and said she felt well supported and recognised her own responsibility for making sure support was in place. She regularly met with other senior nurses with the group being facilitated by a fellow senior nurse. She also met with senior nurses in her specialty area and this group was led by the Assistant Director of Nursing. She also had a one to one meeting with her manager once a month and met with another senior nurse once every two months for additional support. She in turn provided one to one support to the nurses she managed once a month.

Other evidence
We looked at the recruitment files for three staff at Torbay hospital. The files contained evidence to show that their recruitment processes had been fully carried out.

Our judgement

The recruitment procedures used by the trust ensure that people who are employed are of good character and have the qualifications, skills and experience necessary to carry out their role and provide a safe service.

Overall, we found that the service was meeting this essential standard.

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
People we spoke with, including visitors, spoke highly of the staff at Torbay Hospital. The staffing levels on the 26 bedded ward we visited was five registered nurses and 3 health care assistants during the morning and afternoon, three registered nurses and 3 health care assistants during the afternoon /evening and two registered nurses and three health care assistants on duty at night.

We also saw and were told about the cleaning, catering and administrative staff that worked at Torbay hospital. We saw them working effectively, and with sensitivity, to both maintain the cleanliness and hygiene of the hospital, and to provide people with plenty of good food and drinks.

Other evidence
A senior nurse talked to us about staff funding. She explained that one ward was funded for permanent staff for 22 of the 28 beds and the additional staffing was provided by a bank of nurses. The senior nurse explained that attempts had been made to reduce bed numbers to 22 but this had not been possible and 28 beds were regularly in use. A junior doctor described the nurses as 'under pressure, short staffed and using bank staff.'' A senior manager explained that additional staff were obtained from the hospital's own pool of staff and so quality of care could be assured.

A senior nurse talked to us about a piece of work looking at shift patterns. Several wards in the hospital were trying out 12 hour shifts as opposed to an 8 hour shift. A ward manager also talked about taking part in the new shift patterns. She said

feedback from staff was ''mostly positive'' and ''staff didn't want to swap back.''

We were told that Induction training is provided centrally by the Trust. It includes all the mandatory training including Clinical Governance, Health and Safety, Infection control, Moving and Handling, Fire safety, Conflict resolution, Child protection and a brief introduction to the Protection of Vulnerable Adults. We were told that "ideally" induction training is undertaken before a member of staff takes up their role. All newly recruited staff are given a staff handbook and a corporate induction training handbook before they start working at the hospital. Induction training is carried out in the training department and takes about four hours. Clinical staff also undertake a clinical induction.

The administration of staff training records is managed on site in a separate building and all training records are kept on computer. A master training spreadsheet is maintained by administration staff in the training department and they are responsible for ensuring that all newly recruited staff are entered onto the spreadsheet and that mandatory training is undertaken and monitored. Line managers are responsible for ensuring that mandatory training is undertaken and the training department will feedback to senior management and line managers if training is not undertaken by staff. Line managers can request a copy of the spreadsheet at any time.

The Trust has a good intranet site that all staff can access. A comprehensive training catalogue, training guide and booking form are available to support and encourage staff to undertake training.

Our judgement
Patients on the wards we visited have their care needs met by sufficient numbers of well trained staff.

Overall, we found that the service was meeting this essential standard.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
During our visit we saw staff talking with patients about thier care and treatment, discussing their support, progress and decision making positively. The outcomes of these discussions were recorded in individual records, in their care plans and assessments.

Patients told us that they are actively encouraged to give feedback about all aspects of their experience of services, for example one person about to be discharged told us of a questionnaire they had been asked to complete regarding the quality of care they had received during their stay.

We found that care records included good risk assessments that were individualised and resulted in appropriate changes to care delivery, such as increased monitoring.

Other evidence
On the maternity unit midwives were keen to explain the systems in place to monitor the quality of care. This included the national programme of midwifery supervision. Ratios of midwifery supervision which were in line with national recommendations, meaning midwives were effectively enabled and supported to provide safe care.

Within all departments we were told that they were supported to "run with new ideas". Staff were keen to show us examples of best practice. An example of this was within the portering office where staff could track where portering staff were and monitor why delays in moving patients from the wards to other areas of the hospital occurred.

Another example was where staff within the linen department had worked out systems to reduce the chances of staff and patients running out of linen and nightwear.

We were told that the hospital had a team of approximately 20 trained volunteers who collected patient feedback as part of a 'Working With Us' scheme. The volunteers used a structured questionnaire to gain information about the patient's experience. Questions were in a yes or no type answer and the volunteer recorded additional notes if needed. Patients were approached on the day they were due to leave hospital. If they were not able to participate a member of the family was invited to take part. We were told that the volunteers had made the decision to exclude Mondays as this was a busier than normal day for the hospital. Surgical, medical, gynaecological and care of the elderly wards were included. Paediatrics and the out patients department was excluded. Any areas of concern are fed back to the appropriate ward manager and the Patient Services and Patient Experience Manager. A monthly report is produced for individual wards and the senior management team. We saw an action plan which gave details of the response to issues raised. There was a well managed approach to gaining people's feedback but it did not include all services and activity was limited to patients about to be discharged on the mornings of Tuesday through to Friday. We were told that this same group of volunteers was used to review policies and had been involved in the development of a visitors' charter. Plans were also underway to recruit more volunteers.

The hospital has also implemented 'Leadership Walkrounds' where a senior leader make direct contact with front line staff and discusses patient safety issues. All areas of the hospital have been included and some visits had taken place outside of the normal working week. A record of issues identified and action taken was seen.

The Patient Safety Project Manager described the hospital as having a "good culture of reporting incidents" and "good management of change".

Our judgement
The risks to patients are minimised as there are good systems in place which monitor their health, welfare and safety. Staff are clear about the need to question and challenge their work practices to improve patient experience.

Overall, we found that the service was meeting this essential standard.

Outcome 17:
Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:
* Are sure that their comments and complaints are listened to and acted on effectively.
* Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us
Patients we spoke to were not aware of a complaint procedure but knew who they would talk to if they had any concerns or worries about the hospital or the care they were receiving. They also told us they felt able to do so. One patient told us that they would tell a family member if they were worried about something.

Other evidence
We discussed the management of complaints and met the team involved. The team had a very positive attitude to complaints and were able to illustrate the responsiveness of the service. There was a real willingness to talk to the person who had made the complaint on the day it was received or invite the person to meet at the hospital. A group, with a good cross section of all those involved, had been set up to maximise learning from complaints. The group met every two months and was chaired by the Assistant Director of Nursing. All compliments made known to the Chief Executive were recorded and comments made by people on the NHS Choices website were also monitored. The Patient Services and Patient Experience Manager is also part of a regional complaints network which supports development of the service.

The team manager said the complaints process "works well" and is "well organised". She described the team as "brilliant" and " having a passion for doing the right thing for patients". She said that with a more complex complaint, involving many clinicians, the process could be lengthy but the aim was to have dealt with the complaint within 4 weeks. She said having more staff would make it easier to meet time frames.

A senior nurse explained that she carries out the initial investigation in to a complaint made about an area she manages. She may meet the person who made the complaint and will write a letter following on from the meeting.

Our judgement
Patients know how to complain and the trust supports them to do so. The trust listens to and acts on complaints.

Overall, we found that the service was meeting this essential standard.

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

There are minor concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us
Overall most patient's records were well kept and included enough detail about individual's treatment and support to ensure identified needs are met e.g. assessments, care plan, risk and capacity assessments. However records on one ward that related to patients's care needed to be compiled with more consistency and to be a better reflection of the needs of individuals being cared for. For example two care plans we saw of a people admitted over the weekend were left blank with only the basic names, contact details and reasons for admission completed. We discussed this with the managers and this was addressed promptly.

One doctor described her "frustration" with nurses, describing some as "good" and others as "slack". She had raised problems with incompletion of charts monitoring patients' fluid balance with her senior doctor colleagues. Fluid charts were looked at on the ward and the level of detail was found to be insufficient.

The style and standard of record keeping varied throughout the hospital, a range of patient records were seen but there was some inconsistency in style and format. Not all records met the expected corporate standards and the quality of some records was poor due to poor photocopying.

Other evidence
Care documentation in EAU was used by all members of the team which supported

good communication amongst all involved. The medical staff were using an agreed form of communication to record care in the notes. This outlined the situation and background to the patient's condition, an assessment of care needs and recommended action. An initial assessment is completed by a nurse and all patients are screened for diarrhoea and vomiting and MRSA. Patients on antibiotics are monitored daily by a pharmacist. A risk assessment is completed within the first 24 hours of the patient's arrival. On the record we looked at with the unit manager this had not been completed. The completion of this document was being monitored by the unit and five notes were reviewed each month.

Our judgement
Most records are good as they are up to date, well maintained and accuarately reflect the care the patients need, however the attention paid to this varies and on one ward this is not the case. The inconsistency of approach to and standard of some care records, is a risk that could lead to gaps in care.

Overall, we found that the service was meeting this essential standard, however minor improvements should be made to maintain compliance.

Action
we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	Why we have concerns: Most records are good as they are up to date, well maintained and accuarately reflect the care the patients need, however the attention paid to this varies and on one ward this is not the case. The inconsistency of approach to and standard of some care records, is a risk that could lead to gaps in care.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, 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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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA