

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

## Moseley Hall Hospital

Alcester Road, Moseley, Birmingham, B13 8JL

Tel: 01214666000

Date of Inspection: 25 July 2013

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2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Staffing**

✘ Action needed

## Details about this location

Registered Provider	Birmingham Community Healthcare NHS Trust
Overview of the service	Moseley Hall Hospital is a community hospital offering general medical and sub-acute care, specialist stroke and brain injury rehabilitation services for both inpatients and outpatients.
Type of services	Acute services with overnight beds Community healthcare service Community based services for people with a learning disability Hospital services for people with mental health needs, learning disabilities and problems with substance misuse Prison Healthcare Services Rehabilitation services Urgent care services
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury

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*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 inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Moseley Hall Hospital had taken action to meet the following essential standards:

- Staffing

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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Moseley Hall Hospital forms part of Birmingham Community Healthcare NHS Trust (the trust)

During our inspection of Moseley Hall Hospital in January 2013 we found non-compliance with staffing. We identified that improvements were needed concerning staffing levels that were having a minor impact on the people using the service at that time. We carried out this inspection to find out if improvements had been made. We focussed on the two wards that we had assessed previously, wards five and six. We found that some new systems had been implemented concerning staffing levels and staffing issues, and some improvements had been made. However, we found that further improvements were needed, particularly on ward six, to ensure that people's needs could be met and to make sure that they were safe.

Information provided by the trust and senior staff from the trust told us that a recruitment drive was on-going. We were told that management had been disappointed with the outcome of the first recruitment drive, as the standard of many applicants had not been adequate. They told us that they were continuing to recruit. We spoke to a number of newly appointed staff and they confirmed that the recruitment process was on-going. This showed that action had been taken by the trust to improve staffing levels.

We found that systems had been put into place to make the admission processes more positive for people. Unlike our previous inspection, no one we asked told us that they had a poor experience at the time of their admission.

During our inspection we spoke with seven relatives, ten staff members, and twenty people who were using the service. As not everyone were able to tell us about their experiences, we used a number of different methods to help us understand the experiences of those people, which including observation.

During this inspection the majority of people we spoke with made positive comments about the attitude and behaviour of permanent staff. People who used the service and their relatives used words such as, "Caring, "Fabulous", and "Kind" to describe the staff. One person said, "The staff are all very pleasant". Another person said, "The staff are very kind. They look after me". However, the majority of people using the service told us that there were not enough staff and that they had to wait at times to have their personal care needs met. Our observations on ward six confirmed that people did have to wait for the staff to deliver their personal care. One staff member told us, "No way do we have enough time to meet people's full needs".

We observed some care practices that were not positive. We saw staff standing over people when assisting them to eat. We also saw a staff member shaving a person without closing the curtain to promote their privacy and dignity. This meant that some staff practices did not give people assurance that their needs would be met in the way that they wanted them to be.

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

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 12 September 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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 inspected

### Staffing

✘ Action needed

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

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### Our judgement

The provider was not meeting this standard.

There was not always enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

Moseley Hall Hospital web site describes the care provided on wards five and six as being 'sub-acute' care. Sub-acute care is inpatient care designed for someone who has an acute illness, injury or flare-up of a known condition. Sub-acute care and treatment is specific and is generally delivered immediately after, or instead of, an acute hospital admission. As a result of the nature of care provision people receiving care on both wards had a range of conditions, illnesses and needs. Some people required minimal support to regain physical functioning, whilst others required a high level of care, support and reassurance.

We assessed this outcome area in January 2013 and found non-compliance which we judged was having a minor impact on people using the service at that time. We undertook this follow up inspection to find out if improvements had been made. Overall, we found that some improvements had been made but more were needed.

During this inspection we re-looked at concerns that we had found previously such as admission processes. We found that some improvements had been made. One staff member said, "Staff are usually delegated to deal with admissions which has made things better". We asked all of the people we spoke with about their experience of their admission to the ward. No one told us of a poor experience at that time. One person told us, "I was greeted and made to feel welcome". This showed that the trust had taken action which had given people more assurance that they would have the time and attention they required during their admission.

As with our previous inspection a number of people told us that they did not know why they were in hospital, how long they would be there, or what was happening regarding their care. However, other people were able to give us a good account of why they were in hospital and what plans had been made for them. We saw that some action had been

taken by the trust to improve the communication systems between staff, people using the service and their relatives. We saw that notices were on display giving information about what people should do if they felt that they did not know what was happening regarding their care. A senior manager for the trust told us that they had identified that evidencing communication had been a problem, particularly for those people who may have a poor memory, in that they may have been given information by staff but had forgotten. The senior manager for the trust told us that audits had been undertaken to make sure that conversations with people and their relatives were documented. They told us that if situations occurred then there would be a record to confirm what people had been informed of. This showed that the trust had taken action to promote better communications between staff, people using the service and their relatives so that they were better informed about their individual situations.

Documentary evidence provided by the trust and all staff we spoke with confirmed that recruitment had taken place and was still on-going. We have also been provided with evidence to confirm that interviews are due to take place in August 2013 with a view of appointing into all remaining vacant posts on ward six. We were told that nine new staff had been appointed but as their pre-employment checks were still being carried out they had not yet started work. One staff member confirmed this. They said, "I work on the bank but I have been successful in getting a permanent job. I am awaiting my start date". The majority of staff we spoke with told us that there had been some improvement with staffing levels. This showed that the trust had taken action and were taking further action to employ permanent staff to provide a more consistent service to people.

We acknowledge that on our inspection day ward six experienced an unusual situation as three of the seven staff due to work on that ward had, for different reasons, not attended work that day. One staff member said, "Today is a bad day. We are often short staffed but not to this level". However, a number of staff and people using the service told us that, in their view, on a number of occasions there were not enough staff to meet people's needs. We were told by a number of people that they had to wait when they wanted to go to the toilet. Other people told us that at times they still had not had their personal care delivered by late morning. We were also told that due to people having their personal care late they had to miss their physiotherapy treatments. We were told that physiotherapy programs at times had to be written in a condensed form as staff would not have the time to carry out the ideal. This meant that people had not been given their care in the way that they wanted it to be given and that physical recovery may be slower than it should as staff were not available to deliver what was required.

We found that as the recruitment process was still on-going neither ward five or six had their full complement of permanent staff. As a result the trust relied on bank and agency staff to bridge the gaps in staffing levels, or at short notice if a staff member could not work. We found that a number of those staff had worked regularly on the ward and knew the routines and people well. Other bank and agency staff did not and people were not happy. One person said, "They do not know how I like to be hoisted". Other people told us that the attitude of some bank and agency staff was not as good as others. Some staff told us that at times work was very much slowed down as they had to show bank and agency staff what to do. One staff member said, "Some bank and agency staff are lazy, they wait to be told what to do even if it is obvious what needs to be done". Some bank and agency staff told us that they felt that permanent staff did not have enough time to properly show them around. One said, "They expect you to see to the people but you don't even have time to read the care plans". This meant that people could not be fully assured that all bank or agency staff knew how to care for them, or were able to care for them in the way that they preferred.

We found that staff did not have time to appropriately care for people who had behaviours that challenged the service. A number of people using the service complained to us about noise and their lack of sleep due to some people's behaviour. One person said, "I have never heard foul language like that and I don't want to hear it now". Another person said, "They shout all night we cannot get any sleep". During our inspection day we saw that one person was not supervised. They continually used language that offended other people. We looked but could not find any care plans for staff to follow regarding challenging behaviour. We saw that one person's call bell was out of their reach. When we asked, we were told that this was because they banged the bed with it which made a noise. There was no care plan in place giving instruction to staff that the person's call bell should be out of reach. This meant that written instruction for staff on how to manage challenging behaviour was not available and staffing levels did not allow the support or supervision that person needed to keep them safe or prevent them displaying behaviour that offended other's.

We observed some inadequate care practices whilst on ward six. We observed one person being given a shave in view of other people. We saw one person using an oxygen cylinder that was not functioning properly. The person was distressed and breathless. We saw that a staff member stood over one person to assist them with eating and drinking instead of sitting down and making it a relaxed pleasant experience. We saw that a number of 'hourly care round check' documents had not been completed that day. This meant that some individual staff were not providing the care or input that people required or in a way that ensured privacy and dignity.

As with our previous inspection we found that only limited provision for cognitive stimulation and recreational opportunities were available. On ward five we saw that the communal space was more pleasant. It was bright and welcoming. We saw a number of people watching the television there. We also saw a staff member doing a jigsaw with one person. The person enjoyed that. They were smiling and chatting to the staff member. However, on ward six people complained that there was nothing to do and that they were bored. We saw staff engaging and interacting with people. However, we also saw periods where people were sat by their beds with nothing to do. One person said, "Every day is the same there is nothing to do and the days are never ending". Staff we spoke with told us that they would like more quality time to sit and talk to people or take them into the garden when the weather was nice.

This section is primarily information for the provider

## ✕ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Treatment of disease, disorder or injury	<b>Staffing</b>
	<b>How the regulation was not being met:</b> Staffing levels and staff mix had not always been adequate to ensure that the care and supervision needs of people using this service were met or that people received the individual attention they required. (Regulation 22).

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 by 12 September 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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