



Review of compliance

Wiltshire Primary Care Trust
Savernake Hospital

Region:	South West
Location address:	London Road Savernake Wiltshire SN8 3HL
Type of service:	Acute Services
Date the review was completed:	December 2010
Overview of the service:	Savernake Hospital is a community hospital run by Wiltshire Primary Care Trust (PCT). The hospital benefited from extensive refurbishment in 2005 and provides a 24 bedded general medical ward. Ailesbury Unit provides rehabilitation services to people who have undergone a period of acute hospital care and require further in patient rehabilitation prior to discharge to enable them to lead as independent a life as possible. People are also admitted from the community for assessment, treatment and support prior to discharge back

	<p>to their usual place of residence, re-housing, or placement in a nursing or care home. The unit also provides palliative care to people who are nearing the end of their lives, and an overnight room is available for relatives who wish to remain close to their loved ones.</p> <p>Outpatients and radiology services are provided by the Great Western Hospitals NHS Foundation Trust and there is also an eating disorders clinic run by Oxfordshire and Buckinghamshire NHS Foundation Trust on the site. The hospital also provides a base for a range of community services. These services were not assessed as part of this review, which focused only on the services provided on Ailesbury Unit.</p>
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Savernake Hospital was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out the 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 an unannounced visit on 19 November 2010, observed how people were being cared for, talked to people who use services, talked to staff, checked the provider's records, and looked at records of people who use services.

What people told us

People told us that they were happy with the care and treatment they received. They praised the staff, saying "they are always cheerful and when you call them they always come - I cannot fault them." People on the ward and their relatives also commented on the cleanliness of the ward, saying "it is exceptionally clean - absolutely spotless." "I think they are very thorough with the cleaning." They also commented on the quality of the food which was described as "very good" and "excellent". People said that they liked the ward environment, that they felt safe, secure and comfortable. They felt that their privacy and dignity were respected and that they were kept well informed about their care and treatment.

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

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's human rights, privacy and dignity are respected and they are supported to make informed choices about their care and treatment.

Overall, we found that Savernake Hospital was meeting this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

There are processes in place to ensure that people are able to give informed consent to their care and treatment, and processes to manage people who lack capacity that meet the requirements of the Mental Health Act 1983 and the Mental Capacity Act 2005. However not all staff have received training in consent therefore there is a risk that the provision of care may be inconsistent (see outcome 14).

Overall, we found that improvements are needed for this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

Outcomes for people are generally good because they receive appropriate treatment and care. Few people develop pressure sores, infections or blood clots whilst they are in hospital; however too many people fall. Care records do not demonstrate that risks to people are always assessed promptly and regularly reviewed, or that actions are taken to reduce those risks. (See outcomes 16 and 21)

Overall, we found that improvements are needed for this essential standard.

Outcome 5: Food and drink should meet people's individual dietary needs

People's nutritional and hydration needs and preferences are understood, reviewed and monitored. Nutritious and appetising meals are provided and people are offered support with eating and drinking. Record keeping did not fully support this good practice (see outcome 21).

Overall, we found that Savernake Hospital was meeting this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services

Care is delivered by a multi disciplinary team that shares information to ensure that people receive a coordinated package of care whilst in hospital and following discharge.

Overall, we found that Savernake Hospital was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

Staff knew how to recognise abuse and knew how to report concerns. However a significant proportion of staff have not received training in safeguarding or restraint and this may result in inconsistent care and treatment. Record keeping needs to be improved (See outcome 21).

Overall, we found that improvements are needed for this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

The ward was clean and well maintained to prevent and control infection and there have been few outbreaks of infection. People staying in and visiting the ward are informed about cleaning and infection prevention and encouraged to take precautions to prevent infection. There are appropriate arrangements for managing outbreaks of infection, including isolation facilities. Staff follow procedures and take precautions in relation to infection control and have access to advice and support, although some staff have not completed mandatory training/updates (see outcome 14).

Overall, we found that Savernake Hospital was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

There are systems in place to monitor the management of medicines in order to ensure safe practice. Records do not demonstrate that people know about and understand their medication or that its effects are monitored and regularly reviewed. Records do not show that staff have the required competency and skills to handle medicines (see outcome 14 and 21).

Overall, we found that improvements are needed for 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, accessible and well maintained and provide a pleasant environment which promotes privacy, dignity and wellbeing.

Overall, we found that Savernake Hospital was meeting this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

The ward was well equipped and equipment appeared to be suitable, well maintained and clean. However there were inadequate records to support this or show that staff were trained to use the equipment (see outcomes 14 and 21).

Overall, we found that improvements are needed for this essential standard.

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

The trust has recruitment and selection procedures and monitoring systems in place to ensure that staff are fit and competent to carry out their role. However the records on the ward did not provide assurance of this (see outcome 21).

Overall, we found that improvements are needed for this essential standard.

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

The trust has assessed and reviewed the staffing levels required to ensure that people's health needs on Ailesbury Unit are met. The trust has experienced problems in achieving the required staffing levels but has taken appropriate action to minimise the effects on the continuity of care.

Overall, we found that Savernake Hospital was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Staff morale on Ailesbury Unit has been affected by high levels of absence and turnover, and a number of staff performance issues. Staffing levels have improved and the trust has provided a range of training for staff. However there remains a shortfall in mandatory training and staff have not received regular supervision. The trust should ensure that a permanent ward manager is appointed as soon as possible to provide some stability for staff.

Overall, we found that improvements are needed for 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 trust has systems and processes in place to monitor the quality of its service. Staff were seen to be fully engaged in identifying ways in which care may be improved, and receptive to feedback. There is a programme of regular audit and evidence of learning from incidents; however local action plans are not consistently delivered or reviewed. Although we saw evidence of risk assessments for people receiving care and treatment, they were not consistently carried out.

Overall, we found that Savernake Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

People know how to complain and the trust supports them to do so. The trust listens to and acts on complaints about Savernake Hospital.

Overall, we found that Savernake Hospital was meeting this essential standard.

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

Records are not always accurate, complete or up-to-date, and therefore do not support people's safety and wellbeing.

Overall, we found that improvements are needed for this essential standard.

Action 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.

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 1: 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 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us that their privacy and dignity was respected and that they could express their preferences and choices with regard to their care and treatment. People felt involved with their treatment and felt that the staff took time to explain what was happening to them. They also felt able to tell staff if they were unhappy about any aspect of their care. One person said that he preferred to receive personal care from male members of staff and this was respected. He also said that staff always explained what they were about to do and sought his consent.

We observed that staff addressed people appropriately, using their preferred names. Dignity was respected by appropriate use of curtains and door signs were used to prevent entry to bedrooms when personal care or treatment was provided. Quiet rooms are available on the ward where people and their relatives can hold conversations. We observed a staff member conveying a telephone message from a relative to a patient as written note in order that it remained private.

We observed that staff encouraged people to do things for themselves where they were able, giving them appropriate support where they were less able.

Other evidence

The trust told us that they had conducted an audit of privacy and dignity and that a patient representative had been a member of the group conducting the audit. The audit results were excellent. The trust told us that all staff had received training in equality and diversity so that they recognise and respect peoples' diverse backgrounds, personal beliefs and values.

We reviewed patients' care plans and saw that they were person centred, ensuring that patients were treated as individuals. One care plan we reviewed for a patient who had difficulty communicating contained information provided by a relative about how the patient liked certain daily routine.

We observed that care plans set out objectives for the person's stay in hospital, agreed between them and the staff and a contract has been designed to record this agreement. However in many cases this contract had not been signed.

We saw information made available to people coming into hospital .An example is the ward booklet, a comprehensive source of information about what people can expect during their stay, including guidance on how to provide feedback or how to complain, and how to seek support with this process. The booklet emphasises the importance of "active patient participation" in the rehabilitation process and assures people that all decisions about their care and treatment will be made in discussion with them and with the involvement of their carers where appropriate.

Staff told us that a patient satisfaction survey is undertaken annually on the ward and there is a survey planned to be conducted in January 2011 which will focus on responsiveness to personal needs.

Our judgement

People's human rights, privacy and dignity are respected and they are supported to make informed choices about their care and treatment.

Outcome 2: 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

There are minor concerns with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us

People told us that staff talk to them and explain the care they are about to provide and ask their consent. They told us that they did not feel under pressure to give consent and they felt that they had sufficient information to make decisions.

Other evidence

The trust told us that they have recently audited the consent process on Ailesbury Unit and that this showed that staff were mostly working in line with the trust's consent policy. We reviewed care plans and records of care and treatment and observed that peoples consent was recorded in most cases; however it was not always reviewed. We saw an example of a care record where the person did not have the mental capacity to make informed decisions and therefore provide valid consent. We observed that all the necessary steps had been taken to ensure that the best interests of the person were served in accordance with the Mental Capacity Act 2005.

The trust told us that some staff had received training in safeguarding adults and the Mental Capacity Act 2005 and that this training incorporated the principles of consent. However, not all staff have attended this training and a training plan to address this shortfall has not been provided. Ailesbury Unit frequently provides care to older people, some of whom have varying degrees of dementia and may not have the mental capacity to provide consent. It is therefore important that all staff involved in these people's care are appropriately trained. We will ask the trust to provide us with a training plan and we will monitor their progress with this.

Our judgement

There are processes in place to ensure that people are able to give informed consent to their care and treatment, and processes to manage people who lack capacity that meet the requirements of the Mental Health Act 1983 and the Mental Capacity Act 2005. However not all staff have received training in consent therefore there is a risk that the provision of care may be inconsistent (see outcome14).

Outcome 4: 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

There are minor concerns with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us that the staff were caring and attentive and respectful of their individual needs and preferences. They said that they liked the ward environment, particularly the single bedrooms with en suite facilities.

We observed staff interacting with people in a respectful manner, providing encouragement and support to help people to do things for themselves, and providing assistance to those who could not care for themselves.

Other evidence

We reviewed care plans and saw that people’s needs and preferences were recorded to ensure personalised care. We saw risk assessments to identify people who were at greater risk of harm; however these risk assessments were not always carried out at the beginning of the stay, some were not dated, some were incomplete and some were not reviewed. The trust told us that there had been a high number of falls on the ward and that it was important that people’s risk of falling was assessed; however because some records were incomplete, we could not be

certain that people had been properly assessed. We also saw examples of risk assessments for malnutrition, pressure sores and blood clots but again, these were not always complete, dated or reviewed. We observed that a risk assessment checklist had been designed and this was placed on all patients' care plans but that it had not been completed. We did however review the care record for a person who had a pressure sore, and the record provided evidence of frequent monitoring and turning to aid recovery.

We observed that people received support from a multidisciplinary team and there was good communication between medical, nursing and therapy staff. We saw an example of a discharge summary which showed that a joint assessment had taken place prior to leaving hospital and a comprehensive package of care had been arranged to support the person at home.

We were told by the trust that the average length of stay is 18 days and that they are constantly working to reduce this (the target is currently 17 days). The ward booklet informs people that it is the aim of the ward to keep their stay as short as possible and that an estimated date of discharge will be agreed with them when they are admitted to the ward. We did not find documentary evidence of this in all of the care plans that we reviewed.

We were told by the trust that few people develop infections, pressure sores or blood clots whilst they are in hospital.

Our judgement

Outcomes for people are generally good because they receive appropriate treatment and care. Few people develop pressure sores, infections or blood clots whilst they are in hospital; however too many people fall. Records do not demonstrate that risks to people are always assessed promptly and regularly reviewed, or that actions are taken to reduce those risks. (See outcomes 16 and 21)

Outcome 5: 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 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

People were complimentary about the quality and quantity of food and the choice available to them. They also said that they were served drinks regularly throughout the day. People who had special dietary needs said that their needs and preferences were always accommodated. They also said that when they needed support with feeding it was given.

Staff told us that they encouraged people to take their meals in the dining room to encourage social contact and we observed a lunch time. The tables were set with fresh fruit, condiments and drinks. Staff checked that meals were served at the right temperature and at an appropriate pace. Meals were nicely presented and appeared appetising. Staff were attentive without being intrusive.

Most people chose to eat their lunch in their bedrooms on the day of our visit. Some people told us that they found it too noisy in the dining room. We observed that the heated meal trolley in the dining room was noisy and not conducive to a relaxed mealtime. The staff told us that they try to ensure that people enjoy an uninterrupted mealtime, free from doctors' rounds, therapy input and visitors and on the day of our visit this was observed. We saw that drinks were served regularly and that water jugs were replenished.

Other evidence

We saw the results of an audit undertaken by the trust in which scores for menu choice, availability, quality and quantity, temperature and presentation, service and beverages were excellent. The trust also told us that they had been awarded five stars by the council's environmental health department for their food.

We visited the kitchen which was clean, well organised, with appropriate storage and preparation areas. Staff maintained appropriate records with regard to storage of food.

We saw menus which demonstrated the availability of nutritionally balanced meals and choice. The menu card has a satisfaction questionnaire printed on the reverse to capture people's feedback. We observed people being assisted to make their menu choices and where appropriate, given assistance with feeding. We observed people feeding themselves using specially adapted cutlery and non spill cups.

The hospital uses a nutritional screening tool to make sure people have enough food and drink to aid their wellbeing. We were told that everyone is assessed using this tool when they are admitted to the ward. We reviewed care plans and found evidence that the screening tool was used, although in some cases the documentation was not fully completed and was not regularly reviewed. In one case the person had not been assessed within 24 hours of their admission. We saw that the screening tool had been used to identify people who were at risk of malnutrition and/or weight loss and we witnessed that these people had their meals served on red trays, identifying to staff that their meal time and intake should be monitored and appropriate support and encouragement offered. We observed that two people assessed as "at risk" were given appropriate assistance at lunch time, however later in the afternoon we observed that their nutrition intake had not been recorded on their care record. We were told by the trust that an audit of care plans, to include nutritional assessment would be completed by March 2011. It is also planned to undertake an audit of people's experience within the same timescale.

We were told by the trust that the ward had an identified nutrition resource nurse who was supported by a dietician and this individual was responsible for training all appropriate staff on the ward in the use of the nutritional screening tool. We were told that seven staff had received this training. It was not clear when all staff would be trained.

Our judgement

People's nutritional and hydration needs and preferences are understood, reviewed and monitored. Nutritious and appetising meals are provided and people are offered support with eating and drinking. Record keeping did not fully reflect this good practice (see outcome 21).

Outcome 6: 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 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us
People told us that they appreciated care that was coordinated and that they were happy to have their records shared with other agencies involved in their care.

Other evidence
We saw evidence in care records that multidisciplinary teams provide coordinated assessment and delivery of care, treatment and support to patients on Ailesbury Unit. All people discharged from the ward are discussed at multi disciplinary meetings and a discharge planning checklist is used to record the arrangements put in place for continuing care after discharge. People are given a discharge summary, which is also copied to the patient's GP and others involved in providing ongoing care such as social workers and neighbourhood teams. The staff told us that they work closely with the social care team and the neighbourhood team who are based at the hospital to ensure continuity of care. We saw an example of a care package arranged for a person who was discharged on the day of our visit, which included regular visits from district nurses, occupational therapists and meals on wheels.

Our judgement
Care is delivered by a multi disciplinary team that shares information to ensure that people receive a coordinated package of care whilst in hospital and following discharge.

Outcome 7: 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

There are minor concerns with outcome 7: Safeguarding people who use services from abuse

Our findings

People told us that they felt safe and able to tell staff if they were unhappy about any aspects of their care.

We observed staff interacting with people in a respectful manner, demonstrating familiarity with the people’s needs and choices without being overly intrusive or condescending. Staff respected people’s dignity by promoting their independence, whilst ensuring that they had support to keep them safe. They demonstrated alertness to signs of distress shown by people who had difficulty communicating and took appropriate action.

Other evidence

The trust told us that all staff are made aware of their responsibility to protect people from abuse at their induction training. We were told that all staff have received this training, however the trust has provided conflicting information and we were not assured that all staff have received this training. In addition to this, adult safeguarding training is mandatory for all staff. We were told that only 30% of staff have attended this training and we did not see a training plan to address the shortfall, although we were told that training sessions are provided regularly.

We reviewed care plans which showed that safeguards are put in place to protect people from unintended harm, neglect or abuse following risk assessment. Staff knew which people were at risk of harm because this had been assessed, although this was not always properly recorded.

The trust told us that safeguarding alerts had been raised in the past and there is an adult safeguarding lead employed to provide advice and support on safeguarding matters. We talked to staff about the use of restraint and they knew that appropriate risk assessments must be undertaken before using any form of restraint such as the use of bed rails. Some staff have received training in the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

Our judgement

Staff knew how to recognise abuse and knew how to report concerns. However a significant proportion of staff have not received training in safeguarding or restraint and this may result in inconsistent care and treatment. Record keeping needs to be improved (See outcomes 14 and 21).

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

The provider is compliant with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People being treated at the hospital and their relatives told us that they thought the hospital was “spotlessly clean”. They told us that they saw staff cleaning and that they did a thorough job.

Other evidence

We observed staff cleaning all areas of the ward and the ward appeared very clean, odour free, well maintained and free of clutter. The cleaning schedule for the ward was posted on the wall for everyone to see, and cleaning staff were able to demonstrate that they adhered to the schedules.

Staff were frequently observed washing their hands or using hand gel and there were adequate supplies of soap and hand gel throughout the ward. We were told that an audit of hand washing had taken place and that the results were good. Posters reminding visitors to use hand gel were in evidence and the ward booklet identifies ways in which people in the hospital can help to prevent the spread of infection.

All staff were well presented with clean uniforms, and wore appropriate personal protective clothing, which was available throughout the ward. A “bare below the elbow” policy is in operation and this was observed by all staff.

We observed that furniture and equipment were clean and waste disposal arrangements were appropriate. The trust told us that a new sluice area had recently been provided on the ward and that the infection control team had been involved in its design and provision.

The staff reported that there have been few outbreaks of infection on the ward but in the event of an infection, single rooms can be used to isolate the infected person. The housekeeper told us that rooms are deep cleaned before each admission.

We spoke to an infection control nurse who visits the ward and provides advice and training to staff. We were told that there are regular training sessions and road shows for staff to raise awareness of infection control issues, including hand hygiene. The ward has also identified an infection control link nurse who provides advice and support in infection control issues. We were told that all staff had received training in infection control as part of their induction, although only 67% of staff had received mandatory infection control training or refresher training. A training plan for delivery of the shortfall was not provided.

Our judgement

The ward was clean and well maintained to prevent and control infection and there have been few outbreaks of infection. People staying in, and visiting the ward are informed about cleaning and infection prevention and encouraged to take precautions to prevent infection. There are appropriate arrangements for managing outbreaks of infection, including isolation facilities. Staff follow procedures and take precautions in relation to infection control and have access to advice and support, although some staff have not completed mandatory training/updates. (see outcome 14)

Outcome 9: 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

There are minor concerns with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us
People said that they are given their medicines when they need them. Some people that we spoke to were not able to describe what medicines they were taking or why they were taking them.

We observed staff dispensing medicines from the ward's medicines trolley. The staff member wore a tabard which identified that she was undertaking a medicines round and should not be disturbed. Signs on the ward also conveyed this message in order to help prevent distraction and potential drug errors. The staff member was observed checking people's identity with reference to their identity bracelet before administering medicines. People were advised which medicine they were taking and were encouraged to handle the medicines themselves. Staff monitored to ensure that people swallowed their medicines. One person who was administered pain relief complained that it was not effective and this was immediately reported to the doctor who amended the prescription.

Other evidence

The trust told us that the management of medicines is regularly monitored by the hospital pharmacist. This includes checking and reconciling drug records and

inspecting storage of medicines. We were told that when drug errors occur, appropriate follow up action and learning is instigated. The trust told us that relevant staff have received appropriate training in handling medicines but was unable to provide records to support this.

Staff told us that all medicines are administered by nursing staff and that people are not allowed to look after their own medication. This did not seem to be consistent with the stated objectives of the ward to promote and maximise independence. We would recommend that the unit consider the introduction of a self administration policy which balances independence and safety.

We reviewed care plans and found details of medication were recorded. We did not see evidence that people were told about the effects of medication or that these were reviewed and prescriptions changed if necessary.

Our judgement

There are systems in place to monitor the management of medicines in order to ensure safe practice. Records do not demonstrate that people know about and understand their medication or that its effects are monitored and regularly reviewed. Records do not show that staff have the required competency and skills to handle medicines (see outcomes 14 and 21).

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

People said that they liked the environment because it is safe, secure and comfortable. They particularly liked the single rooms with en suite facilities.

Other evidence

The hospital is a modern building with ample car parking and is accessible by public transport. Clear signage directs patients and visitors to departments via the main entrance where a reception desk is located. All areas are accessible for wheelchair users.

Ailesbury Unit is located on the first floor of the hospital and is accessed by a passenger lift. The ward is modern, light and airy and appears to be well maintained with pleasant decor. Access to the ward is restricted at certain times of day and CCTV is in operation to aid security. The trust told us that there have been no security incidents at Savernake Hospital this year.

The layout of the ward supports single sex accommodation and promotes privacy and dignity. There are three 4 bedded bays with shared bathrooms and 12 single rooms with en suite facilities. People enjoy the privacy provided by these rooms; however staff acknowledged the rooms are not easily monitored. The trust told us that there has been a high incidence of falls on Ailesbury Unit and the ward layout is felt to be a contributory factor (see outcome 4). A nurse call system is accessible in bedrooms, toilets and bathrooms.

There is a communal dining room and an adjacent well furnished sitting room, which was decorated with fresh flowers on the day of our visit. There is a balcony for patients' use. Staff report that these communal areas are not well used and the new ward manager indicated that she would like to investigate the reasons for this.

There are a number of quiet rooms on the ward which can be used for private conversations or for breast feeding infants if required. People staying on the ward and staff are provided with personal lockers.

The building is maintained by a facilities management company and agreed performance indicators are monitored by the trust at monthly meetings. The trust told us that a fire risk assessment has been undertaken and regular fire evacuation drills are held; however not all staff have received fire safety training or refresher training (see outcome14).

Our judgement

The premises are safe, accessible and well maintained and provide a pleasant environment which promotes privacy, dignity and wellbeing.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

There are minor concerns with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

People said that the ward was well equipped and that equipment was clean.

We observed that the ward was well equipped and the equipment appeared to be clean and well maintained. We also observed that single use items of equipment were disposed of appropriately and safely.

Other evidence

The trust told us that there is a medical device log book on the ward which records all equipment, its servicing and maintenance and staff training in the use of the equipment. They also told us that an audit of the log book had revealed incomplete service and maintenance records and a lack of clarity with regard to which items of equipment were for single use only. We looked at the equipment log book and found incomplete and out of date records which did not provide assurance that the equipment was safe and suitable or staff trained in its use. The trust has told us that they intend to address this and will audit this area by March 2011. We will ask the trust to provide a copy of their action plan and the results of their next audit.

Our judgement

The ward was well equipped, and equipment appeared to be suitable, well maintained and clean. However there were inadequate records to support this or to demonstrate that staff were trained to use the equipment (see outcomes 14 and 21).

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

There are minor concerns with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

People told us that staff were competent, attentive and caring.

Other evidence

The trust told us that all staff, including those recruited to the staff bank, were recruited using recruitment and selection procedures which comply with relevant legislation and include appropriate pre employment checks. The trust has told us that they sometimes employ staff from agencies. Contracts with agencies are reviewed to ensure that they meet the relevant employment legislation and standards.

Ten new staff have been recruited to Ailesbury Unit since 1 April 2010 and one member of staff has been recruited to the bank. The trust told us that all necessary checks have been completed and eight of these staff have attended the corporate induction course. The trust has however provided conflicting information as we were also told there has been a problem with staff attendance at induction on Ailesbury Unit. We do not know whether bank and agency staff have received induction training.

The trust told us that there is a system in place for checking that staff continue to be registered with the relevant professional body and that all staff working on the ward

have up to date registration.

We reviewed a sample of staff files and some records were incomplete.

The trust has told us that it has clear procedures for dealing with staff sickness absence and capability, and that where staff are no longer fit to work, they are appropriately managed. Staff on Ailesbury ward told us that they felt supported and knew how to access policies and procedures and specialist advice, such as the trust's safeguarding lead or the dietician.

Our judgement

The trust has recruitment and selection procedures and monitoring systems in place to ensure that staff are fit and competent to carry out their role. However the records on the ward did not provide assurance of this (see outcomes 14 and 21).

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 told us that staff were attentive and responsive, saying "when you call them they always come".

Other evidence

The trust was able to demonstrate that staffing levels were assessed and reviewed to ensure that there are adequate numbers of staff on duty with the right skills. They told us that they experienced staffing shortages on Ailesbury Unit earlier in the year and the ward closed 12 beds for three months from August to October. A successful recruitment campaign has increased staffing levels, although there are still two vacancies and the ward manager is a temporary appointment until March 2011. The ward was full on the day we visited and the staffing levels and skill mix were seen to be appropriate to meet people's needs. Staff were busy but people's care did not appear rushed and we did not see any one having to wait for assistance when they called.

The trust told us that due to vacancies and a high level of sickness absence, the ward has had to rely on bank and agency staff to provide safe levels of cover. This has affected the continuity of care they were able to offer to their patients. During

the months of August, September and October between 75% and 85% of shifts were filled by permanent staff. The trust expects this to improve with further new staff appointed recently. The trust was also able to demonstrate that it is taking appropriate action to deal with staff absence.

Our judgement

The trust has assessed and reviewed the staffing levels required to ensure that peoples' health needs on Ailesbury Unit are met. The trust has experienced problems in achieving the required staffing levels but has taken appropriate action to minimise the effects on the continuity of care.

Outcome 14: Supporting 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 competent staff.

What we found

Our judgement

There are minor concerns with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
People told us that the staff were competent, caring and cheerful.

Other evidence

The trust told us that during the time that beds were closed earlier this year, intensive training and motivational support was provided to staff following a period of uncertainty which had affected staff morale. The trust has provided evidence that a range of training has been delivered to staff. The trust told us that training is delivered flexibly in a number of locations at different times of day and through different methods, including e learning which staff can access from their place of work. However there remains a shortfall in training in some key areas.

Staff told us that they do not receive regular supervision meetings with their manager, although it is acknowledged that when we visited the temporary ward manager had only been in post for a week. We understand that the ward manager intends to re instate ward meetings as soon as possible and we will monitor progress on this.

Staff that we spoke to appeared motivated and optimistic about the future, now that staffing levels had improved; however there remains uncertainty about the ward manager position. The trust told us that 81% of the staff have received an appraisal in the last 12 months and have a personal development plan.

The trust has told us that the absence level on Ailesbury Unit is higher than average but that it has clear procedures for dealing with staff sickness absence and capability. Staff told us that they felt supported and knew how to access support if they were exposed to physical, psychological or emotional hazards and the trust told us that some staff on Ailesbury Unit have taken advantage of such support.

Our judgement

Staff morale on Ailesbury Unit has been affected by high levels of absence and turnover, and a number of staff performance issues. Staffing levels have improved and the trust has provided a range of training for staff. However there remains a shortfall in mandatory training and staff have not received regular supervision. The trust should ensure that a permanent ward manager is appointed as soon as possible to provide some stability for staff.

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
People experience a service that is audited by the trust and staff are involved in making improvements. However, identified actions are not always completed.

Other evidence
The trust told us that it monitors quality by conducting audits, by supervising and appraising staff, conducting surveys and monitoring incidents, complaints and other feedback from people who use the hospital services. Where concerns are identified the trust puts in place action plans which are monitored through a committee structure, which reports ultimately to the trust board. Staff demonstrated an understanding of risk management processes and they knew how to record and report incidents. We observed evidence of this in a care plan. Staff said that they felt able to raise concerns about poor practice or risks to people in a confidential way.

The trust told us that four complaints had been received about the service provided on Ailesbury Unit and all of these complaints related to poor communication of discharge arrangements to relatives. As a result of these complaints a new process was put in place to ensure that relatives are informed by telephone as soon as discharge arrangements are agreed. We saw evidence that this communication had taken place for a person who was discharged on the day of our visit.

The trust told us that an annual audit of care plans takes place and the audit undertaken in 2009/10 was provided to us as evidence. An action plan was completed to address areas which required improvement and evidence was provided that staff undertook further training in care planning. We were told that a further audit in 2010/11 identified further training needs. An action plan has not been provided to deliver these training needs. This will be requested and we will monitor progress.

The trust told us that they had conducted a falls audit and had identified learning from this. We were not provided with the action plan. We were told that there was a higher than average incidence of falls on Ailesbury Unit but we did not see evidence that all patients were assessed on admission for the risk of falling in order that necessary safeguards could be put in place. We will request the trust to provide an action plan to address this and we will monitor their progress.

The trust told us that there were a number of staff performance issues in the last 12 months which were dealt with using trust procedures. An action plan was provided to address areas of concern; however not all actions appear to have been completed and it has not been reviewed in 2010/11.

Our judgement

The trust has systems and processes in place to monitor the quality of its service. Staff were seen to be fully engaged in identifying ways in which care may be improved, and receptive to feedback. There is a programme of regular audit and evidence of learning from incidents; however local action plans are not consistently delivered or reviewed. Although we saw evidence of risk assessments for people receiving care and treatment, they were not consistently carried out.

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
People told us that they knew how to complain about their care or treatment and felt able to do so.

Other evidence
We saw information on the ward which explains how people can access support to make a complaint. Each person is given a ward booklet which directs them the ward manager or the Patient Advice and Liaison Service (PALS) should they wish to complain. We also observed PALS posters and leaflets on the ward and a complaints leaflet, which the trust told us, is also available in different formats. The trust told us that the leaflet is provided to all people who wish to make a complaint. It provides a clear process to follow and reassures people that making a complaint will not affect their care or treatment. It also provides the contact details for the Care Quality Commission, should the complainant wish to notify us of their concerns.

The trust told us that complaints are discussed at ward meetings to ensure learning takes place. The staff that we spoke to were aware of the complaints that had been received on the ward and told us about the actions that had been taken to prevent further complaints. We saw evidence of this in care records.

Our judgement

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

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

People told us that they were confident that their records were confidential and understood that their records were shared with other health professionals involved in their ongoing care.

Other evidence

As outlined in other parts of this report, we found the standard of record keeping, generally to be poor. We reviewed records of people being treated at the hospital, of staff and of equipment. Many of these records were not accurate or up to date.

The trust told us that they introduced a new standardised template for care records in July 2010. An audit was recently completed to assess the quality of record keeping and some concerns were identified. We were told that an action plan is in place to address these concerns but we were not provided with this. The Trust has told us that they have provided training to staff in record keeping and we were provided with some evidence of this however we are not assured that all staff have received this training.

Care record templates supported person centred care planning and staff told us that well completed records, which follow the person when they are discharged from hospital, aid good continuing care. However, as highlighted in other parts of this report, we found examples of documentation which was incomplete, and not regularly reviewed. Staff told us that they understood the importance of good record keeping but said that often they did not always have time to spend writing up notes. We were particularly concerned that risk assessments were not always documented and therefore we could not be assured that people were receiving safe and effective care and treatment. We will request the trust to provide an action plan to ensure that all staff receive appropriate training and support to improve the quality of care records. We will also ask the trust to conduct a further audit to monitor progress.

Ward records in respect of medical equipment and staff employment checks and training were also incomplete. We will ask the trust to provide an action plan to review these records to ensure that they are accurate and up to date. We will monitor progress on this.

Our judgement

Records are not always accurate, complete or up-to-date, and therefore do not support people's safety and wellbeing.

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	10	16
	<p>Why we have concerns: The trust has systems and processes in place to monitor the quality of its service. Staff were seen to be fully engaged in identifying ways in which care may be improved, and receptive to feedback. There is a programme of regular audit and evidence of learning from incidents; however local action plans are not consistently delivered or reviewed. Although we saw evidence of risk assessments for people receiving care and treatment, they were not consistently carried out.</p>	

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 within 28 days of this report being received.

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

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury	<p>23</p> <p>How the regulation is not being met: Staff morale on Ailesbury Unit has been affected by high levels of absence and turnover, and a number of staff performance issues. Staffing levels have improved and the trust has provided a range of training for staff. However there remains a shortfall in mandatory training and staff have not received regular supervision. The trust should ensure that a permanent ward manager is appointed as soon as possible to provide some stability for staff.</p> <p>In particular:</p> <ul style="list-style-type: none"> • not all staff have received training in consent (see outcome 2) • a significant proportion of staff have not received training in safeguarding or restraint (see outcome 7) • some staff have not completed mandatory training/updates in infection control (see outcome 8) • Records do not show that staff have the required competency and skills to handle medicines (see outcome 9) • Not all staff have received fire safety training or refresher training (see outcome 10). • There were inadequate records to show that staff were trained in the use of equipment (see outcome 11). • Ward records did not demonstrate that all staff, including bank and agency staff, had received induction training (see outcome 12). 	14 Supporting workers
Treatment of disease, disorder or injury	<p>20</p> <p>How the regulation is not being met: Records are not always accurate, complete or up-to-date, and therefore do not support people’s safety and wellbeing.</p>	21 Records

	<p>In particular:</p> <ul style="list-style-type: none"> • Care records do not demonstrate that risks to people are always assessed promptly and regularly reviewed, or that actions are taken to reduce those risks (see outcome 4). • Records do not demonstrate that people know about and understand their medication or that its effects are monitored and regularly reviewed (see outcome 9). • There were inadequate records to demonstrate that equipment was properly maintained (see outcome 11). • Staff records did not provide assurance that all necessary employment checks had been undertaken (see outcome 12).
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The provider must send CQC a report that says what action they are going to take to achieve 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 this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance 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 Adult 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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