

Review of compliance

Yeovil District Hospital NHS Foundation Trust Yeovil District Hospital

Region:	South West
Location address:	Yeovil District Hospital Higher Kingston Yeovil Somerset BA21 4AT
Type of service:	Acute services with overnight beds
Date of Publication:	October 2011
Overview of the service:	Yeovil District Hospital is situated in the centre of Yeovil, within walking distance of the town centre. The hospital opened in 1973 and has 345 beds. There is private patients' facility, the Kingston Wing, which offers 14 single en-suite rooms. A range of services are provided including emergency care, surgery, diagnostics, paediatrics and maternity.

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

Our current overall judgement

Yeovil District Hospital was meeting all the essential standards of quality and safety.

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

Why we carried out this review

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

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 15 September 2011, carried out a visit on 16 September 2011, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us they were involved in decisions about their care and treatment and were kept informed of their progress. Some people we spoke with had been given leaflets about their treatments. Others told us they understood why they were in hospital and what treatment they needed.

Information about the hospital was not consistently available. Some people said that they had been given information about their treatment and the hospital although others were unaware of this. Some people had been in this hospital before so they knew what facilities were available and shared this with fellow patients. One person said "no information was given to me, but I have been in here before so I know what facilities there are". Another person said "it does not seem to be automatic, but when I asked I was told about the facilities here, but no booklet was given to me".

There were mixed responses when we asked people if they had been asked for feedback on their experience of using the hospital; most people said they had not been asked but a few had completed a questionnaire. We discussed this with senior members of the management team who said they wanted to increase the number of surveys people complete; this is noted as a priority in this year's annual plan.

People's needs were assessed and reviewed to make sure that they received the right treatment. We saw staff treat people with dignity and respect. Staff were able to adapt their care to meet the differing needs of people. One person said "the staff are always respectful as I'm very independent and they do care for more dependent people. I'm always listened to and I can do my own thing".

We observed the care people received. We saw that staff were well organised, cheerful and friendly and that they had time for people. There appeared to be enough staff to meet people's needs and we saw call bells were answered reasonably quickly. One person said "staff come quickly when I need them, you don't have to wait. All the staff are excellent. There is plenty of staff day and night".

People were protected from abuse and the risk of harm. People told us they felt safe in the hospital. There were very few concerns raised with us during our two day inspection. The majority of people we spoke with said they were happy with their care and treatment and were very complimentary towards staff.

People spoke very highly of the care that they received from individual staff. Their comments included "I am very happy with how staff treat me, they are very respectful and kind", "they are extremely kind, caring and respectful. All the staff are very cheerful and positive" and "all of the staff have been wonderful, kind and patient. They always have time for you".

People we spoke with told us they felt they were cared for by competent staff. Comments included "yes, I feel the staff are very competent, they know what care I need", "they always make me feel they know what they are doing" and "I have found all the staff here, including the doctors, very good and they certainly know what they are doing".

We spoke with people who had used the hospital on separate occasions over recent years and one person said "I have been in this hospital before and I thought they have always been very good, but things seemed to have improved and it's a lot better now". Another person said "over the years I have been a patient in the hospital and used outpatients as I am today. The hospital is very good and they always seem to be trying to make things better. When you hear stories about other hospitals we are very lucky to have one like Yeovil".

What we found about the standards we reviewed and how well Yeovil District 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

People understand and make choices about their care and treatment. Staff ensure people are kept up to date and treat people with dignity and respect. There is a range of information about the hospital and the services that are provided, although people are not always aware of this. People's views are sought, but this is inconsistent.

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

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

People are provided with effective, safe and appropriate care and treatment. Action is being taken to improve outcomes for people and the effectiveness of the care that is provided. Staff have up to date information to make sure that they provide people with the right care and treatment.

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

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

People are protected from abuse, or the risk of abuse, and their rights are respected. Staff receive training and support which helps to ensure that they are aware of how to reduce the risks of people being harmed.

Overall, we found that Yeovil District Hospital 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

People are safe and their needs are met by sufficient numbers of appropriate staff. There are usually enough staff to meet people's needs in a timely way; there is a sensible and effective allocation of work during particularly busy periods.

Overall, we found that Yeovil District 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

People were being cared for by competent, friendly and motivated staff. Staff are well trained although finding time to attend training courses is sometimes an issue. People benefit from staff who feel that they are well supported and work well as a team.

Overall, we found that Yeovil District Hospital 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

People receive services from a trust that monitors quality and takes action to improve outcomes where this is possible. Systems for the effective management of risks are well established, so that people receive a safe service that meets their needs.

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

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

People told us they were involved in decisions about their care and treatment and were kept informed of their progress. Some people we spoke with had been given leaflets about their treatments. Others told us they understood why they were in hospital and what treatment they needed.

One person said "I have been here for two weeks following a fall. They are very good on this ward and in the A&E department. They told me exactly what was happening. Every member of staff has been very kind and patient and they always have time to talk to you, listen and answer your questions". Another person said "I have been here for nine days. Everything has been fully explained to me. I am happy with how staff treat me, they are very respectful and kind. They are very busy but they do explain things in an unrushed manner".

On our visits to wards we saw that staff treated people with dignity and respect. People used same gender facilities and doors were closed for privacy when this was possible. We observed staff knock on doors before entering side rooms. We saw staff drew curtains to maintain people's privacy and dignity when care and treatment was provided.

One person told us "the staff are very good and dignified in providing personal care. I have never felt uncomfortable or embarrassed here. They know I prefer a female to help me with personal care and they provide that". Another person said "staff are excellent at asking you if it's alright before they help you. All the care I have had has been excellent. I have a side room, so I don't have to share, but they still close the door and pull the curtains round when they help me".

Staff were able to adapt their care to meet the differing needs of people. One person said "the staff are always respectful as I'm very independent and they do care for more dependent people. I'm always listened to and I can do my own thing". Another person said of one person we observed to be quite confused and distressed at times, "the lady in the bed there shouts out a lot but the staff are so kind and patient with her".

Information about the hospital was not consistently available. Some people said that they had been given information about their treatment and the hospital although others were unaware of this. Some people had been in this hospital before so they knew what facilities were available and shared this with fellow patients. One person said "no information was given to me, but I have been in here before so I know what facilities there are". Another person said "it does not seem to be automatic, but when I asked I was told about the facilities here, but no booklet was given to me".

We discussed this with senior members of the management team who acknowledged this was an issue, although this was to be resolved. Information booklets currently in use were said to be quite old and many had gone missing so not everyone had easy access to one. We were told new booklets had been printed and were awaiting distribution throughout the hospital.

There were mixed responses when we asked people if they had been asked for feedback on their experience of using the hospital; most people said they had not been asked but a few had completed a questionnaire. We discussed this with senior members of the management team who said they wanted to increase the number of surveys people complete; this is noted as a priority in this year's annual plan. This may be achieved by ensuring this is included as part of the discharge process for patients and this is described in more detail in Outcome 4.

We saw that where questionnaires had been completed the results were analysed and displayed. We noted on one ward we visited that 100% of people surveyed during July and August 2011 felt they were treated with respect and dignity, they felt safe on the ward and had never felt threatened by other patients or visitors.

There were very few areas of concern raised with us during our two days of inspections. The majority of people we spoke with said they were happy with their care and treatment and were very complimentary towards staff. People said if they did have any concerns they would speak with nursing staff or with doctors. No one we spoke with mentioned PALS (Patient Advice and Liaison Service) although we did see information about this service throughout the hospital and we spoke with a member of staff from this service who told us people used this service to raise concerns, make complaints and address issues, amongst many other things.

Other evidence

The hospital had a philosophy of care and treatment known as 'iCARE'. This promotes

'effective communication, positive attitudes, respect for patients, carers and colleagues, and an environment that was conducive to care and recovery'. Staff members told us they supported this approach and worked hard to put this into practice. One staff member said patients' privacy and dignity "is a priority on the ward. I think this is really good. We all have iCARE training which helps us understand why this is important and how to make sure we do it properly".

We asked staff about how they involved patients in making decisions about their care and treatment. They told us they ensured people were given up to date information so that they knew what treatment (including options if they were available) they needed. Staff ensured people were updated on their progress. One staff member said "we have good information about people, including their preferences and wishes. We make sure that all procedures are explained to people and always ask for consent if people are able to give it".

Where people were not able to make decisions staff were aware of the action to take. One member of staff said "we would involve family members, check if the person had any advance wishes and if they lack capacity we would make sure all decisions are made in people's best interests". Staff also told us they had knowledge of advocacy services and that training in the Mental Capacity Act was available. Not all staff we spoke with had attended this training, although they did know who they could involve if they had any concerns.

The results from the National Inpatient Survey 2010 found that 82% of patients said they were always treated with respect and dignity at the hospital. The hospital had also used their own questionnaires to gain people's views about this outcome. The results published in their Annual Report 2010-2011 confirmed 94% of patients rated their care as good or excellent and 96% of patients rated staff attitude as good or excellent.

Our judgement

People understand and make choices about their care and treatment. Staff ensure people are kept up to date and treat people with dignity and respect. There is a range of information about the hospital and the services that are provided, although people are not always aware of this. People's views are sought, but this is inconsistent.

Overall, we found that Yeovil District Hospital 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

We spoke with people on wards and people who attended outpatient appointments. People's needs were assessed and reviewed to make sure that they received the right treatment. Some people we spoke with on wards had been admitted to the hospital through the A&E department and we asked them about this.

One person said "they were very good on A&E. I had a fall and they told me I had broken my hip. They have told me all the way along what was happening. Staff always have time to explain things and they listen to you. They have told me everything that's going on". Another person told us "I came in through A&E. I went on to one ward first then came up to this ward yesterday afternoon. It's been really good, felt the same all the way through. I have been kept informed all the way. They are good at explaining what's wrong and the treatment. I have been in this hospital before and it's always been fine".

We observed how staff on wards cared for people. Staff were always polite and respectful. We saw that staff were well organised, cheerful and friendly and that they had time for people. There appeared to be enough staff to meet people's needs and we saw call bells being answered reasonably quickly.

On most wards visitors were welcome at set times during the day. This policy could be relaxed to meet individual needs. One visitor we spoke with said their relative was nearing the end of their life and they were allowed to visit when they wished. Their relative had been on three different wards in the hospital and they told us "all of the

wards have been very good. They are so kind. They have kept me very well informed and I feel they look after me as well when I'm here. I can't speak highly enough of them all here".

We observed lunchtime on two wards and asked people about the food served in the hospital. We saw that meals arrived on the wards on time and people knew the times meals were served. People who required help to eat and drink were given assistance in a skilled and respectful way by staff who understood their needs. People did not appear rushed and had time to enjoy their meal. We saw that people had drinks by their beds and that water was changed regularly. One person said "the jug of water is changed three or four times a day".

People told us they had a choice of meals but their views on the quality and variety of food varied. Some people were not sure if they could ask for snacks between mealtimes and some would have preferred more options later in the day. One person said "the food is nice, it's tasty, but the supper could be better as you only get the choice of sandwiches or soup. I'm not sure if you can get anything else but I think there maybe something on the menu where you ask for an additional snack".

Some people we spoke with said they felt bored outside of visiting times as there was little to do. People did not seem aware of the hospital's radio station and others would have liked access to a TV, whether next to their bed, in each bay or in a TV lounge. One person said "there is nothing to do all day, nowhere to go. There's no TV which is disappointing, especially when you start to feel a bit better so the days become really long". Another person said "there's no TV, no radio, no day room, it's a long day, very boring".

We discussed this with senior members of the management team who confirmed the hospital had a radio station, together with other facilities such as a shop and a chapel, which people should be made aware of. They were planning to reintroduce TVs to wards and hoped to provide wireless internet access on all wards so that people could use their own computers if they wish.

We spoke with people who attended outpatient appointments. They told us that they felt their appointment generally came through within a reasonable period of time and that they were rarely cancelled. Staff were kind, friendly and knowledgeable. One person said "I was seen on time. My GP made the appointment for me and I only had to wait two days. The reception staff were very friendly and helpful. The consultant was very nice and they were very good at x-ray too". Another person said "Oh yes, they are brilliant here. We are very lucky to have this hospital. All the staff I see are excellent. I have been in outpatients today, but I have stayed in this hospital before and it was fine, I had no complaints".

Another person we spoke with who attended an outpatient's clinic told us about their experience in the hospital. "We attended A&E last week. We had a three hour wait, which was ok, but nobody explained the waiting time or that we would be seen by a triage nurse first. Having said that, the doctor in A&E was very good and they referred us to this clinic and made the appointment. We have seen the consultant today and he was very good. He explained what was going to happen. All the staff have been lovely".

We asked people about their views of being discharged from the hospital, including the use of the discharge lounge and these were mixed. One person said "this discharge process is fine as long as you understand that you have to wait. I have seen people become upset about the time it takes because they don't understand what's going on". Another person said "I didn't like using the discharge lounge because of the length of time I was waiting. This time it's much better because I'm being discharged from the ward". We spent time in the discharge lounge on the second day of our inspection and noted most people being discharged had left the hospital by lunchtime.

There did not appear to be an issue with the discharge process itself. Where people felt the discharge process had not been good it appeared that communication was the main issue. One staff member we spoke with said "this comes up time and time again. The issue is that doctors tell patients they can go home when doing their morning rounds. Patients then think they can go straight away, but telling them they are medically fit to be discharged is only the start of the process, not the end. There are lots of things that need to be done before they can go. We need to get much better at explaining this to people".

We discussed this with senior members of the management team who confirmed they would act on this and would ensure communication about the discharge process was improved so that people understood this better. They would also encourage people to complete questionnaires whilst they were waiting to leave the hospital.

Other evidence

People's care was recorded using a combination of paper and electronic records. The paper records were used to record the daily care provided and were contained in files which were available within the wards.

The quality of the care related information was seen to be good. A new paper recording system had been designed in consultation with staff and had been introduced on the first day of our inspection. We spent some time with a member of staff involved in the development and they explained that the new system was designed to be more concise, user friendly and to ensure nothing was missed in relation to each person's care. It contained a clear assessment tool and ensured other specialist staff, such as the acute pain team, the dementia champion and the learning disability liaison nurse were involved when appropriate.

In addition to this, a record of interventions for a particular condition (known as a 'care bundle') mainly used in critical care had now been developed for wider use in the hospital. An internal transfer form was also used to help when people were transferred between different areas of the hospital, to ensure all relevant information moved with them.

We looked at a sample of four people's records on two wards. These were up to date, both on the hand written notes and on the electronic system. Records had been completed with regard to moving and handling assessments, repositioning and general observations. Records were also kept in relation to pressure area care, moving and handling and the prevention of falls. There was also evidence of people's needs being reassessed during the day and of their care and treatment plans updated.

Staff we spoke with told us information sharing was very good. We observed the

afternoon handover on one ward. Staff went into each bay and spoke with each person, explained what was happening and gave them an update on their treatment. One staff member said "we are able to meet people's needs and keep them safe. One nurse acts as a coordinator and allocates patients to staff. We are always given up to date information on the people we care for. It works very well and the patients seem happy".

In the 2010 survey of in-patients, people were asked a number of questions about their care and treatment. The responses showed that the hospital was performing well. They scored in the top performing 20% of trusts for 16 questions; 81% rated their care as excellent or very good and 82% of patients said they were always treated with respect and dignity at the hospital.

We looked at a range of data related to the hospital's performance. We received statistical data about trusts which identified where the number of patients who had died after being admitted to a hospital for a particular condition or procedure was significantly higher than we would expect. These are called mortality 'outliers'. In the case of Yeovil District Hospital, there had been one mortality outlier during the last year. This concerned patients who had been admitted with acute bronchitis. The outlier was followed up with the trust and no themes emerged to indicate that there were concerns about clinical care.

In the trust's Annual Report 2010-2011 it was confirmed that questionnaires had been given or sent out to over 5000 patients and other service users; 96% rated their care as good or excellent.

The trust had a number of priorities to help make care safer and more effective. We asked the provider for information about two of these; one related to reducing pressure ulcers and the other related to reducing falls, particularly those which caused harm.

This information showed that the number of people who developed a pressure ulcer were reducing. There had been a rise in numbers during one month this year, but appropriate action had been taken to address this. The number of falls suffered by people had also been reduced in line with the trust's target, but the number which resulted in harm had remained constant.

Our judgement

People are provided with effective, safe and appropriate care and treatment. Action is being taken to improve outcomes for people and the effectiveness of the care that is provided. Staff have up to date information to make sure that they provide people with the right care and treatment.

Overall, we found that Yeovil District Hospital 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

During this inspection we focused on the safeguarding of adults. People told us they felt safe in the hospital. People were protected from abuse and the risk of harm. There were very few concerns raised with us during our two days of inspections. The majority of people we spoke with said they were happy with their care and treatment and were very complimentary towards staff.

People said that if they had concerns about their care or treatment they would feel comfortable speaking to one of the staff. There was information which directed people to sources of support if they had concerns about their care, such as PALS (Patient Advice and Liaison Service), but people did not mention this to us specifically.

When people complete the trust's questionnaire they are asked if they felt safe on the wards and if they had ever felt threatened by other patients or visitors. We saw on one ward that people said they always felt safe and had never felt threatened. Additional safety measures were in place on some wards, such as maternity, where access was strictly controlled.

One person we spoke with said they had made a complaint on the second day of our inspection. They were unhappy with the treatment of a fellow patient. They told us their complaint was "listened to and taken seriously" and that apart from this they had been very happy during their stay and described the staff as "lovely". We followed up this complaint with a senior manager at the hospital who told us this had been reported to and investigated by the ward sister. The ward sister spoke with the person concerned

who 'could not remember anything untoward' and also met with the member with staff concerned to fully review the incident.

There was an on-site security team to help staff deal with any difficult situations and to patrol the premises. There was CCTV (closed circuit television) in many of the communal areas. This enabled the hospital to monitor people's movements, for example, in the event of a person going missing.

Other evidence

The hospital used an assessment record for each person which included questions relating to any signs of possible abuse. These included wounds at different stages of healing, unexplained injuries or other concerns that abuse may have occurred. If staff had any concerns they must report them to the safeguarding lead.

People were cared for by staff who knew the different forms of abuse, how to recognise abuse and what to do if they had concerns. Staff told us that they were aware of safeguarding procedures and had received appropriate training. One staff member said "we all know what signs to look for and we have good descriptions of different forms of abuse. We have training and study days for safeguarding and DOLS (Deprivation of Liberty Safeguards). We have a safeguarding lead and they will come to the ward as soon as they are called if we have any concerns".

Staff also told us there was a focus on pressure ulcers and explained how this was related to patient safety. One staff member said "we report any issue to our safeguarding lead and we also have the health and social care team. We have referred people with pressure sores to the safeguarding team if we have concerns that they may have been caused by neglect".

We visited the PALS (Patient Advice and Liaison Service) on the second day of our inspection. A member of staff explained their wide ranging role and that the service was well used by people, who could either make an appointment or 'drop in'. They told us "it is busy and we deal with all sorts of issues. People will come to us if they are unhappy or concerned particularly when they don't know who else to speak to. We always take their concerns seriously and try to help. If the issue is on a ward we can ring up and speak with the sister. We also help with issues in outpatients. If we speak to people in other areas of the hospital we always get a good response. We all want what is best for our patients".

The trust had a policy and procedure in relation to patients detained under the Mental Health Act 1983. There was guidance about the responsibilities of staff who would be involved in caring for detained patients. There were no patients in this position during our inspection.

Our judgement

People are protected from abuse, or the risk of abuse, and their rights are respected. Staff receive training and support which helps to ensure that they are aware of how to reduce the risks of people being harmed.

Overall, we found that Yeovil District Hospital 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 spoke very highly of the care that they received from individual staff. Their comments included "I am very happy with how staff treat me, they are very respectful and kind", "they are extremely kind, caring and respectful. All the staff are very cheerful and positive" and "all of the staff have been wonderful, kind and patient. They always have time for you".

People told us that there were enough staff working to meet their needs, although some periods were busier than others. One person said "all of the staff are very respectful and polite but at times they do rush around. They do give good care on a 1:1 basis". Many people commented on how friendly and cheerful staff were and we also noted this throughout the hospital.

People told us their experience when they used their bedside call bells was generally good and they were answered reasonably quickly. One person said "staff come quickly when I need them, you don't have to wait. All the staff are excellent. There is plenty of staff day and night" and another person said "they respond quickly and they always make sure I know where my call bell is".

We observed how staff cared for people on two wards. A variety of staff, including nursing and support staff, were on duty. Staff appeared very well organised and confident in their roles. Communication between staff was seen to be good and the atmosphere was relaxed and unhurried.

We observed two situations on one ward where staff needed to respond calls for urgent assistance away from where they were working. These situations appeared to be managed quickly and efficiently.

We spoke with people about staff in outpatients areas of the hospital. They told us staff were polite and knowledgeable. One person told us "the staff are respectful and friendly. I see the same consultant and he tells me what is going on". Another person said "they are very good. After my treatment the nurse came out and gave me information, discussed my next appointment and reassured me".

Other evidence

The staff we spoke with said they generally had enough staff to meet people's needs, but there were times when staff felt under pressure. Comments from staff included "on balance most days we have enough time to give patients the care they need", "yes we have enough staff, but it can be very hectic and we need to be well organised. There's not enough time for social care but we try to make as much time as possible for this" and "I would say most of the time we have enough staff although having extra staff would make a big difference".

They felt that they always had up to date information about people and that work was allocated fairly and effectively. One member of staff told us "we are a really good team. We all know peoples' needs. There is very good communication and the handovers are good". Staff said that they had to prioritise care given to people during particularly busy periods. One staff member said "if we are very busy we have to be organised and prioritise; some patients are really poorly. We have to delegate work and work as a team".

In the 2010 survey of in-patients people were asked if they thought that there were enough nurses on duty to care for them and did they have confidence and trust in the nurses. The responses showed that the hospital was performing at an intermediate level; its performance was no better and no worse when compared to similar trusts.

The 2010 National NHS staff survey showed that the hospital recorded a just below average score when compared with trusts of a similar type for staff 'feeling satisfied with the quality of work and patient care they are able to deliver' and 'staff agreeing that their role makes a difference to patients'. The hospital scored in the highest (best) 20% of 'staff feeling valued by their work colleagues', 'the extent to which they feel there is adequate time, equipment and staffing for them to do their job properly' and there being 'effective team working'.

Our judgement

People are safe and their needs are met by sufficient numbers of appropriate staff. There are usually enough staff to meet people's needs in a timely way; there is a sensible and effective allocation of work during particularly busy periods.

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

Outcome 14: Supporting staff

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

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People we spoke with told us they felt they were cared for by competent staff. The comments that people made showed that they thought highly of how staff cared for them. Comments included "yes, I feel the staff are very competent, they know what care I need", "they always make me feel they know what they are doing" and "I have found all the staff here, including the doctors, very good and they certainly know what they are doing".

Some people also mentioned the staff who worked in a particular department. One person said "the A&E doctor was very good" and another person told us "all of the staff were very good and caring" in the orthopaedics outpatients department.

People benefited from staff who felt that they worked well as a team, were well supported and staff said the morale was very good. We saw staff cared for people in a kind and confident manner. We noted how friendly, cheerful and approachable staff were throughout the hospital.

Staff throughout the hospital had a strong focus on the 'iCARE' philosophy and we saw this was put into practice. There appeared to be good communication systems and good levels of support across the different disciplines.

Other evidence

Staff told us they felt well supported and that they enjoyed working at the hospital. Comments from staff included "yes, I feel very well supported. There's an open door policy here so you can always speak to someone", "we have good support and regular

staff meetings", "we are well supported by both the matron and the team" and " yes I'm well supported, the door is always open and we have regular staff meetings where we can discuss any concerns or issues".

Staff morale appeared to be high and staff felt valued. One staff member told us they had been supported with their career progression. They had started work at the hospital as a domestic but were now working as an 'assistant practitioner' and were hoping eventually to become a nurse. They spoke highly of the encouragement, support and training at the hospital. Another member of staff told us they had worked at another trust of a similar size "and you couldn't compare the two. This is just such a nice, friendly place to work. It's not just today, it's always like this".

The arrangements for staff supervision varied across the different departments. All of the staff we spoke with said they felt well supported in their roles and that their particular supervision arrangements suited them. One staff member said "I have very good support. I have regular appraisals and can choose to have clinical supervision if I want or need them. We do have regular staff meetings which I attend". Another staff member said "I meet regularly with my manager to look at my progress. We can also have clinical supervision, we have regular staff meetings and there is good peer support".

We spoke with senior managers who confirmed that supervision arrangements did vary for staff depending on their role. Where staff meetings were an important part of supervision for groups of staff, there were systems in place to monitor attendance and take action where this was necessary.

Staff told us that they felt they were well trained and were never asked to carry out a task they were not trained to perform. There were several mandatory courses staff had to attend such as fire safety, safety of medicines, health and safety, how to move and handle people safely and safeguarding. Some other staff we spoke with said they had been supported to gain a National Vocational Qualification (NVQ).

There were a number of additional training opportunities for staff, although some staff we spoke with said finding time to attend courses of interest was an issue at times. Comments included "there are lots of groups and we have study days. We are kept up to date on all statutory training but it can be difficult to get to some of the training you would like", "I try to keep up to date on my training and also read and use the internet. The trust has lots of training but finding the time is difficult. We do short sessions sometimes at handover and I have done outside training" and "I am up to date on training but I would say time is an issue for sending other people or getting to some training myself".

On the second day of our inspection there was a staff 'drop in' patient safety event being held in 'The Academy', a separate department within the hospital, which provided staff with a purpose built training suite. Various levels of staff were seen to attend and we spent some time at this event where we spoke with staff and looked at some new patient safety developments within the hospital.

The 2010 National NHS staff survey recorded trust's score was above (better than) average when compared with trusts of a similar type in relation to staff feeling there are good opportunities to develop their potential at work, staff receiving job-relevant

training, learning or development in last 12 months, staff having well structured appraisals in last 12 months and support from immediate managers.

Our judgement

People were being cared for by competent, friendly and motivated staff. Staff are well trained although finding time to attend training courses is sometimes an issue. People benefit from staff who feel that they are well supported and work well as a team.

Overall, we found that Yeovil District Hospital 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

People's experiences of the hospital were very positive and they spoke highly of the service that they received. We spoke with people who had used the hospital on separate occasions over recent years and one person said "I have been in this hospital before and I thought they have always been very good, but things seemed to have improved and it's a lot better now". Another person said "over the years I have been a patient in the hospital and used outpatients, as I am today. The hospital is very good and they always seem to be trying to make things better. When you hear stories about other hospitals we are very lucky to have one like Yeovil".

One of the staff explained they worked hard to ensure consistency between the wards and share both concerns and good practice. They told us of their work across different areas of the hospital, explained how they gained information from different areas and that they attended one meeting where all patients awaiting surgery in the hospital were discussed.

There were systems in place to monitor the quality of service that people received. At ward level, this included recording some key factors each month, for example about the number of falls people had and the occurrence of pressure ulcers.

People's views on the care they had received were monitored, for example through the use of questionnaires. These were available in various locations around the hospital, although there were mixed responses when we asked people if they had been asked for feedback on their experience of using the hospital (as explained under Outcomes 1

and 4).

Staff told us they were used to checks being made on their work. They said that they were regularly visited and audited by managers. They understood that this was part of a process of continuous improvement. On the second day of our inspection two Executive Directors carried out a 'safety walk round' to one area of the hospital. These were carried out each month to different areas within the hospital.

Other evidence

The trust's quality report within the annual report for 2010-2011 gave a detailed statement about the quality of the healthcare and the services provided. The trust had performed well against most of its quality indicators and also identified areas for improvement and further development. Information received from patient surveys had been assessed, and action plans produced in response to the results.

There was a focus on continuous improvement where people's experiences were listened to and reflected upon and learning from clinical audit, incidents and untoward events of any kind. The trust had a number of quality improvement priorities identified which included reducing healthcare associated infections, the number of patient falls, the number of hospital acquired pressure ulcers and to improve the care of people with dementia.

The trust's board of governors were actively involved in the governance of the trust and looking at patients' experiences. This board was made up 24 governors and met on a quarterly basis.

Our judgement

People receive services from a trust that monitors quality and takes action to improve outcomes where this is possible. Systems for the effective management of risks are well established, so that people receive a safe service that meets their needs.

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

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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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