



# Review of compliance

## Yeovil District Hospital NHS Foundation Trust Yeovil District Hospital

<b>Region:</b>	South West
<b>Location address:</b>	Higher Kingston Yeovil Somerset BA21 4AT
<b>Type of service:</b>	Acute services with overnight beds
<b>Date of Publication:</b>	October 2012
<b>Overview of the service:</b>	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 inspected.**

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

### Why we carried out this review

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

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 24 September 2012, carried out a visit on 25 September 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

Patients we spoke with in both inpatient and outpatient areas said their care and treatment options had been discussed with them. They were asked for their consent before treatment was provided. They said they usually gave 'verbal' consent, although sometimes it was written consent. Patients knew they were able to change their mind or decline treatment if they wished to.

Parents we spoke with had given consent for their children to be treated. They told us this was handled very well by staff and that care and treatment options were always discussed with them. One parent told us "All of my questions were fully answered". All of the treatment for their child had been "agreed between me and the staff who have been supportive and helpful". The provider may wish to note that the care records we looked at did not consistently record patient's decisions about their consent to their care and treatment.

Every patient spoke very highly of the care and treatment provided in the hospital. Comments from patients included: "I'm very happy with my treatment" and "The care was absolutely excellent when I was in A&E and has been brilliant since I came onto this ward". Some had used this hospital for a number of years. One patient told us "the staff have cared very well for me. We are very lucky here. The staff really get to know you". Another said they had always been "consulted on care plans. As an inpatient they "had never felt embarrassed or uncomfortable through the actions of staff. They respected my dignity and privacy" and provided "wonderful care". The provider may wish to note that we found some patient's care and treatment records were not well kept.

We asked patients about the food served in the hospital. They told us they had a choice of meals and that the food was generally very good. They knew they could request an additional snack if they wanted one. They could also purchase snacks and drinks from a trolley which was taken around each ward. One patient said "Yes, the food is very good. We had a lovely meal yesterday. I have my menu here so I will choose what I want for tomorrow. You can choose an extra snack if you want when you order".

We asked patients about their views of being discharged from the hospital. They told us their discharges had been handled well. Some patients had been discharged from the wards; others had used the discharge lounge. One said "I'm going home tomorrow. They have already discussed this with me. I've asked to use the discharge lounge this time as I have so much to take with me. They have sorted this out for me".

Patients told us they felt safe in the hospital. No concerns were raised with us during our two days of inspections. Patients we spoke with said they were happy with their care and treatment and were very complimentary towards staff. Comments included "I haven't had any concerns at all. It's all been fine since I have been here" and "I've not had any concerns and I have never been upset about anything here".

Patients spoke very highly of the staff. Comments included "They are very good nursing staff" and "The doctors, consultants and nursing staff are all very good". Patients told us that there were enough staff working to meet their needs. One said "It does feel like there are enough staff around. All of the staff are very friendly and helpful. I last came into the hospital in January. That stay was fine as well".

Patients told us they were asked to share their views. They felt their views were very important to the trust, that they were listened to and acted upon wherever possible. The trust had a Patient Experience Committee which met regularly. Patient stories were often presented as part of this meeting. Some patients had been asked to help the hospital develop and improve their care for certain patients, such as those with dementia.

Patients spoke about the different ways that their views were captured. These included the use of questionnaires and surveys. One patient told us "I have filled in a card that asks about the care, how clean the hospital was and how the staff were towards me. I was very happy with all of it". Another said they had not yet completed a questionnaire as "they normally do this when you are leaving. I haven't filled one in yet but I did when I was discharged last time. I was very happy with my care and I said so".

Patients told us they knew how to complain should they need to. None of the patients we spoke with said they had ever complained about their care or the hospital more generally.

## **What we found about the standards we reviewed and how well Yeovil District Hospital was meeting them**

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

Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where patients did not have the capacity to consent, the provider acted in accordance with legal requirements.

The provider was meeting this standard.

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

Patients experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

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

Patients who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

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

Patients were cared for, or supported by, suitably qualified, skilled and experienced staff. There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work.

The provider was meeting this standard.

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

There were enough qualified, skilled and experienced staff to meet patients' needs.

The provider was meeting this 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 provider had an effective system to regularly assess and monitor the quality of service that patients received. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients using the service and others.

The provider was meeting this standard.

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

There was an effective complaints system available. Comments and complaints patients made were responded to appropriately.

The provider was meeting this 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.

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

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

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

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

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

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

## Outcome 02: Consent to care and treatment

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

#### Our findings

##### What people who use the service experienced and told us

Patients we spoke with in both inpatient and outpatient areas said their care and treatment options had been discussed with them. They were asked for their consent before treatment was provided. Patients said they usually gave 'verbal' consent, although sometimes it was written consent. Patients knew they were able to change their mind or decline treatment if they wished to.

Patients said they had their condition explained to them. They were aware of the benefits of the proposed treatment and understood the risks of declining treatment. One patient we spoke with had a clear understanding of their condition and the benefits of the treatment they received. They told us "They have done some tests and scans. The doctors discuss the results with you. They always tell you what they think the best treatment is for you but they leave the decision to me".

Parents we spoke with had given consent for their children to be treated. They told us this was handled very well by staff and that care and treatment options were always discussed with them. One parent told us "All of my questions were fully answered". All of the treatment for their child had been "agreed between me and the staff who have been supportive and helpful".

One patient we spoke with had been admitted through the hospital's A&E department

with a life threatening condition. They were unable to give consent for treatment on admission but their husband "was fully apprised of the situation". They told us "The staff were very good and explained everything they were doing".

### **Other evidence**

Records did include an assessment of patients' capacity to make decisions about their care and treatment. They also recorded if patients wished information about their care to be discussed with their next of kin.

The provider may wish to note that the care records we looked at did not consistently record patients' decisions about their consent to their care and treatment. Some records included patients' decisions about if they wished to be resuscitated. Not all of the records we looked at contained this information, so it was not clear if this had been discussed with these patients. A section of each patient's plan asked if their care and treatment had been discussed with them or with family members. This was not answered in some of the care records we looked at.

Staff we spoke with understood the importance of gaining patients' consent to the care and treatment they received. Staff had been trained in the Mental Capacity Act 2005 and knew what action to take if patients lacked capacity to make decisions about their care, who else to involve and that decisions needed to be made in patients' best interests. One staff member said "We encourage patients to be involved in all aspects of their care. If patients lack capacity we liaise with families or carers. We also use best interest assessments".

One staff member who co-ordinated end of life care told us they "met with the patient and their relatives to talk about their illness. Choices and wishes are discussed". Patients' choices were "always respected". They said "If somebody does not have any family I will work with them and an independent advocate. If somebody lacks capacity I work with the Independent Mental Capacity Team". They "always work in the patient's best interest".

### **Our judgement**

Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where patients did not have the capacity to consent, the provider acted in accordance with legal requirements.

The provider was meeting this 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 patients who were inpatients and with those who attended outpatient clinics. All spoke very highly of the care and treatment provided in the hospital. Comments from patients included: "I'm very happy with my treatment" and "The care was absolutely excellent when I was in A&E and has been brilliant since I came onto this ward".

We observed how staff on wards cared for patients. Staff were polite and respectful. We saw that staff were well organised, friendly and had time for patients. There were enough staff to meet patients' needs. Call bells were answered reasonably quickly.

We observed lunchtime on two wards. We saw that meals arrived on the wards on time and patients knew the times meals were served. Those who required help to eat and drink were given assistance in a skilled and respectful way by staff who understood their needs. Patients did not appear rushed and had time to enjoy their meal. We saw they had drinks by their beds and that water was changed regularly.

We asked patients about the food served in the hospital. They told us they had a choice of meals and that the food was generally very good. They knew they could request an additional snack if they wanted one. They could also purchase snacks and drinks from a trolley which was taken around each ward. One patient said "Yes, the food is very good. We had a lovely meal yesterday. I have my menu here so I will choose what I want for tomorrow. You can choose an extra snack if you want when you order".

On most wards visitors were welcome at set times during the day. This policy could be relaxed to meet individual needs. Two visitors we spoke with said they were happy with the care and treatment provided to their relative. They said staff were welcoming and friendly.

When we last visited in September 2011 some patients we spoke with said they felt bored outside of visiting times as there was little to do. This had improved. Patients were aware of the hospital radio station, shop and the chapel. We also noted that TVs were being reintroduced and wireless internet access was now available on wards so that patients could use their own computers if they wished.

We spoke with patients who attended outpatient appointments. Some had used this hospital for a number of years. All spoke very highly of the staff team and of treatment they had received. One patient told us "the staff have cared very well for me. We are very lucky here. The staff really get to know you". Another said they had always been "consulted on care plans. As an inpatient they "had never felt embarrassed or uncomfortable through the actions of staff. They respected my dignity and privacy" and provided "wonderful care".

We asked patients about their views of being discharged from the hospital. They told us their discharges had been handled well. Some patients had been discharged from the wards; others had used the discharge lounge. One said "I'm going home tomorrow. They have already discussed this with me. I've asked to use the discharge lounge this time as I have so much to take with me. They have sorted this out for me".

#### **Other evidence**

Patients' 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.

We looked at a sample of patients' records on five wards. These contained information about care and treatment, assessments such as moving and handling and the prevention of falls and general observations. Some contained a record of interventions for a particular condition (known as a 'care bundle'). There was evidence that patients' needs were reassessed and care and treatment plans were updated if this was required.

The provider may wish to note that we found some records were not well kept. For example on one ward we visited we saw that one patient's plan said that bed rails should not be used. Two other patients did not have a bed rail assessment completed. We saw that bed rails were in use for each of these patients and the staff we spoke with told us they should be used. In another ward some patients' records were incomplete as their care plan had not been fully completed and where recommendations for treatment had been made it was not clear if these had been carried out as this was not recorded.

Staff we spoke with told us information sharing was good. Staff had thorough handovers where information was shared about each patient. Any changes to a patient's care or their condition were discussed. Staff always knew which patients were due to be discharged.

The 2011 survey of outpatients and the 2012 inpatient survey asked a number of questions about their care and treatment. The responses showed that the hospital had performed well.

In the outpatient survey the trust scored 'better than expected' to similar trusts in 4 questions and 'about the same' in the remaining 32 questions. In the inpatient survey the trust scored 'about the same' as similar trusts in 75 of the 77 questions asked. They scored 'worse' than similar trusts in patients 'having to share a bathroom or shower area with patients of the opposite sex' and for 'not having to wait long to be admitted, from the time they first talked with a health professional about being referred to hospital'. Staff in the hospital were working to improve these.

The trust's Quality Account 2011-2012 confirmed that questionnaires had been given or sent out to over 5000 patients and other service users; 94% of patients rated their care as excellent and 95% of patients rated staff attitude as excellent.

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 which 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. The issue related to how information about this condition had been coded by hospital staff. Coders now worked on wards to support staff with correct coding.

We also received information about a higher than expected number of patients being readmitted to maternity. This issue was still being followed up with the trust when we visited. The information we gathered during this inspection indicated that the concerns were around the health of the baby and not the health of the mother. The mother needed to be readmitted to enable them to stay in hospital with their baby.

### **Our judgement**

Patients experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this 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

Patients told us they felt safe in the hospital. No concerns were raised with us during our two days of inspections. Patients we spoke with said they were happy with their care and treatment and were very complimentary towards staff. Comments included "I haven't had any concerns at all. It's all been fine since I have been here" and "I've not had any concerns and I have never been upset about anything here".

Patients 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 patients to sources of support if they had concerns about their care, such as PALS (Patient Advice and Liaison Service).

Patients we spoke with in the maternity unit told of us an initiative ('The Acorn Project') which is designed to identify and protect potentially vulnerable mothers. Patients and staff said how valuable this was. A survey of this project completed in September 2012 showed that 50% of patients rated this service as excellent and 50% as very good.

##### Other evidence

Patients 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 "I have received training in child protection, safeguarding vulnerable adults and had regular updates. I would report any incidents or suspicions to the safeguarding lead". They knew they could also report issues to appropriate bodies outside of the trust

such as the local authority's safeguarding teams.

The hospital had a safeguarding policy which explained safeguarding issues, who would investigate any allegations and when they would report issues to the local authority. They used an assessment record for each patient which included questions which related 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.

We visited PALS on the second day of our inspection. A member of staff told us that this service was well used. Patients used this service to discuss a wide range of issues, particularly if they were concerned or unhappy. This staff member told us "The trust always seeks feedback on the care and standards in the hospital".

An on-site security team helped staff deal with any difficult situations and patrolled the premises. There was CCTV in many of the communal areas. This enabled the hospital to monitor patients' movements, for example, in the event of a person going missing. Additional safety measures were in place on some wards, such as maternity and the young person's unit, where access was strictly controlled.

Staff had been trained in the Deprivation of Liberty Safeguards (DOLS). These safeguards aimed to protect people in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards can only be used when there is no other way of supporting a person safely. No one had been deprived of their liberty during our inspection.

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**

Patients who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

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

#### Our findings

##### What people who use the service experienced and told us

We did speak with both inpatients and outpatients but their feedback did not relate to this standard. Patients did speak highly of the staff who worked in the hospital and felt that staff were experienced and trained to meet their needs.

##### Other evidence

We spoke with staff about their recruitment. They told us about the process the trust followed. They needed to complete an application form, attend a formal interview and have various checks made on them before they could start work. One staff member said "My recruitment was very well managed. I had to attend an interview; there was a strict selection process. They obtained lots of information about me. They checked that I was qualified to work as a nurse, obtained references and I had a CRB (Criminal Records Bureau) check".

We looked at the recruitment records for two recently appointed staff members who we had also spoken with. These records contained their application form, a full employment history, interview questions and answers, a health, safety and disability declaration, a declaration regarding criminal convictions, a job description for their role and documents which confirmed their identity. Both staff members had a CRB check before they started work for the trust.

The trust employed staff who were responsible for staff recruitment. Members of this team shared their recruitment quality standards with us. These showed that thorough checks were made on all staff employed by the trust. Where appropriate, checks were

made to ensure that medical staff were registered with their professional bodies. Should checks need to be made that staff were entitled to work in the UK, these were carried out when employment was offered.

An audit of human resources was carried out in October 2011 and this report was shared with us. We noted that there were three recommendations for improving staff recruitment practices. These had been acted upon and implemented in March 2012.

**Our judgement**

Patients were cared for, or supported by, suitably qualified, skilled and experienced staff. There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work.

The provider was meeting this 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

Patients spoke very highly of the care that they received from staff. Comments included "They are very good nursing staff" and "The doctors, consultants and nursing staff are all very good".

Patients told us that there were enough staff working to meet their needs. One said "It does feel like there are enough staff around. All of the staff are very friendly and helpful. I last came into the hospital in January. That stay was fine as well".

Patients told us their experience when they used their bedside call bells was generally good and they were answered reasonably quickly. One said "I have a call bell which I can use if I need to. The longest wait I have had is about five minutes. All the staff know what patients need urgent attention when they ring".

We observed how staff cared for patients on six wards. A variety of staff, including Doctors, nursing and support staff, were working. Staff appeared very well organised and confident in their roles. Communication between staff was good and the atmosphere was relaxed.

We spoke with patients about staff in outpatients areas of the hospital. They told us staff understood their care and treatment. Some patients had been cared for by staff for a number of years and had built a strong relationship with them. One said "I have been a patient for around 14 years. In that time all of the staff have cared very well for me. At all stages my treatment has been explained. I am on first name terms with my surgeon

and the sister who oversees this clinic. We are very lucky to have a hospital like Yeovil".

### **Other evidence**

The staff we spoke with said they had enough staff to meet patients' needs. Staffing could be adapted to meet the needs of patients. Staffing levels were reviewed on wards each day in line with patients' needs. Comments from staff included "We have a good staff ratio and cover vacant shifts. Staffing can depend on the patients we have on the ward and their dependency levels", "Staffing is sufficient. If extra help is needed staff tend to come in. No agency staff are used but sometimes bank staff are" and "Staffing is fine on this ward. At busy times staff from other wards can be used or bank staff would be used. Agency staff are rarely needed".

Staff told us they had up to date information about patients and that work was allocated fairly and effectively. One member of staff said "We focus care on individual need. Each patient has allocated staff on each shift. We have thorough handover meetings where each person is discussed. We now have a separate discussion about more high risk patients".

In the 2012 survey of inpatients patients 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 Doctors and nurses. The responses showed that the hospital performed 'about the same' when compared to similar trusts.

The 2011 National NHS staff survey showed that the hospital scored in the highest (best) 20% for staff feeling satisfied with the quality of work and patient care they are able to deliver, agreeing that their role makes a difference to patients and staff recommendation of the trust as a place to work or receive treatment.

### **Our judgement**

There were enough qualified, skilled and experienced staff to meet patients' needs.

The provider was meeting this 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

Patients were complimentary about the care and treatment they had received. Patients told us they were asked to share their views. They felt their views were very important to the trust, that they were listened to and acted upon wherever possible. The trust had a Patient Experience Committee which met regularly. Patient stories were often presented as part of this meeting. Some patients had been asked to help the hospital develop and improve their care for certain patients, such as those with dementia.

Patients spoke about the different ways that their views were captured. These included the use of questionnaires and surveys. One patient told us "I have filled in a card that asks about the care, how clean the hospital was and how the staff were towards me. I was very happy with all of it". Another said they had not yet completed a questionnaire as "they normally do this when you are leaving. I haven't filled one in yet but I did when I was discharged last time. I was very happy with my care and I said so".

New ways of capturing the views of patients were being introduced. For example, in one area of the hospital a project was underway which used a 'coin' based exit poll. Patients were given a plastic disc and asked to drop it in a box relating to their experience. In another area they used a tablet computer to carry out a 'snapshot survey' consisting of four questions as patients left.

##### Other evidence

Staff explained they worked hard to ensure consistency between the wards. There was a peer review system in place which allowed staff from different areas of the hospital to

share ideas, good practice and discuss issues. One staff member said "Questionnaires are collated by a peer supporter with the patient. They are sent to clinical governance and the team get a monthly report".

There were systems in place to monitor the quality of service that patients received. Various meetings were held to discuss patient care and their safety. At ward level, this included recording some key factors each month, for example infection rates, the number of falls patients had and the occurrence of pressure ulcers. A summary of the last four months patient surveys were also noted. These were all clearly displayed so that patients could see the results for each ward.

Staff told us they were used to checks being made on their work. They said that they were regularly visited and audited by managers. One staff member said "The Trust have an abundance of committees and meetings around governance. Unannounced observations are done. Patient experiences are noted. The most recent observation was carried out at breakfast time". Patient safety walk rounds were conducted. These were carried out each week to different areas within the hospital.

We looked at how staff learnt from adverse events. We focussed on two incidents where the Coroner had issued a ruling which asked the hospital to improve specific aspects of patient care and record keeping. We found that each incident had been thoroughly investigated by staff at the trust. A plan had been produced and actioned where improvements had been identified.

We spoke with staff on one ward where one of these patients had been cared for. We saw that all of the improvements required had been carried out. Staff spoke about the ruling and understood the issues involved. One staff member said "We are responsible for patient care. We know what we need to do to try to prevent this happening again. This has all been discussed at the ward meeting. We now have a high risk handover for some of our patients. We have thorough monitoring systems, such as for the risk of pressure ulcers developing. I also feel we are getting much better at listening to patients or their relatives, especially when they come in with certain health conditions".

The trust's quality report for 2011-2012 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.

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

### **Our judgement**

The provider had an effective system to regularly assess and monitor the quality of service that patients received. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients using the service and others.

The provider was meeting this standard.

## Outcome 17: Complaints

### What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- \* Are sure that their comments and complaints are listened to and acted on effectively.
- \* Know that they will not be discriminated against for making a complaint.

### What we found

#### Our judgement

The provider is compliant with Outcome 17: Complaints

#### Our findings

##### What people who use the service experienced and told us

Patients told us they knew how to complain should they need to. None of the patients we spoke with said they had ever complained about their care or the hospital more generally.

##### Other evidence

Complaints to the trust can come through a variety of routes. Patients can use the trust website, they can complain in writing or by telephone or through PALS. PALS staff can also visit patients in their own home if needs be. Staff who handled complaints made sure they checked the details of each complaint with the complainant so that it could be thoroughly investigated.

We looked at the records of four complaints, one from 2011 and three which had been received in 2012. Two were written complaints direct to the trust, one had been submitted through the trust's website and one had been forwarded by PALS.

The complaint from 2011 had been concluded. The records showed this had been thoroughly investigated and the outcome of the investigation shared with the complainants. Conciliation meetings had been offered by staff from the trust. These had been held with the complainants.

The 2012 complaints we looked at had been received in August 2012 and September 2012. The investigations into these were ongoing when we visited. The records showed that they had been acknowledged within 48 hours of receipt.

Complaints were discussed at the monthly Clinical Governance Committee meetings. They were also discussed at the quarterly Patient Experience Committee meetings. We were shown records of recent meetings where an overview of all complaints and concerns had been produced for discussion. This included a breakdown of complaints by area in the hospital and category of complaints. A summary and outcome of each complaint was discussed at these meetings.

Learning points were shared with relevant staff. For example if a complaint found improvements were needed on a particular ward the ward matron would receive a copy of the complaint response to ensure the required improvements were implemented. Staff we spoke with in different parts of the hospital were aware of significant complaints or concerns. They were able to discuss and show us changes which had been made when patients had raised concerns.

One staff member said "Complaints are helpful. The Trust wants to hear every complaint". Another staff member told us "We have a low threshold for what we consider to be a complaint. Even if patients do not wish to proceed with a formal complaint, we would still follow up any issue we felt was significant".

### **Our judgement**

There was an effective complaints system available. Comments and complaints patients made were responded to appropriately.

The provider was meeting this 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.

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

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

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

## Information for the reader

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