# Review of compliance

**Royal National Orthopaedic Hospital NHS Trust**  
**Royal National Orthopaedic Hospital NHS Trust (Stanmore)**

<table>
<thead>
<tr>
<th>Region:</th>
<th>London</th>
</tr>
</thead>
</table>
| **Location address:** | Royal National Orthopaedic Hospital  
|               | Brockley Hill  
|               | Stanmore  
|               | Middlesex  
|               | HA7 4LP  |
| **Type of service:** | Acute services with overnight beds  
|               | Rehabilitation services  
|               | Long term conditions services  |
| **Date of Publication:** | October 2011  |
| **Overview of the service:** | The Royal National Orthopaedic Hospital (Stanmore) provides specialist orthopaedic services to patients. It is registered to provide the regulated activities treatment of disease, disorder or injury, diagnostic and screening |
| procedures, surgical procedures and assessment or medical treatment for people detained under the Mental Health Act 1983. |
Royal National Orthopaedic Hospital NHS Trust (Stanmore) 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 20 July 2011, talked to staff and talked to people who use services.

What people told us

Patients told us that they were treated with respect and their dignity was maintained. They said that they were involved in decisions about their care and that staff answered their questions and supported their decisions. One patient said "the consultant explained the options available to me and gave me time to make my decision".

Patients told us they felt safe in the hospital and were able to raise any concerns with staff. Patients were very complimentary about all staff working in the trust. Their comments included: "They are marvellous, I cannot say enough about them"; "They (the staff) never sit down" and "they are all very good".

What we found about the standards we reviewed and how well Royal National Orthopaedic Hospital NHS Trust (Stanmore) 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

The hospital upholds the privacy and dignity of patients by ensuring the environment in which they were treated generally allows the privacy necessary to deliver care and treatment. It provided information to ensure that people were able to make decisions about their own care and about the hospital itself. Overall we found that the Royal National Orthopaedic Hospital was meeting this essential standard.

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

Patients using services at the Royal National Orthopaedic Hospital received individualised, well planned care by hospital staff and partner agencies to ensure that their needs were met.

Overall we found that the Royal National Orthopaedic Hospital was meeting this essential standard.

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

Patients using services at the hospital were protected from the risk of abuse and their human rights were respected and upheld. The hospital had implemented robust policies and procedures and staff were trained to recognise the signs of abuse and to promote patients human rights.

Overall we found that the Royal National Orthopaedic Hospital was meeting this essential standard.

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

The trust board was continuing to implement the plans to redevelop the hospital and manage the risks to patients from the effects of the old and deteriorating estate. We will continue to monitor the trusts progress against the redevelopment action plan.

Overall, we found that The Royal National Orthopaedic Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

Patients using the service were safe and received appropriate care because the Royal National Orthopaedic Hospital had processes in place to ensure sufficient staff, with the necessary skills and knowledge were available to support them.

Overall we found that the Royal National Orthopaedic 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

The trust had effective risk and quality monitoring systems in place to ensure patients had access to safe, quality care at the Royal National Orthopaedic Hospital.

Overall we found that the Royal National Orthopaedic 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
Patients told us that they were provided with information about their treatment options. They told us "the consultant explained the options available to me and gave me time to make my decision". They told us that staff answered any questions they had and written information was available for a wide range of treatments and procedures. Additional support was provided by specialist staff and mental health professionals. Patients told us that staff respected their privacy as far as they were able within the confines of the environment. They told us "staff talk to you not at you" and 'they listen to what you have to say'. We saw that staff were discreet when talking to patients and care was delivered behind closed curtains.

Other evidence
The hospital had leaflets and posters available informing patients of their rights and how to contact people in the trust. Posters advertised the Patients Group and the details of the nominated patient representatives in the Spinal Cord Injury Centre (SCIC) were displayed on notice boards. The trust had implemented a 'real time patient feedback' survey which included questions about privacy and dignity and involvement in decisions about care. The results of the survey were reported monthly in the quality report. The June 2011 report showed over 81% of patients said they were given...
enough privacy and 92% said they were involved in making decisions about their care and treatment.

Our judgement
The hospital upholds the privacy and dignity of patients by ensuring the environment in which they were treated generally allows the privacy necessary to deliver care and treatment. It provided information to ensure that people were able to make decisions about their own care and about the hospital itself. Overall we found that the Royal National Orthopaedic 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

<table>
<thead>
<tr>
<th>Our judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>The provider is compliant with Outcome 04: Care and welfare of people who use services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>What people who use the service experienced and told us</td>
</tr>
<tr>
<td>Patients told us that they knew what their treatment and care was and how it was going to be delivered. Shared records were completed by all healthcare professionals involved in the patients care and care plans were completed and available at each patient's bedside. Patients told us that staff had discussed plans for discharge with them.</td>
</tr>
<tr>
<td>Patients told us that the nurses did their handover by the bedside and always involved them in the process, &quot;they know every individual's needs&quot;.</td>
</tr>
<tr>
<td>Patients on the Spinal Cord Injury Centre (SCIC) told us they had a care plan which they had discussed with their case manager. They also told us that they had fortnightly goal setting sessions with therapy staff.</td>
</tr>
<tr>
<td>Other evidence</td>
</tr>
<tr>
<td>Staff told us that patients were assessed in outpatients and on admission to the wards. Some patients attended pre-assessment clinics and care plans were implemented based on the individuals identified needs. Staff said that they completed a range of risk assessments to prevent pressure ulcers, poor nutrition and venous thrombosis. Completed assessments showed that staff had taken preventative measures in line with the guidance based on the patients score. Care plans showed evidence of regular review and changes in the patients' condition were recorded.</td>
</tr>
<tr>
<td>The trust audits multidisciplinary notes for completeness as part of a rolling programme. Staff told us that they were required to implement an action plan to improve their...</td>
</tr>
</tbody>
</table>
documentation if they did not meet the benchmark. The audit results were reported to the trust board as part of the monthly integrated performance report.

The trust had taken action to prevent mixed sex accommodation and reported any breaches monthly to commissioners. Staff told us they move patients into single sex areas as soon as possible.

**Our judgement**

Patients using services at the Royal National Orthopaedic Hospital received individualised, well planned care by hospital staff and partner agencies to ensure that their needs were met.

Overall we found that the Royal National Orthopaedic 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

<table>
<thead>
<tr>
<th>Our judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>The provider is compliant with Outcome 07: Safeguarding people who use services from abuse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What people who use the service experienced and told us</strong></td>
</tr>
<tr>
<td>Patients told us that they felt safe in the hospital and were able to raise any concerns with staff. They said staff tried to accommodate any patient request to improve their hospital stay if it was &quot;humanly possible&quot;.</td>
</tr>
</tbody>
</table>

Staff told us that vulnerable patients are 'flagged' on the patient administration system. The trust uses patient passports to document key information about the person and their particular requirements to ensure their needs were consistently met to maintain their wellbeing in hospital. Staff told us that the Clinical Nurse Specialist for Vulnerable Adults visited the patients and supported staff to ensure the patient received appropriate care.

**Other evidence**
The trust had identified lead staff for safeguarding children and vulnerable adults. They have published their safeguarding children processes on the trust website but safeguarding vulnerable adult information had not yet been published. The trust had implemented safeguarding policies and procedures which reflected the Pan London safeguarding processes. The trust had developed strong links to the local safeguarding boards and had invested in joint training between the local authority and themselves.

Staff confirmed they received safeguarding children and adult training which equipped them to identify vulnerable patients. They told us the actions they would take and the people they would contact if they suspected or witnessed an incident of abuse. A
safeguarding flowchart outlining the actions to be taken was displayed on a ward notice board for staff information.
The trust had appointed a lead clinician for deprivation of liberty issues and a psychiatrist was available to assess patients under the Mental Capacity Act.

**Our judgement**
Patients using services at the hospital were protected from the risk of abuse and their human rights were respected and upheld. The hospital had implemented robust policies and procedures and staff were trained to recognise the signs of abuse and to promote patients human rights.

Overall we found that the Royal National Orthopaedic Hospital was meeting this essential standard.
Outcome 10: Safety and suitability of premises

What the outcome says
This is what people should expect.

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

What we found

<table>
<thead>
<tr>
<th>Our judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are minor concerns with Outcome 10: Safety and suitability of premises</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our findings</th>
</tr>
</thead>
</table>
| **What people who use the service experienced and told us**
Patients said that they knew the hospital was due to be rebuilt because it was "old and falling apart". Patients were seen crowded into the Outpatients Department but were not unduly concerned at the cramped conditions.
The Patient Group regularly visits wards areas and reports faults and deteriorating facilities to the trust. The Local Improvement Network (LINk) published statement noted "The LINk appreciates the difficulties caused by the age and condition of the estate but was satisfied with the efforts made by the trust in rectifying conditions reported on inspection visits."

**Other evidence**
The trust continues to record the deteriorating fabric of the building as a high risk on the trust risk register and have declared themselves non compliant with this outcome.
The plans to rebuild the hospital were said to be in progress, but it was reported that dates were slipping as additional assurances had been required by the strategic health authority.
The trust had a programme of enabling works in progress and continued to maintain the fabric of the building when problems arose.

**Our judgement**
The trust board was continuing to implement the plans to redevelop the hospital and manage the risks to patients from the effects of the old and deteriorating estate. We will continue to monitor the trusts progress against the redevelopment action plan.

Overall, we found that The Royal National Orthopaedic Hospital was meeting this
essential standard but, to maintain this, we suggested that some improvements were made.
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 were very complimentary about all staff working in the trust. Their comments included:
"They are marvellous, I cannot say enough about them"; "They (the staff) never sit down" and "they are all very good".
We visited two wards and they were noted to be calm, there were sufficient staff on duty to meet the needs of the patients and the numbers on duty matched the rota.

Other evidence
The information we had available suggested that the trust was at risk of being non-compliant with this outcome especially in respect of recruiting sufficient theatre staff, allied healthcare professionals and medical staff.
The Director of Nursing (DoN) told us that the trust had included staff vacancies as a risk on the trust risk register. Vacancy rates were reported monthly to the trust board in the integrated performance report. The July 2011 report noted that the trust had a low vacancy rate overall, 16 nursing vacancies were in the process of being recruited to and all medical posts had been filled. Short term allied healthcare professional posts were recruited to as needed but were a problem due to the specialised nature of the posts. Staffing risk assessment action plans over the period of January – July 2011 showed the trust was actively managing vacancies in specialised areas. The trust board had taken a strategic decision to continue a rolling advertisement for staff due to the specialised nature of some of the roles within the hospital.
The trust had implemented a programme of night visits undertaken by directors and senior nursing staff and one of the areas identified on the proforma recording sheet
related to sufficient staff being on duty. Reports arising from the visits were fed back to the trust board.
Staff confirmed that when there was short term absence or an increase in patient dependency they could request additional staff and had access to bank staff.

**Our judgement**
Patients using the service were safe and received appropriate care because the Royal National Orthopaedic Hospital had processes in place to ensure sufficient staff, with the necessary skills and knowledge were available to support them.

Overall we found that the Royal National Orthopaedic 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
The real time patient feedback process was used to assess the patient's experience of care. The results showed a high level of satisfaction with the treatment and care provided with 68% rating the experience as excellent. Additional audits were used for patients using cancer services and the trust had implemented an action plan to address low rated areas of the patients experience identified in national surveys.

Other evidence
The trust used a range of audits, surveys and direct feedback to monitor the quality of care and treatment provided to patients. Staff told us that there was a Visible Leadership Programme every Thursday where senior nursing staff worked with staff in the clinical areas and carried out a range of clinical audits. Information gathered from the night visit initiative was used to provide assurance that out of hours care was provided safely. A monthly dashboard of results was produced and showed the ward performance against a range of clinical and environmental audits, human resource targets, patient feedback, incidents and bed occupancy. Where the results of audits did not achieve the benchmark staff confirmed they were required to formulate an action plan. The trust Clinical Risk Group had responsibility for ensuring the actions were completed before giving a final sign off. The dashboard printout was displayed on the wards visited.

The trust had policies and procedures in place to manage risks and report incidents. The trust had systems in place to monitor incidents and identify trends and
demonstrated that action was taken to prevent reoccurrences.

Our judgement
The trust had effective risk and quality monitoring systems in place to ensure patients had access to safe, quality care at the Royal National Orthopaedic Hospital.

Overall we found that the Royal National Orthopaedic 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

<table>
<thead>
<tr>
<th>Document purpose</th>
<th>Review of compliance report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td>Audience</td>
<td>The general public</td>
</tr>
<tr>
<td>Further copies from</td>
<td>03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
</tr>
</tbody>
</table>

**Copyright**

Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<table>
<thead>
<tr>
<th>Website</th>
<th><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>03000 616161</td>
</tr>
<tr>
<td>Email address</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
</tr>
</tbody>
</table>
| Postal address  | Care Quality Commission  
                     Citygate  
                     Gallowgate  
                     Newcastle upon Tyne  
                     NE1 4PA |