Review of compliance

Dorset NHS Foundation Trust
Dorset County Hospital

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<th>Region:</th>
<th>South West</th>
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| Location address: | Dorset County Hospital
|              | Williams Avenue
|              | Dorchester
|              | Dorset
|              | DT1 2JY |
| Type of service: | Acute Services. |
| Date the review was completed: | January 2011 |
| Overview of the service: | Dorset County Hospital is an acute hospital that is part of Dorset County Hospital NHS Foundation trust. The hospital has 450 inpatient beds and employs approximately 3,000 staff. The hospital runs district general hospital services for children and adults. Accident and Emergency services are provided and there |
are renal and cardiac units. There are seven theatres and two day theatres. The hospital has radiology and magnetic resonance imaging (MRI) scanning facilities. Surgical services are also provided in local community hospitals and a local independent healthcare hospital.

The hospital has on site catering facilities which member of the public can use.

Dorset County Hospital is situation near to the town centre and is accessible by public transport. There are on site pay and display car parking facilities.
Summary of our findings
for the essential standards of quality and safety

What we found overall

We found that Dorset County Hospital was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we have suggested that some improvements are made.

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

Why we carried out this review

We carried out this review to check whether Dorset County Hospital had made improvements after concerns were raised about meeting nutritional needs and making sure nutritional screening was in place. We sent an improvement letter in April 2010 asking the trust to address this issue. We had also received performance information that identified that they may be some concerns relating to infection control, staff training and support, safeguarding and incident reporting.

We therefore looked at the following outcomes:
- Care and welfare of people who use services
- Meeting nutritional needs
- Safeguarding people who use services from abuse
- Cleanliness and infection control
- Safety and suitability of premises
- Supporting workers
- Assessing and monitoring the quality of service provision
- Complaints

How we carried out this review

We reviewed all the information we hold about this trust and carried out an unannounced visit on 1 December 2010. We used information from the trust’s self assessment, observed how patients were being cared for, talked to patients who use services, talked to staff, and looked at records of patients who use services.
What people told us

We spoke to patients in the accident and emergency department (A&E), the emergency medical admissions unit, two elderly care wards that specialise in stroke and dementia care respectively, one medical ward and one surgical ward. Comments we received from patients we spoke with varied, but patients were generally positive about their experience.

For example one person said: ‘the staff are very helpful, it is an excellent hospital.’ This individual also raised concerns that the staff seemed ‘rushed off their feet particularly at weekends.’

One person commented that: ‘staff are very busy, but always have time to explain.’

Patients that used the service considered that food provision was good and no concerns were raised with us about the quality or quantity of food. One comment received about the quality of food was; ‘food is OK, but not as good as my cooking.’

Some patients found that fluid intake was not always monitored. One person commented that: ‘[Their relative] was dehydrated over a weekend because of staff shortages.’

One person who used the service told us that ‘each time I have been in, they have asked my point of view’ about the care given.

None of the patients we spoke to during our visit raised any concerns or complaints. They were aware that they could report issues to members of staff.

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

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

Patients are receiving effective, safe and appropriate care. Care plans demonstrate that risks to patients are being identified and managed, and care is based around an individual’s needs. However, some patients experience long waits for assessment and treatment in A&E and the emergency medical unit. Communication between members of the multi-disciplinary team needs to improve, particularly to ensure that patients experience a consistent, effective and safe discharge home. The trust is able to meet the needs for patients with different cultural and spiritual needs.

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

Outcome 5: Food and drink should meet people’s individual dietary needs
Patients are generally being protected from the risks of inadequate nutrition and dehydration as there is screening and specialist referral for patients at risk. Food is suitable and nutritious and is of sufficient quantity, and patients are offered support to eat when this is required. There was evidence that a few patients were at risk and may have suffered dehydration. These patients were identified but did not have adequate review arrangements.

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

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

Most staff have had training to recognise abuse and to report concerns. Medical staff, however, had limited knowledge about safeguarding procedures. Staff in high risk areas have received training to restrain patients and safely defuse situations of violence and aggression. The trust is developing its restraint policy to improve the training and information that is available to all staff.

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

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

The clinical areas within the hospital are clean and well maintained to prevent and control infection. Patients and people visiting the ward areas are informed and encouraged to take precautions to prevent infection. Staff demonstrated appropriate and safe practices in infection prevention and control. There are appropriate arrangements to minimise the risk of infection between patients, including screening patients, the use of disposal curtains and isolation facilities.

- Overall, we found that Dorset County Hospital was meeting this essential standard.

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

Patients have treatment in a suitable, well maintained environment, which promotes their privacy, dignity and wellbeing. However, some patients wait for a hospital bed in corridors at busy times where the environment is not safe or suitable. Some areas in the hospital lack sufficient storage facilities and some patient areas are becoming cluttered.

- Overall, we found that Dorset County Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.
Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills
Patients are supported by staff who have opportunities to attend mandatory and specialist training. Staffing levels are based on dependency audits and patients report that the care they receive is not hurried or rushed.

- Overall, we found that Dorset County 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
Patients can be confident that the quality of the treatment they receive is routinely monitored. A range of clinical audits take place and incidents are routinely reported. Action is being taken to ensure that treatment targets are being adhered to and the trust are working to ensure that no further breaches occur.

- Overall, we found that Dorset County Hospital was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly
Patients are encouraged to provide feedback on their stay in hospital and the trust is developing systems to further improve the capture of this information. Some patients are not entirely clear about the process of making a complaint. However, information is clearly displayed around the hospital. The trust responds to and handles complaints effectively.

- Overall, we found that Dorset County Hospital was meeting this essential standard.

Action we have asked the service to take
We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Other information
Please see previous review reports for more information.
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 4: 
Care and welfare of people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us
We visited and spoke to patients in the accident and emergency (A&E) department, emergency medical unit, two elderly care wards that specialise in stroke and dementia care respectively, one medical and one surgical ward.

Patients we spoke to were generally positive about their experience but had some concerns. Patients told us that staff were helpful and had time to explain, but were busy particularly at weekends and in the A&E department.

Patients told us that they had not received explanations for the waiting times in the A&E department and said they had waited a long time to be assessed in the emergency medical unit. A relative of a person with diabetes told us that they had been waiting for a long time to be assessed by a doctor in the unit and had approached nursing staff three times.

We observed that patients waiting in the A&E and emergency medical unit had received an initial assessment and investigations where appropriate, but were waiting for a consultant review.

Patients on the wards told us that they were kept informed of their treatment and
what was happening. One relative said. ‘staff are very good at explaining the care that their relative needs’.

Other evidence

The staff we spoke to in the A&E department said that waiting times were usually within the four hour limit but the layout of the department means that patients cannot see when ambulance emergencies come into the hospital and this makes the department very busy. The trust told us that concerns had been raised regarding the assessment of need in A&E. The A&E does not have a triage nurse at the moment but staff have been trained and a designated nurse will be responsible for triaging in January 2011.

A member of staff in the emergency medical unit told us that the unit can get very busy at peak times and patients do have to wait for assessment. There was not an designated consultant in the emergency medical unit and this caused problems in assessing and transferring patients. The trust told us that they had piloted a designated consultant in the A&E and emergency medical unit and this had improved the treatment and transfer of patients. The trust told us that they are reviewing budgets to see if this initiative can become permanent and plan to introduce this in April 2011.

The trust told us that 98% of patients in A&E were seen within four hours.

We observed that patient's received support from a multi-disciplinary team and communication between nursing and therapy staff and social workers was generally good. Staff told us that communication with medical staff could be improved. Staff commented that medical staff approach to discharge planning can vary and depended on their awareness of the time taken to complete procedures and referrals to other agencies. We observed that one patient was agreed to be fit for discharge with a discharge date arranged in two weeks but the medical notes had questioned why the patient was still in hospital. We visited one ward where staff reported that the members of the multi-disciplinary team did a discharge round twice a week to discuss the discharge plans for patients and this worked very well.

The trust told us that they have started to implement an electronic system to monitor patients and identify when their condition deteriorates so that appropriate action can be taken. The system commenced in July 2010 and will be used across the hospital by February 2011. On the emergency medical unit we saw that observation, intervention and assessment charts were kept at the end of each patient's bed. These included assessments on nutritional need, pressure sore risk and an early warning score to indicate deterioration in a patient's condition. We saw that patients were assessed for the risk of blood clots and where necessary, action was taken to minimise risks, such as the use of specialist leg stockings.

We saw that when a patient was admitted to a ward, more assessments and personal information was added to initial assessments. Care plans included more detail on a patient's needs and preferences, identified short and long term goals, and were regularly reviewed and updated. Care plans on the stroke unit were written from the patient's viewpoint and staff told us that they use a pre-admission
assessment for patients with dementia called 'This is me'. We observed this in the care plan and this had helped to improved staff understanding of patient's needs.

Staff told us that they are able to meet the needs of patients with different religious and cultural needs. Staff told us that they have access to a language line for translators if English is not the patient's first language. The trust told us that they have a chapel and chaplaincy on site and suitable arrangements for worship can be made for patients of different faiths. We saw that this information is available at ward level.

Performance Information for the trust indicates that patient's length of stay in hospital and readmissions after discharge are average when compared with other hospitals.

**Our judgement**

Patients are receiving effective, safe and appropriate care. Care plans demonstrate that risks to patients are being identified and managed, and care is based around an individual’s needs. However, some patients experience long waits for assessment and treatment in A&E and the emergency medical unit. Communication between members of the multi-disciplinary team needs to improve, particularly to ensure that patients experience a consistent, effective and safe discharge home. The trust is able to meet the needs for patients with different cultural and spiritual needs.
Outcome 5:
Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:
• Are supported to have adequate nutrition and hydration.

What we found

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<td><strong>What people who use the service experienced and told us</strong></td>
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<tr>
<td>Patients were generally positive about the food in the hospital. One patient said that: ‘The food was good, but not as good as my cooking.’</td>
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<td>One person commented that their relative was “dehydrated over a weekend”, this was attributed to staff shortages.</td>
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<td>We observed meals in all the clinical areas we visited. All meals were served on trays from a heated trolley. The meals were well presented and nutritious and the quantity of food was sufficient. The trays had hand wipes so patients could clean their hands before eating. The hand wipes were not consistently provided on the emergency medical unit.</td>
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<td>We observed patients being supported to eat and drink. Meals were placed within a patient’s reach and staff explained what food was provided. Staff assisted patients to sit up and helped them to eat when needed. On one ward we observed that patients who were able to eat independently had their meal in a day room. We saw that this was a sociable occasion and a volunteer assisted the patients and made sure that they had sufficient time to eat and drink.</td>
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<td>We saw that ward areas had protected mealtimes when patients are not interrupted and have time to eat. There were no protected mealtimes on the emergency unit.</td>
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medical unit and patients were being taken for investigations and procedures. Two patients had to leave their lunch to go for procedures, but staff told us their meals would be kept for them.

Staff told us that patients are offered a choice of food, that is ordered the night before and alternative meals are available. Meals or snacks can be obtained 24 hours a day. The menus we looked at had a choice of meals, with some nutritional information, such as low salt or high in fibre. We saw that the menus did not cater for patients with different ethnic, cultural or religious needs. Staff told us that arrangements can be made for specialist diets.

Other evidence
We saw that patient care plans included a nutritional screening assessment to identify those at risk of poor nutrition or dehydration, and referrals to the dietician and catering team were made for patients at high risk. Staff told us that patients at high risk had food and fluid charts to monitor their nutritional intake. We reviewed some fluid charts and found that one chart had nothing recorded in the evening, this patient was nil by mouth but the medical records indicated that the patient could now eat and drink normally. Staff told us that they were not always made aware of changes to treatment by medical staff. Staff told us of an example when a doctor had prescribed fluids but this was not seen by nursing staff until hours later when they read the medical notes. The trust told us that they are doing more work to ensure patients have a nutritional assessment and are doing regular audits to monitor assessments and referrals.

Our judgement
Patients are generally being protected from the risks of inadequate nutrition and dehydration as there is screening and specialist referral for patients at risk. Food is suitable and nutritious and is of sufficient quantity, and patients are offered support to eat when this is required. There was evidence that a few patients were at risk and may have suffered dehydration. These patients were identified but did not have adequate review arrangements.
Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

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<td><strong>What people who use the service experienced and told us</strong></td>
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<tr>
<td>Patients told us that they did not have any concerns about their safety whilst they were in hospital.</td>
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<th><strong>Other evidence</strong></th>
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<td>The trust told us that all staff receive safeguarding induction and training and this is planned for the year ahead. The nursing staff we spoke to confirmed that they had received training. We saw a member of staff making a safeguarding referral. The staff member told us who they had to inform and what would happen after the referral was made and the staff member demonstrated an understanding of the wider implications of protecting patients from harm, neglect or abuse. The medical staff we spoke to had limited knowledge of safeguarding procedures</td>
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<td>Staff in the A&amp;E department and the emergency medical unit told us that they had to deal with violent and aggressive situations. Staff told us that they had had training to deal with conflict, and porters also act as part of a response team when problems occur. The trust told us that they need to improve the information available to staff about restraining patients and a new policy will be implemented in March 2011.</td>
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The mental health act commissioner undertook a review of patients detained under the mental health act at the same time as this compliance review. The report identified that there was a lack of policies and procedures on the responsibilities of staff for patients detained under the Mental Health Act 1983. The trust has been asked to provide an action plan by the end of January 2011.

Our judgement
Most staff have had training to recognise abuse and to report concerns. Medical staff, however, had limited knowledge about safeguarding procedures. Staff in high risk areas have received training to restrain patients and safely defuse situations of violence and aggression. The trust is developing its restraint policy to improve the training and information that is available to all staff.
# Outcome 8: Cleanliness and infection control

## What the outcome says

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

## What we found

### Our judgement

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

### Our findings

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

Patients we spoke to told us that toilet and bathing facilities were clean. All areas that we visited were visibly clean and the furniture and decoration were in good condition. We saw hand wash basins and cleansing stations throughout the hospital and there were posters to encourage people visiting ward areas to use these facilities to prevent the spread of infection. Alcohol gel was placed at the end of each patient’s bed for staff to use. Staff were seen using the facilities routinely. Supplies of protective clothing, such as gloves and aprons, were available on each ward and these were being used.

Each clinical area we visited had designated cleaning staff. One cleaner we spoke with was able to demonstrate why the hospital needed to be cleaned thoroughly to prevent cross infection. The sluices inspected in all areas were visibly clean and uncluttered. Commodes were clean and each seat was turned up indicating that they were ready for use. We saw posters detailing how to clean commodes on the walls.

The A&E department and emergency medical unit had disposable bed curtains in use that were dated. Staff told us that these are changed by housekeeping staff routinely, or immediately following an infection outbreak in a bay.

We saw clinical records that indicated that patients were screened for infections.
such as MRSA on admission. We saw side rooms available on clinical areas for patients who need to be isolated because they are at risk of infection or have an infection. The trust told us some wards are having new side rooms built to increase isolation facilities.

Other evidence
The trust told us that hand hygiene audits are held weekly and the staff we spoke to confirmed this. Staff told us that a small number of them are observed washing their hands, to make sure their technique is correct and safe.

The trust told us that they are in the process of gaining accreditation for the sterile supply services. We have requested confirmation of when this is completed.

Our judgement
The clinical areas within the hospital are clean and well maintained. Patients and people visiting the ward areas are informed and encouraged to take precautions to prevent infection. Staff demonstrated appropriate and safe practices in infection prevention and control. There are appropriate arrangements to minimise the risk of infection between patients, including screening patients, the use of disposal curtains and isolation facilities.
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

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<td>There are minor concerns with outcome 10: Safety and suitability of premises</td>
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One patient told us they had been ‘cold in the passageway [whilst being transferred] but was warm now.’

All areas we visited were well maintained and adequately heated. We saw that the patient had sufficient covers and blankets in clinical areas.

The hospital is a modern building and clinical areas are light and airy and well maintained. There is clear signage that directs patients and visitors to departments. All areas in the hospital are accessible by wheelchair. The hospital has car parking and is accessible by public transport. There is a helipad near to the A&E department.

We observed that all wards apart from specialist areas, such as A&E and intensive care, provided single sex accommodation and toilet and washing facilities were labelled male or female.

The A&E had scanning facilities in the department and was near to the radiology to improve the speed and communication of results of x rays and scans. There was a designated waiting area for children in A&E, along with side rooms for patients needing privacy or for isolation purposes. The observation unit was mixed sex and only used for patients on a short stay basis.
We saw that some ward areas had a lack of storage space and some day rooms and corridors were cluttered with trolleys and other equipment.

The hospital has an award for art, a member of the medical team was positive about the hospital’s design and the art enhancing the therapeutic and working environment.

**Other evidence**
We did not see any trolleys lining corridors in the A&E department or the emergency medical unit, but staff told us that this does happen at busy times. The trust told us that they had piloted a designated consultant for the A&E department and the emergency medical unit and this had improved the treatment and transfer of patients. The trust told us that they are reviewing budgets to see if this initiative can become permanent and they plan to introduce this in April 2011. The trust also told us that they have draft plans for an assessment unit near to A&E, which would incorporate emergency medical, surgical and orthopaedic assessment.

The trust reported that over the three months July to September 2010, 52 patients had to wait on trolleys in corridors. In the months October to December 2010, 93 patients had to wait on trolleys in corridors.

**Our judgement**
Patients have treatment in a suitable, well maintained environment, which promotes their privacy, dignity and wellbeing. However, some patients wait for a hospital bed in corridors at busy times where the environment is not safe or suitable. Some areas in the hospital lack sufficient storage facilities and some patient areas are becoming cluttered.
Outcome 14: 
Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:
• Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
Patients told us that although staff were busy they treat each person as an individual and allow sufficient time for care needs to be met.

We observed that staff were calm and in control and had sufficient time to deliver care. Call bells were answered promptly and we saw staff treating patients and visitors courteously and with respect.

Other evidence
Staff told us that staffing levels are reviewed regularly, alongside six monthly dependency audits. On one elderly care ward staffing levels were increased at weekends when the audit demonstrated that patients care needs were the same as weekdays. We saw that staffing levels on areas we visited were sufficient to meet the needs of patients and there were equal numbers of qualified to unqualified staff.

Mandatory and specialist training is provided regularly by the trust. The trust told us that induction training includes fire safety, major incidents, confidentiality and information governance, and infection control. Staff confirmed that they had received regular mandatory training, along with role specific training, such as tissue viability and palliative care. Staff in A&E were very positive about training opportunities because of the range of specialist training that was available. A student nurse told us that they worked the same shifts as their mentor.
observed this in practice and saw evidence that the student was given guidance and support to provide appropriate care. The medical director told us that junior doctor training is being reviewed to ensure that they receive appropriate training and information.

The trust told us that there is an appraisal system that is linked to using national guidance. Staff told us that they had regular supervision and appraisal.

**Our judgement**
Patients are supported by staff who have opportunities to attend mandatory and specialist training. Staffing levels are based on dependency audits and patients report that the care they receive is not hurried or rushed.
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
One patient told us that ‘each time I have been in, they have asked my point of view’ about care given.

We saw information relating to a range of ongoing clinical audits on the walls of the A&E department and the emergency medical unit.

Other evidence
The trust has introduced an electronic system for incident reporting. Staff told us that this was more accessible and they knew how to record and report incidents. Staff told us that the system was initially used as a means of venting frustration but they stated that they had more confidence in the system now. Staff told us they are advised to go through their line manager if there are issues that cannot be resolved or are recurring.

Monitor, the independent regulator for NHS foundation trusts, informed us that the trust had a red risk rating as they were in breach of treatment targets. These were for cancer treatment within 62 days of urgent referral, breast cancer referral within two weeks, and the self certification against compliance for with requirements...
regarding access to healthcare for people with a learning disability. The trust told us that there was board level monitoring of these treatment targets and there were monthly progress reviews with Monitor. The current monitoring data indicates that no further breaches have occurred.

**Our judgement**

Patients can be confident that the quality of the treatment they receive is routinely monitored. A range of clinical audits take place and incidents are routinely reported. Action is being taken to ensure that treatment targets are being adhered to and the trust is working to ensure that no further breaches occur.
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**

None of the patients we spoke with during our visit raised any concerns or complaints and they were aware they could report issues to members of staff. One patient when recounting their experience stated that they “didn’t want to complain as ‘so much else was good about the ward and I wouldn’t want the ward to get any stick’.”

One patient told us that ‘each time I have been in, they have asked my point of view’ about care given.

We saw complaints leaflets in wall racks in communal and clinical areas which explained how patients can access support to make a complaint. When we spoke to some patients they were not clear on how they would complain but they pointed out comments and suggestion boxes on the wall that they could use.

**Other evidence**

The trust told us that they will be implementing an electronic patient feedback system which will allow patients to comment on their hospital; stay at the point of discharge home. The system is expected to be implemented in January 2011.
trust told us that easy read complaint leaflets were not currently available but will be available in February 2011.

The trust told us that all complaints and comments received are investigated and responded to. Performance information indicates that the trust respond to and handle complaints within standard timeframes.

**Our judgement**

Patients are encouraged to provide feedback on their stay in hospital and the trust is developing systems to further improve the capture of this information. Some patients are not entirely clear about the process of making a complaint but information is available and is clearly displayed around the hospital. The trust responds to and handles complaints effectively.
**Action**
we have asked the provider to take

**Improvement actions**

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

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<tr>
<td>Patients are receiving effective, safe and appropriate care. Care plans demonstrate that risks to patients are being identified and managed, and care is based around an individual's needs. However, some patients experience long waits for assessment and treatment in A&amp;E and the emergency medical unit. Communication between members of the multi-disciplinary team needs to improve, particularly to ensure that patients experience a consistent, effective and safe discharge home. The trust is able to meet the needs for patients with different cultural and spiritual needs.</td>
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<td>Treatment of disease disorder or injury.</td>
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<td>Most staff have had training to recognise abuse and to report concerns. Medical staff, however, had limited knowledge about safeguarding procedures. Staff in high risk areas have received training to restrain patients and safely defuse situations of violence and aggression. The trust is developing its restraint policy to improve the training and information that is available to all staff.</td>
<td></td>
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<tr>
<td>Treatment of disease disorder or injury.</td>
<td>14</td>
<td>5 Meeting nutritional</td>
</tr>
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</table>
Why we have concerns:
Patients are generally being protected from the risks of inadequate nutrition and dehydration as there is screening and specialist referral for patients at risk. Food is suitable and nutritious and is of sufficient quantity, and patients are offered support to eat when this is required. There was evidence that a few patients were at risk and may have suffered dehydration. These patients were identified but did not have adequate review arrangements.

<table>
<thead>
<tr>
<th>Treatment of disease disorder or injury.</th>
<th>15</th>
<th>10 Safety and suitability of premises.</th>
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<tbody>
<tr>
<td>Why we have concerns:</td>
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<tr>
<td>Patients have treatment in a suitable, well maintained environment, which promotes their privacy, dignity and wellbeing. However, some patients wait for a hospital bed in corridors at busy times where the environment is not safe or suitable. Some areas in the hospital lack sufficient storage facilities and some patient areas are becoming cluttered.</td>
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</table>

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider’s report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.
What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they maintain continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they achieve compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

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

<table>
<thead>
<tr>
<th>Document purpose</th>
<th>Review of compliance report</th>
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<tbody>
<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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