Walsall Healthcare NHS Trust
Manor Hospital

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<th>Region:</th>
<th>West Midlands</th>
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| Location address: | Manor Hospital  
Moat Road  
Walsall  
West Midlands  
WS2 9PS |
| Type of service: | Acute services with overnight beds  
Community healthcare service |
| Date of Publication: | August 2012 |
| Overview of the service: | Walsall Manor hospital is a 600 bedded acute hospital providing a range of medical and surgical services for adults and children. Maternity services are also provided at this service. |
Our current overall judgement

Manor Hospital was not meeting one or more essential standards. Action is needed.

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 10 July 2012, carried out a visit on 11 July 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

We visited Walsall Manor Hospital as part of our planned programme of inspections and to review the improvements made since our previous visit. The visit was unannounced and neither the provider nor staff knew that we would be visiting.

A team of four inspectors visited Walsall Manor Hospital on the 10 and 11 July 2012. We visited wards: 1, 4, 10, 11, 14, 15, 16, 17, 20 and the Accident and Emergency Department. The inspection included the observation of care experienced by people in the hospital, talking to people who were in receipt of care, talking with staff on duty including ward managers and specialist nurse advisors, looking in detail at all aspects of care for 18 people, some of whom had complex needs and discussing their care with staff. This process is known as pathway tracking. During the two days of our inspection we spoke with 46 patients and relatives and 33 staff.

People were positive about the care they received. All but one person we spoke to told us that they were informed about the treatment options including possible risks of the treatment. One person told us, "I couldn't fault the place, everyone is wonderful, they treat me with respect and always keep me private when they are doing any personal care". They were satisfied with the level of care and support they received.

We spoke with a visitor they told us they felt the staff were kind and supported their relative well.

People told us that they were informed about the treatment they needed and they were asked for their consent to treatment.
People we spoke with made positive comments about staff. Comments we received about staff included, "I could not fault them, they do a marvellous job". People told us that staff were respectful and maintained their dignity. One person told us, "They are very good, they cannot do enough for you", and "They are very respectful and have excellent manners". We observed that staff assisted people when needed and were polite and respectful.

The hospital had appropriate systems in place to protect people from harm and undertake required action to protect people from abuse and the risk of abuse or harm.

We have been told that the hospital has considerably reduced its incidence of reportable infections. People told us, "The hospital is always very clean", and "Staff are always washing their hands and I also see them using the handgels".

Staff all told us that they felt supported and were kept informed by senior staff and board members. We were told, "We have really good training opportunities".

We found that the trust which manages the hospital had responded positively to concerns and had appropriate systems in place to respond and learn from these concerns. There were appropriate systems in place to protect people from harm.

What we found about the standards we reviewed and how well Manor 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

The provider was meeting this standard. There were appropriate arrangements in place for obtaining and acting in accordance with the consent of people in relation to the care and treatment provided for them.

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

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

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

The provider was meeting this standard. People 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.

**Outcome 08:** People should be cared for in a clean environment and protected from the risk of infection

The provider was meeting this standard. People were cared for in a clean, hygienic environment and were protected from the risk of infection.
Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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

The provider was meeting this standard. There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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

The provider was not meeting this standard. We judged this would have a minor impact on people. People were not adequately protected from the risk of unsafe or inappropriate care and treatment due to inadequate care records.

Actions 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. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

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
Before people receive any care or treatment they should when possible give their informed consent to their care and treatment. Most people we spoke with told us that they had been informed of treatment options available and when appropriate had been informed of any risks or adverse effects of their treatment. Those people who were unsure of their treatment options told us that they had receiving conflicting information about possible treatment as a result of uncertainty about the cause of their illness. One person told us, "Yes they gave me options and have been entirely happy with all the information they have given me". Another person said, "They told me that I needed to have some tests before they would be able to tell me what was wrong and what treatment I would need, they have been very good".

People we spoke with told us that they were given time to make decisions about their treatment. People told us that they did not feel pressurised to make decisions and felt they could change their mind if they wanted to. One person told us, "I have had a couple of days to think about it before I go to theatre".

People receiving surgical or other invasive procedures at the hospital told us that they were asked for their written consent before care or treatment was provided. People confirmed that they had received information about the treatment they would receive, any risks to this treatment and what was involved with the procedure such as a need for
general anaesthetic or sedation. We saw consent forms that people had signed to confirm their consent to their treatment.

Staff told us that when people were unable to understand the reasons for their treatment and/or were unable to give consent there were alternative arrangements in place. Staff told us that two doctors were consulted about the need for the treatment as a “best interest’s decision”. Staff told us that whenever possible close family or people who knew them well were also involved in the decisions for treatment. The conclusion of the best interests for treatment for the person was signed by both doctors on a "special consent form".

We found that the hospital had appropriate arrangements in place for obtaining and acting in accordance with the consent of people in relation to the care and treatment provided for them.

**Other evidence**
We do not have any other evidence.

**Our judgement**
The provider was meeting this standard. There were appropriate arrangements in place for obtaining and acting in accordance with the consent of people in relation to the care and treatment provided for them.
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

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<td>The provider is compliant with Outcome 04: Care and welfare of people who use services</td>
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<td><strong>What people who use the service experienced and told us</strong></td>
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<td>People we spoke with were positive about the care they had received. People told us, &quot;I was in a lot of pain, I was seen straight away. I have had the same problems and was in another hospital but would not even have had a hospital bed by now. I cannot fault them&quot;. &quot;The care I have had has been second to none&quot;. A relative told us &quot;I couldn't fault the care, basic care is brilliant&quot;.</td>
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We saw staff closed the curtains around people's beds when interventions and discussions were happening. This offered some degree of privacy to the person. One person told us that they were satisfied with all aspects of the service they received and they were getting all the care they needed. We saw some people whose privacy and dignity may have been compromised. We saw some people sitting by their beds in nightwear with no covering over their legs. Some people needed catheters to aid them with continence we saw that some catheter bags were not discreetly covered and could be easily seen by people visiting the ward. This meant that for some people their privacy and dignity was not upheld. We spoke with the senior staff on the ward who offered an assurance that action would be taken and staff working practices would be reviewed.

One person did say that they had to wait for their pain relieving medicine to come up from the hospital pharmacy and told us they had previously experienced problems with pain relief. Staff we spoke with were aware of these difficulties and told us how they were addressing these problems.
Nurses we spoke to were knowledgeable about people in their care. We saw that people needs had been assessed when they first came into hospital and were being assessed at an identified frequency. People whose care records we looked at were being reviewed two, four and six hourly. We were told that the Trust had recently introduced "comfort checks" for in patient. We saw that the checks were generally undertaken every two hours and included a check that people had a drink, could reach their drink, if they were in pain or the amount of pain they were in, if they were able to reach the nurse call buzzer or if they would like staff to take them to the toilet. We saw that the "comfort checks" were in operation in the majority of wards (all but one of the wards we visited). It was positive that one ward we revisited on the second day of our visit to the hospital had implemented the comfort checks. This meant that there were appropriate systems in place to check and ensure that people's comfort and wellbeing was maintained.

As part of the assessment of people's needs, if a need was identified care instructions were available for staff, although they were not always available in people's individual care records. We looked at the care records of one person who was unable to speak English. We asked the ward sister if this person had any religious or cultural needs, the ward sister was not aware of any. We were told that the person's family translate for them and that they were able to stay on the ward longer so that they can help out staff. There was no documentation available to demonstrate any religious or cultural needs of the person had been considered. The trust may wish to consider a need for more detailed instructions to be available within each person's care records.

It was positive that those wards which we revisited on day two of our visit had already ensured that detailed care plans were available within each person's care records. This meant that there were appropriate systems in place to identify people's care needs and provide greater assurance that they will be met. The trust may wish to consider how care instructions/ care plans are consistently available to ensure that the hospital maintains its compliance in this outcome area.

People we spoke with were generally aware of the treatment they would receive and this had been explained to them.

**Other evidence**

During our previous review of the service we identified minor concerns in this outcome area. We found that the safe storage of some intravenous fluids in the accident and emergency department may need to be reconsidered when immediate access was needed. We were told that new glass fronted but lockable cupboards would be available shortly which would address previous concerns. The Matron in the accident and emergency department told us that this would ensure their safe storage and appropriate availability and for staff in an emergency.

The complaints manager told us that he had recognised that in 2011 a number of complaints had been made by a care provider regarding the care of people with a learning disability. He had discussion with the provider and changes had been made to hospital practice so that the person's own care staff were now fully involved in providing care for a person with a learning disability when they are in hospital. The adult safeguarding lead explained that training had been delivered to staff on all relevant wards to explain the importance of personal health action plans, which were held by all people with a learning disability in Walsall. These documents help ward staff to plan for...
the care of people with a learning disability when they need to go to hospital.

**Our judgement**
The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.
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
An organisation providing care or support to vulnerable people must ensure that staff understand safeguarding (protecting vulnerable adults). They must ensure staff understand the signs of abuse and how to raise concerns with the right person when witnessing these signs. Staff we spoke with all told us that they had received training in safeguarding people and told us that they received annual updates in this training. Staff were able to tell us about signs of abuse and what actions they would undertake if they felt they needed to raise concerns about abuse or other poor practice. This means that staff were aware of actions needed to keep people safe.

Staff told us that they discuss any concerns they have with senior staff and they complete a serious incident notification. Staff gave us examples of serious incidents notifications they had made, which had included people with pressure sores and unexplained injuries. We were also told that staff could report if they felt that people were at risk of harm due to inadequate staffing levels. We were told that this notification was investigated by a team coordinated by either their adult or child safeguarding lead within the trust. Actions were undertaken both on an immediate basis and a more detailed report was made which may also include "lessons learnt" and where future improvements could be made to reduce the risk of harm to people. We found that required actions were undertaken to protect people from harm.

Staff we spoke with told us about "whistle blowing procedures". We were told that they were able to either tell senior staff verbally about their concerns or could complete an incident form online anonymously. Staff we spoke with were confident that concerns
were investigated and that when necessary improvements were identified and would be addressed.

Staff we spoke with told us that they had received training about the Mental Capacity Act (MCA) and Deprivation of Liberty safeguarding legislation (DOLS). The MCA governs decision making on behalf of adults, and applies when people do not have mental capacity at some point in their lives for specific decisions. The majority of staff we spoke with were aware of their responsibilities under the act and a need to consider the best interests of the person if or when they lacked capacity to make safe decisions. Some staff told us that although they had received the training they were still unsure of all their responsibilities under the MCA and DOLS. The trust may wish to consider including discussions about their responsibilities under the act with staff during supervision and department meetings to give ongoing assurance that the hospital will remain complaint in this outcome area.

We saw positive and friendly interaction between staff and people who were patients in the hospital. Staff were seen to be friendly, polite and respectful. The majority of people we spoke with said that they would be happy to raise concerns about their care or staff practice. People told us, "I would go to the head one", "They are very good but I would still tell them if I was not happy".

**Other evidence**
The provider told us that all required policies were in place to minimise the risk of abuse or harm to people and keep them safe. The provider told us that all policies and procedures were accessible to staff whenever they wished or needed to see them, which was confirmed by staff we spoke with.

**Our judgement**
The provider was meeting this standard. People 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.
Outcome 08: 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 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
All the people we spoke with said that the hospital was clean. Comments we received included, "It's all very clean", "The ward is clean, they change the sheets every day". Ward domestic staff told us that they clean all areas every day but they thoroughly clean one bay area every day. They said that a "thorough clean" involved pulling out all the beds, cleaning underneath and behind each bed area. We saw domestic staff doing their thorough clean in several of the ward areas we visited. Staff told us that all beds were thoroughly cleaned when they become vacant so as to be ready, clean and hygienic for the next person. Visitors said that they thought the hospital was clean. One person said, "Yes it’s very clean and hygienic and I have never seen anything to suggest otherwise".

People told us about actions they had seen staff undertake to minimise the risk of infection, they said, "Yes you see them wear gloves and aprons". One person told us "Staff mostly wear gloves". We observed that all grades of staff regularly washing their hands and/or using the hand gels. We saw that the majority of staff wore gloves and aprons, although we did see one domestic cleaning a bed without wearing gloves as they should have. We were told that managers monitored that staff wore appropriate personal protective equipment to minimise the risk of cross infection. We were told that concerns about staff who had not worn gloves would be investigated.

We spoke with staff including the lead nurse for infection control within the hospital. Staff told us about actions and the investigation that was undertaken if a patient had a hospital acquired infection. Staff said that ownership for addressing infection rates was shared with all staff including board members. Hospital infection rates and incidences were reported to the hospital infection control committee and were also shared with
board members. We were told that when needed actions were identified to learn from any infection incidence and minimise the risk of similar or future occurrences. This means that there was an effective system in place to assess the risk and prevent the spread of health care associated infections.

**Other evidence**
During the last review of the hospital we identified moderate concerns in relation to the number of identified and reportable infections. The hospital provided us with an action plan that identified they had a proactive in response to any infection and had reduced the number of identified infections.

Since 1 April 2012 there has been a national system for reporting infections, and staff felt that the there is now “an even playing field” with other hospitals. The new reporting system had identified that the hospital compared well within the national reporting system. The hospital had been given a trajectory of probable infections by the Strategic Health Authority with a possibility of up to four incidents of clostridium difficile (cdiff) each month. To date this year there have been four incidences of cdiff, compared to 19 cases in the same time frame last year. There has been just one case of Methicillin-resistant Staphylococcus aureus (MRSA) infection in the last 12 months.

The infection control lead nurse told us about actions that have been undertaken to reduce the incidence of infections including changes in antibiotic prescribing and the appointment of phlebotomy services 24 hours a day for in patients. The lead nurse for infection control also said that the purchase of basic equipment had also reduced the spread of norovirus virus which can cause prolific vomiting and diarrhoea and put people’s health and wellbeing at risk. This means that the hospital had systems in place to review practice and whenever possible reduce the risk of hospital acquired infection.

**Our judgement**
The provider was meeting this standard. People were cared for in a clean, hygienic environment and were protected from the risk of infection.
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
People we spoke with spoke favourably about the staff. One older person who told us that they have frequent admissions into hospital said, "They keep an eye on me, tell me what to do". A relative said, "Staff are respectful, kind and helpful." 

Staff spoken with told us they had received an induction when they first came to work at the hospital. Staff also said that they received yearly mandatory training, including health and safety, moving and handling and vulnerable adults and children. Ward managers told us that they have a centralised training data base which informs them when staff are due to have an update in their training. Staff we spoke with had completed several other training courses, for example male catheterisation, intermediate life support, adult verification of death, training related to respect, diversity and conflict. We also spoke to newly qualified registered nurses who told us that they were completing a preceptorship programme. Newly qualified nurses undertake a programme of post registration training, support and assessment during which they receive support of a senior nurse called a preceptor. Staff we spoke with told us that they had regular access to the intranet, in order to update their knowledge. This means that that hospital had appropriate systems in place to ensure that staff were properly trained to provide safe and appropriate care.

Other evidence
The trust which manages the hospital had told us that they had improved systems for supporting staff. We have been told that all ward managers were supernumerary to enable them to more effectively manage the ward. All staff we spoke with told us that they were supported by senior staff and within their teams.
Ward sisters told us that they regularly worked alongside their staff to assess that their practice was safe and appropriate. We were told that records were not available of these checks. The matron in the accident and emergency department told us that she would in the future include a record of any checks on staff performance to inform the outcome of their annual appraisal. The provider may wish to consider how practice could be developed in this area.

Staff told us that they had ward meetings every two to four weeks. We were told that agenda items included; training needs, any concerns, discussion of serious untoward incidents and discussions of policies and procedures. This meant there was continual review of how the hospital could improve the care and treatment it provided.

Our judgement
The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate 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

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<td>Ward staff we spoke with confirmed their role in the investigation for resolving complaints and concerns raised. Staff told us that they would always try to address any concerns people had immediately. One member of staff told us that patients who had or may require urgent ear nose and throat treatment had to transfer to another hospital on a Friday and would return to Walsall Manor on a Monday, as the hospital had no specialist support over the weekend. The staff member told us that people were frequently unhappy about this and sometimes transport on a Friday came late in the evening. Staff told us that they explained this was for the person's own safety and this usually resolved their concerns.</td>
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People we spoke with were generally aware of how to raise concerns. One person told us when we asked if they had any concerns "I have not got any, they (staff) are all nice". One person we spoke with told us that they had made a complaint to Patient Liaison (PALS), their concerns had been acknowledged but they had not progressed with the complaint. We spoke with another person who had also made a complaint about the care their relative had received. We were told that their concerns had immediately been acted upon and addressed and they felt that "lessons would be learnt" by the hospital and particularly those wards involved. |

Other evidence |
We spoke with the complaints manager, who had been in post for less than a year. The complaints process at the hospital had been revised in that time. Investigation of complaints and writing responses to complainants is now the responsibility of
operations staff rather than a central team. Managers had been provided with training for the role of investigating officer, and had a toolkit to ensure investigations were consistent and thorough. Additional support was available from the central team if needed.

The role of the complaints team was to provide support to the patient and their family. The trust has a "link workers" team which provided interpreting and advocacy services for patients whose first language is not English. The complaints team tries to ensure that the hospital starts with a complete understanding of the patient's concerns and their hopes for a good outcome from the complaint. Recommendations from complaint investigations were reported to senior managers and the board for approval, once accepted they were implemented across the hospital. The quality board then monitors implementation. The trust considers that it could improve further the testing of how effectively recommendations were implemented.

We saw examples of complaints investigated by the trust from 2012 which showed that the trust was open in acknowledging where failings had occurred. The responses set out clearly the steps the trust would take to prevent recurrence.

We saw examples of involving and supporting patients in telling their story to the trust board, to ensure that the importance of understanding patient experience was embedded at the senior management level in the hospital.

The trust acknowledges that further work is needed with partner agencies to ensure that a coordinated response is given where care or treatment has been provided by several agencies.

The trust has recently introduced a means of monitoring whether complainants come from protected groups defined in equalities legislation. This means that in future they will be able to ensure that complaints information helps them to meet their responsibilities under this legislation. The trust acknowledges that it has more work to do in building links with minority groups in Walsall, so that they can feed their views into shaping future services provided by the trust.

**Our judgement**

The provider was meeting this standard. There was an effective complaints system available. Comments and complaints people made were responded to appropriately.
Outcome 21: Records

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

People who use services can be confident that:
* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement
The provider is non-compliant with Outcome 21: Records. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us
We found that 17 of the 18 care records we looked at did not contain appropriate information and documents in relation to the care and treatment provided. This meant that people may have been at risk of receiving inappropriate care and treatment arising from a lack of proper information about them.

We were contacted before our visit about the possible inadequacies in care. We were told that one person's dressings were in a poor condition. We looked at records of four people who needed regular wound dressings. We found in care records that although photographs of pressure sores were available when the person first came into hospital it was difficult to identify the condition of the wound after that time. Care records did not always detail how the wound should be re-dressed and if care instructions were available they did not always identify that the pressure sore had been redressed at the required frequency. One person had a pressure sore that had required a change in their treatment due to infection. We saw that although records identified a need for daily and then twice daily dressings, records did not support this had been undertaken. This meant that there was a risk that these people may receive unsafe or inappropriate care.

We saw that the majority of people's care records we looked at did not include care plans when a need for care was identified. For example two of the people whose care records we looked were diabetic which was unstable, but they did not have a care plan
detailing how their diabetes should be managed. We looked at other people who had complex needs requiring care such as a tracheotomy, pressure sores and catheter management, we also found that these people did not have a plan of care for these needs.

We spoke with another person who told us that they were diabetic, and they ate fish but no meat. Information on white boards behind their bed identified that they had diabetes and needed soft consistency foods. There was no information in their care files to demonstrate that they had been asked about their views and preferences. We saw one care worker give the person a meat based meal at lunch time. Housekeeping staff giving out drinks asked if patient wanted tea, no other choice was heard to be offered. The housekeeper then asked if the person wanted sugar in their tea, which may be inappropriate for someone who has diabetes. This meant that there was there was a risk that the person may receive unsafe or inappropriate care.

Three people we spoke with told us that they had pain. Two people had a comfort check record but this record identified they were not in pain. One person we spoke with had a spasm causing them pain that required their relative to massage them whilst the nurse completed the comfort check. The nurse recorded that the person was not in pain. A failure to complete records accurately may result in people not receiving the care or treatment they need.

Not all food and fluids charts seen during our visit were fully completed. We looked at one person fluid intake records and on the 11 July at 14.00 hours was recorded as 200ml (tea) was offered and taken but then nothing else had been recorded. Another person was recorded as requiring fortisips (a food supplement used if diet intake is of concern) three times daily, but there was no evidence recorded that they had received the fortsips.

**Other evidence**

We found that care records were not always organised. Ward staff found it difficult to locate records when needed to evidence the care and treatment people had received. Records were frequently incomplete. Current records were difficult to identify as they were not always dated or had the person's name identified. We found that records were inconsistently completed on different wards. The failure to maintain accurate records means that there was a significant risk that people may not receive the care or treatment they needed.

We saw that generic care plans were available which were printed and put into care files. We were told that care plans could be individualised, but this was not always done. We saw several examples of the generic care plans such as an incontinence care plan. There were multiple options for needs, however they had not been individualised to specifically identify the person's needs as they should have been. This could lead to confusion in relation to the person's capabilities and needs. This meant that there was a risk that the person would not receive the care they needed.

It was positive that we revisited three wards on day two of our inspection with the nurse director from the Trust and required changes had already been made. The nurse director told us that senior ward staff had identified a need for the review of care records. The nurse director told us that regular audit and review of records would be undertaken to address the concerns identified.
Our judgement
The provider was not meeting this standard. We judged this would have a minor impact on people. People were not adequately protected from the risk of unsafe or inappropriate care and treatment due to inadequate care records.
Compliance actions

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

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<tr>
<td>Diagnostic and screening procedures</td>
<td>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 21: Records</td>
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<td><strong>How the regulation is not being met:</strong></td>
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<td>People were not adequately protected from</td>
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<td>the risk of unsafe or inappropriate care</td>
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<td>and treatment due to inadequate care</td>
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<td>Nursing care</td>
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<td>Outcome 21: Records</td>
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<td>Surgical procedures</td>
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<td>Treatment of disease, disorder or injury</td>
<td>Regulation 20 HSCA 2008 (Regulated Activities)</td>
<td>Outcome 21: Records</td>
</tr>
</tbody>
</table>
How the regulation is not being met:
People were not adequately protected from the risk of unsafe or inappropriate care and treatment due to inadequate care records.

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

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

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

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

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

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

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.