# Review of compliance

| Luton and Dunstable Hospital NHS Foundation Trust<br>Luton and Dunstable Hospital | |
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| **Region:** | East |
| **Location address:** | Lewsey Road<br>Luton<br>Bedfordshire<br>LU4 0DZ |
| **Type of service:** | Acute services with overnight beds |
| **Date of Publication:** | July 2011 |
| **Overview of the service:** | The hospital has 599 beds and 29 contingency beds over 27 wards<br>The hospital has a mixture of Nightingale (open ward) and wards with bays. All wards have designated ward areas for male and female patients, separated by solid partitions.<br>Following our review in February 2011 we judged the Trust as a Major concern and asked them to make focused improvements with regard to outcome 6 |

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| | Regulation 24 and outcome 7<br>Regulation 11. |

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

## Our current overall judgement

**Luton and Dunstable Hospital was not meeting one or more essential standards. Improvements are 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 to check whether Luton and Dunstable Hospital had made improvements in relation to:

Outcome 06 - Cooperating with other providers
Outcome 07 - Safeguarding people who use services from abuse
Outcome 14 - Supporting staff
Outcome 20 - Notification of other incidents

## How we carried out this review

We reviewed all the information we hold about this provider, checked the provider's records and reviewed information from stakeholders.

## What people told us

We did not speak with people who used this service as part of this review.

## What we found about the standards we reviewed and how well Luton and Dunstable Hospital was meeting them

### Outcome 06: People should get safe and coordinated care when they move between different services

Although CQC asked the Trust to make focused improvement in relation to its' discharge processes in February 2011, it was a concern that practice in this area had remained below an acceptable standard. It was evident that a range of improvement activity had been undertaken and that the procedural infrastructure had been clarified, streamlined and strengthened, however this had not yet led to consistently better outcomes for people.

Communication and information sharing with the individual, care homes, families and other health care professionals remained problematic and continued to expose some people to unnecessary risks.

CQC has moderate concerns about the Trusts non compliance with this essential

standard.

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

The Trust had responded positively and swiftly to the concerns raised about its ability to fully safeguard vulnerable people receiving care at the hospital. It had shown a determination to drive wide reaching improvements and had worked closely with key partners to clarify, streamline and improve the safeguarding pathway.

A range of improvement activity had been undertaken and there were clear indications that progress had been made. Safeguarding alerts were being reported in a timely manner and the Trust had taken swift action to safeguard people at risk and managed incidents appropriately. The number of alerts had subsequently increased.

Most of this activity had focused on the procedural infrastructure in place and an audit carried out by an external reviewer suggests that the staff's ability to recognise signs of abuse and respond appropriately had improved. However it highlighted an ongoing challenge for the Trust to ensure that all staff fully understand how the Mental Capacity Act and patients consent is linked to safeguarding processes.

The Trust needs to fully embed the improvements in practice and carry out a further evaluation of the impact of its improvement activity.

CQC consider that the Trust had achieved the focused improvements that it had asked to the Trust to complete in February 2011. It was evident that the improvement activity was making a difference and things were moving in a positive direction. However the Trust needed to evidence that the improvement activities undertaken had consistently been translated into improved practice in this area and that it was fully compliant with all elements of this essential standard.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The CQC had minor concerns in relation to this outcome area.

There had been a high level of improvement activity within the Trust. This had included further training for all staff in relation to safeguarding and the Mental Capacity Act, and the introduction of a new and more structured system for staff supervision and appraisals. The Trust had commenced a process of evaluating the impact of this activity, and early indications suggested that there had been a positive impact on staff. However there was further work to be undertaken in order for the Trust to achieve full compliance with this essential standard.

**Outcome 20: The service must tell us about important events that affect people's wellbeing, health and safety**

There were appropriate systems in place to ensure that all reportable incidents were being notified to the appropriate authorities in a timely way.

CQC consider that the Trust is compliant with this essential standard.

## Actions we have asked the service to take

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. Any regulatory decision that CQC takes 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.

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 06:
# Cooperating with other providers

## What the outcome says

This is what people who use services should expect.

People who use services:
* Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

## What we found

**Our judgement**

There are moderate concerns with Outcome 06: Cooperating with other providers

**Our findings**

**What people who use the service experienced and told us**
We did not speak with people who use this service as part of this review.

**Other evidence**
Following our review in February 2011 we had asked the Trust to make focused improvements in relation to the way that it managed discharges from the hospital and how it co-ordinated ongoing care or support for people leaving the hospital. The Trust responded swiftly and outlined in a report to us how they were going to address the issues and they had kept us informed of their progress.

The most recent update which was submitted on 06 June 2011 highlighted that they had worked with a range of partners to produce a revised discharge policy. This had clarified the process for making decisions about whether a patient was suitable to participate in the rehabilitation program at a local care home. It had also clarified who made the decisions about whether a patient was suitable for discharge.

We had seen the Trust's revised discharge documentation in use within a local care home and found that it contained an improved level of information about the individual. The detail was clear and provided a good overview of the individual's needs and ongoing care requirements.

As part of the wider improvements that had been undertaken in relation to the discharge processes, the Trust had provided ward based staff with a flow chart illustrating the discharge pathway to help them understand the process more clearly.

They had also introduced a revised discharge checklist in April 2011. This identified key information, advice and instructions about people who were being discharged from hospital. It included identifying where vulnerable adults would be at risk on discharge, and prompted staff to ensure that the appropriate measures were in place to protect them. This checklist was introduced as part of a new patient assessment pack across certain areas of the hospital, and the Trust had worked with its' staff to ensure familiarity with the document and a full understanding of how it should be used effectively.

The Assistant Director / Designated Nurse for Safeguarding Vulnerable Adults from NHS Luton told us that this was a robust document and when fully embedded in practice would strengthen and enhance the discharge process. However they also stated that NHS Luton had continued concerns regarding the adequacy of discharge planning and the effectiveness of communication with other providers. It was highlighted that some people had been left at risk as a consequence of these continued difficulties.

We had also identified that a number of safeguarding referrals had been made about the impact of inadequate discharge processes. These included allegations that people had been discharged from hospital with insufficient or inaccurate information about their ongoing care and support needs. Investigations into some of these allegations had not yet been concluded. However they had highlighted continued issues with the effectiveness of the systems for sharing information with care home providers and community health care professionals. These processes continue to need strengthening in order to ensure that people are not being exposed to unnecessary risk.

The importance of ensuring that discharges were carefully planned and co-ordinated had been raised in the past with the Trust, and although it had taken a range of action to strengthen these processes, it was a concern that these safeguarding issues continued to occur.

**Our judgement**
Although CQC asked the Trust to make focused improvement in relation to its' discharge processes in February 2011, it was a concern that practice in this area had remained below an acceptable standard. It was evident that a range of improvement activity had been undertaken and that the procedural infrastructure had been clarified, streamlined and strengthened, however this had not yet led to consistently better outcomes for people.

Communication and information sharing with the individual, care homes, families and other health care professionals remained problematic and continued to expose some people to unnecessary risks.

CQC has moderate concerns about the Trusts non compliance with this essential standard.

# Outcome 07:
# Safeguarding people who use services from abuse

## What the outcome says

This is what people who use services should expect.

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

## What we found

**Our judgement**

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

**Our findings**

**What people who use the service experienced and told us**
We did not speak with people who use this service as part of this review.

**Other evidence**
Following our review in February 2011, we asked the Trust to make focused improvements in the systems and processes that it had in place to safeguard and protect vulnerable people within the hospital. The Trust responded swiftly. They outlined in a report to us how they were addressing the issues, and they had kept us informed of their progress.
It had shown determination to address the development needs within its safeguarding practice and had undertaken a range of improvement activities.

The Trust had worked closely with key partners, including Luton Borough Council and Central Bedfordshire Council to review and strengthen the safeguarding processes and arrangements in place. It had clarified roles and responsibilities and had streamlined the reporting and notification processes. All referrals are sent directly to Luton Borough Council who oversees the investigation processes and monitors the outcomes.

Luton Borough Council had confirmed that the referral rates had increased and that it was confident that it was receiving copies of all safeguarding alerts made by or about the hospital. It said that it now had a clear picture of all safeguarding concerns at the hospital, and this had enabled it to monitor patterns and emerging trends relating to incidents within the Trust.

The Trust had also worked closely with the Strategic Health Authority to conduct a wide reaching review of nursing. It had commenced a review of its internal safeguarding processes and had commissioned an external review to benchmark its' current practice against other similar Trusts.

The Trust had demonstrated a willingness to work in an open and transparent way to secure the required improvements. Safeguarding had become a Trust wide priority, and the board now discussed this as a core agenda item at its' monthly meetings, and a nominated physician had taken a lead role in safeguarding within the hospital.

All safeguarding policies and guidelines had been reviewed, approved by the board and disseminated to all staff; this had included a review of the Mental Capacity Act policy. Further safeguarding training had been introduced for all staff, and by the end of May 2011 86% of all staff had undergone this training, and all those that had not, had been identified and booked on training for 15 June 2011. More specific training in the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) had been introduced with assistance from Luton Borough Council safeguarding and MCA leads.

The Trust had streamlined the safeguarding notification pathway and since our last review in February 2011 we had seen a marked improvement in this area. We were receiving all safeguarding notifications as required by regulations, and we were getting these in a timely manner. Staff that were employed by the Trust were not involved in screening or risk assessing safeguarding alerts prior to submission to Luton Borough Council. Where a risk assessment was required, a health professional that was not employed by the Trust was being assigned this task.

There had been a high level of improvement activity undertaken in a short period of time, and most of this had focused on strengthening the systems and processes that were in place. The increased level of referrals was a positive sign that staff awareness had increased, however this had not yet been fully assessed.

From the notifications received it was evident that the Trust were responding appropriately to allegations in order to minimise the risks to people. For example we were aware of occasions where the Trust had proactively suspended staff whilst awaiting the conclusion of investigations, thus protecting both people who use the service and staff.

The Trust had commissioned an audit to evaluate the impact of the its' improvement activity on increasing staff's ability to recognise signs of abuse and their ability to respond appropriately where a concern was raised or identified. This was conducted by an external reviewer, and early indications suggested that there was a marked improvement in the staff's basic understanding of safeguarding and the related reporting processes. However it highlighted an ongoing challenge for the Trust to ensure that all staff fully understood how the Mental Capacity Act and patients consent is linked to safeguarding processes.

**Our judgement**
The Trust had responded positively and swiftly to the concerns raised about its ability to fully safeguard vulnerable people receiving care at the hospital. It had shown a determination to drive wide reaching improvements and had worked closely with key partners to clarify, streamline and improve the safeguarding pathway.

A range of improvement activity had been undertaken and there were clear indications that progress had been made. Safeguarding alerts were being reported in a timely manner and the Trust had taken swift action to safeguard people at risk and managed incidents appropriately. The number of alerts had subsequently increased.

Most of this activity had focused on the procedural infrastructure in place and an audit carried out by an external reviewer suggests that the staff's ability to recognise signs of abuse and respond appropriately had improved. However it highlighted an ongoing challenge for the Trust to ensure that all staff fully understand how the Mental Capacity Act and patients consent is linked to safeguarding processes.

The Trust needs to fully embed the improvements in practice and carry out a further evaluation of the impact of its improvement activity.

CQC consider that the Trust had achieved the focused improvements that it had asked to the Trust to complete in February 2011. It was evident that the improvement activity was making a difference and things were moving in a positive direction. However the Trust needed to evidence that the improvement activities undertaken had consistently been translated into improved practice in this area and that it was fully compliant with all elements of this essential standard.

# Outcome 14:
# Supporting staff

## What the outcome says

This is what people who use services should expect.

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

## What we found

**Our judgement**

There are minor concerns with Outcome 14: Supporting staff

**Our findings**

**What people who use the service experienced and told us**
We did not speak with people who use this service as part of this review.

**Other evidence**
When we visited this service in February 2011, many staff that we spoke with told us that they had not had the opportunity to meet with their managers for 1:1 supervision. Some staff also said that they had not had an appraisal carried out to identify their personal development and training needs.

Updates on improvement actions undertaken by the Trust had told us that Ward Managers were holding daily 'safety briefings' with their staff, and that on a weekly basis these managers invited feedback from staff and offered one to one sessions that were documented.

Quarterly 1:1 reviews with all staff had been introduced and this was in addition to their annual appraisal. Each ward staff member trust wide, now had a date pre set for their next appraisal and an action and development plan in place.

Spot checks were taking place on wards to assess the effectiveness of these forums. These involved staff being asked 5 questions including one about their last 1:1 meeting. These spot checks were being carried out by the Director of Nursing.

Data regarding staff supervisions and appraisals was collated and monitored monthly from each ward and department. This had enabled management to identify how many staff had had a supervision or appraisal carried out each month and to identify where

there were gaps in this process.

Since our last review in February 2011, further training in safeguarding had been introduced for all staff. By the end of May 2011, 86% of all staff had undergone this training, and all those that had not, had been identified and booked on training for 15 June 2011. More specific training in the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) had also been introduced with assistance from Luton Borough Council safeguarding and MCA leads.

There had been a high level of improvement activity undertaken in relation to the systems and processes in place to support staff and to ensure they were helped to successfully fulfil their roles. The Trust told us that an audit of staff competency and knowledge in relation to safeguarding had been carried by an external reviewer. This had involved questioning a selection of ward based staff at random to assess the impact of the recent training on their knowledge.

Early indications from this audit identified that the staff's basic awareness of safeguarding had improved since our last review in February 2011. However it highlighted an ongoing challenge for the Trust to ensure that all staff fully understand how the Mental Capacity Act and patient's consent is linked to safeguarding processes.

**Our judgement**
The CQC had minor concerns in relation to this outcome area.

There had been a high level of improvement activity within the Trust. This had included further training for all staff in relation to safeguarding and the Mental Capacity Act, and the introduction of a new and more structured system for staff supervision and appraisals. The Trust had commenced a process of evaluating the impact of this activity, and early indications suggested that there had been a positive impact on staff. However there was further work to be undertaken in order for the Trust to achieve full compliance with this essential standard.

# Outcome 20:
# Notification of other incidents

## What the outcome says

This is what people who use services should expect.

People who use services:
* Can be confident that important events that affect their welfare, health and safety are reported to the Care Quality Commission so that, where needed, action can be taken.

## What we found

**Our judgement**

The provider is compliant with Outcome 20: Notification of other incidents

**Our findings**

**What people who use the service experienced and told us**
We did not speak with people who use this service as part of this review.

**Other evidence**
In line with all NHS providers, the Trust must report certain incidents and to the National Patient Safety Agency (NPSA) within certain timeframes. The CQC subsequently receives reports from the NPSA thereby ensuring that Trusts had discharged their duty in respect of notifying CQC of these events.

We had previously raised concerns with the Trust about its' process of notification in relation to safeguarding concerns and the time frame within which notifications were made.

As part of this review, we found that the Trust had reviewed its' systems and structures for reporting to the NPSA, CQC and the Local Authority. It had clarified expectations and roles and responsibilities in this regard. Close monitoring had been introduced of practice across the Trust and action had been taken where required to ensure that expectations in this area were being met.
Luton Borough Council confirmed that it was now receiving all safeguarding alerts and that this was happening in a timely manner. We carried out an analysis of the information we received from the NPSA relating to safeguarding referrals made by the Trust since the 01 April 2011. The Trust also submitted other information to us that confirmed that notifications were being appropriately uploaded and submitted to the required authorities in a timely way.

It was evident that the Trust had successfully improved these processes, and incident reporting had significantly improved since our last review.

**Our judgement**
There were appropriate systems in place to ensure that all reportable incidents were being notified to the appropriate authorities in a timely way.

CQC consider that the Trust is compliant with 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

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