

Review of compliance

York Teaching Hospital NHS Foundation Trust The York Hospital

Region:	Yorkshire & Humberside
Location address:	Wigginton Road York North Yorkshire YO31 8HE
Type of service:	Acute services with overnight beds Rehabilitation services Long term conditions services
Date of Publication:	October 2011
Overview of the service:	The York Teaching Hospital NHS Foundation Trust provides most of its health care services from The York Hospital. Acute hospital services are provided for around 350,000 people living in and around the York area. There are also a range of specialist services, which are spread over a wider

	area of North Yorkshire, serving a total of approximately 500,000 people.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The York 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 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 4 July 2011, 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 York Hospital on three separate days. Five inspectors were involved on each visit during the day and two inspectors returned to the hospital during one evening visit to speak to relatives and visitors.

We spoke to over thirty patients across eight wards. Patients told us that the care was good and staff were helpful. Everyone we spoke to about consent to treatment told us they had been consulted, given full explanations about what to expect and that doctors and nurses 'went out of their way' to make sure patients understood what was going to happen. One patient told us, "I have always been provided with a good explanation about the treatment" and said that if they did not understand anything they raised it and 'always received an answer.' Patients also commented positively about the care they received from staff. They told us that where the staff member was of a different gender to them they always made sure that the patient was comfortable with this and they were given opportunities to refuse.

One patient commented that their emergency treatment, prior to moving to a ward, had been carried out "very calmly" and that they had been well looked after. They along with other patients also said that they had been treated with respect.

Two patients did make comments about having to wait too long for staff to answer their buzzers when they needed assistance to use the toilet. One said "sometimes I have to wait a long time when I buzz. I try my best to do what I can but yesterday I wet myself twice because it took them ages to come".

Patients told us that they had no complaints to make but that the staff had told them about the complaints procedure and that they could talk to the ward sister first if they were unhappy about anything relating to their stay in hospital.

Relatives also reported positively about the quality of care provided by the hospital. One relative told us they thought the care was 'excellent and first class.' And another commented that "I feel my relative has been in safe hands".

Patients who commented on the food generally made positive comments about the choice and variety of food available, however a few patients did not think the food was very good.

What we found about the standards we reviewed and how well The York 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

People we spoke to about consent to treatment told us they had been consulted and given full explanations about what to expect and this was evident within the records we looked at. However, documentation relating to the serious matter of whether a patient should be resuscitated or not, was not being completed correctly or reviewed as required by the hospitals own guidelines. This could mean that some patients may have an instruction in place, which is out of date, incorrect or is no longer in their best interests.

We judged this as a major concern. A compliance action has been made to ensure that compliance with this outcome is achieved.

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

We found that patients who use the service experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

Overall we found that the service was compliant with this outcome.

Outcome 05: Food and drink should meet people's individual dietary needs

Across most of the hospital there is good practice in this area. However it is of concern that the trust was not able to achieve or maintain this good practice on one ward, particularly as the patients being cared for there were vulnerable and unable to assist themselves.

Despite the widespread good practice in this area, we judged this as a moderate concern because of the potentially serious impact this could have on the patients concerned. A compliance action has been made to ensure that compliance with this outcome is achieved.

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

Patients who use the service are protected from abuse, or the risk of abuse because staff are trained and there are appropriate policies in place.

Overall we found that the service was compliant with this outcome.

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

The environment is generally clean and there are procedures and practices in place to protect people from the risk of infection. However there are some areas for improvement on some of the wards visited.

We judged this as a minor concern. An improvement action has been made to ensure compliance with this outcome area is maintained.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

While the management of routine medication is well organised, incomplete documentation, and the lack of regular auditing, means that controlled medication may not be properly accounted for and records may not accurately reflect the medication administered.

We judged this as a moderate concern. A compliance action has been made to ensure compliance with this outcome is achieved.

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

Patients, staff and visitors are in a safe environment which promotes patient wellbeing.

Overall we found that the service was compliant with this outcome.

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

Patients who use the service are safe and their health and welfare needs are met by sufficient numbers of appropriately trained staff.

Overall we found that the service was compliant in this outcome.

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

Patients who use this service are sure that their comments and complaints would be listened to and acted upon. They know that they will not be discriminated against for making a complaint.

Overall we found that the service was compliant in this outcome area.

Outcome 21: People's personal records, including medical records, should be

accurate and kept safe and confidential

While people told us they received good care and looked properly cared for, key documents were not always being completed fully and accurately and this could compromise patient care.

We judged this as a minor concern. An improvement action has been made to ensure compliance with this outcome area is achieved.

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 to improve. We will check to make sure that the improvements have been made.

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 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

There are major concerns with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

Everyone we spoke to about consent to treatment told us they had been consulted, given full explanations about what to expect and that doctors and nurses 'went out of their way' to make sure patients understood what was going to happen. One patient told us, "I have always been provided with a good explanation about the treatment" and said that if they did not understand anything they raised it and 'always received an answer.'

Other evidence

During the site visit we looked closely at twenty two patients care records across the eight wards we visited. Within these we found that patient information details, in relation to consent, were not always fully completed.

In addition to this, we were concerned to find that in some records 'do not attempt resuscitation' forms (DNAR) had been completed by a consultant/doctor but that there was no evidence to say that patients had been consulted about this. Neither was there evidence that relatives, even where they were taking an active role in the patient's progress, had been consulted about this matter. In some examples we saw, there had been no second opinion and no specific date was given for when this serious decision should be reviewed. The date of review section in the form for some records had been noted as "indefinite." We spoke to three doctors during the inspection about this. One

doctor told us that the process, when completing the form, is a multidisciplinary decision and involves the nursing staff where possible and this was confirmed within the records we saw. The doctor also explained that the paperwork had changed recently, and that the new forms were being used nationally and that the hospital were in the process of introducing these new forms. The doctor agreed it was best practice to discuss these decisions with the family or next of kin and the patient themselves, where possible, but acknowledged that there were different practices throughout the hospital. Another doctor thought practices could be improved in this area, while a further doctor thought the topic was difficult to raise with relatives and patients and that doctors did not routinely involve relatives because decisions were often made when relatives were not around.

We found that the majority of forms had been completed on admission or close to that time. A review date should have been specified in the form to make sure the decision made was still in the patient's best interests. And most certainly the situation should have been reviewed immediately where people's condition improved or stabilised. In the majority of cases which we looked at, the DNAR forms were not reviewed during the patients stay in hospital and staff told us that the patient would be discharged to other placements with this record in place.

There was no evidence within the records to demonstrate that, where patients may not have been able to make such decisions for themselves, that an assessment of their capacity had been undertaken and a best interest decision process undertaken on their behalf.

The hospital trust's own policy, which was dated June 2011, gives clear direction and guidance on how the decisions are to be reached, who to consult and the recording needed to make sure the right decision is made. It also requires that this decision is reviewed regularly. The records seen by us did not follow these guidelines.

Our judgement

People we spoke to about consent to treatment told us they had been consulted and given full explanations about what to expect and this was evident within the records we looked at. However, documentation relating to the serious matter of whether a patient should be resuscitated or not, was not being completed correctly or reviewed as required by the hospitals own guidelines. This could mean that some patients may have an instruction in place, which is out of date, incorrect or is no longer in their best interests.

We judged this as a major concern. A compliance action has been made to ensure that compliance with this outcome is achieved.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Patients we spoke with told us that the care was good and staff were helpful. Patients also commented positively about the care they received from staff. They told us that where the staff member was of a different gender to them they always made sure that the patient was comfortable with this and they were given opportunities to refuse.

One patient commented that their emergency treatment, prior to moving to a ward, had been carried out "very calmly" and that they had been well looked after. They along with other patients also said that they had been treated with respect.

Two patients did make comments about having to wait too long for staff to answer their buzzers when they needed assistance to use the toilet. One said "sometimes I have to wait a long time when I buzz. I try my best to do what I can but yesterday I wet myself twice because it took them ages to come".

Relatives also reported positively about the quality of care provided by the hospital. One relative told us they thought the care was 'excellent and first class.' And another commented that "I feel my relative has been in safe hands".

Other evidence

We carried out focused observations on four wards, to gain a view of how patients were being treated and how staff delivered care. We found overall that the level of care delivery was good and patients individual care needs were being fully met. We observed good practices, for example, staff knocking on bathroom and toilet doors

before entering, staff asking patients if they could help them with personal care and treating patients in a dignified and respectful manner.

Where we noted any minor issues, these were brought to the attention of senior staff on the ward, who took immediate steps to address the matter.

In some circumstances patients, who are medically fit for discharge but alternative arrangements for their care were not in place, are moved from the wards where they have received treatment to other areas of the hospital where there is capacity for them to be looked after. The hospital has ensured that a staff nurse with overall responsibility for these patients has been put in place. This nurse keeps a check on such patients daily to make sure they are being appropriately cared for and arrangements for their discharge are progressed. This is good practice and makes sure that the patients' welfare is kept under review. At the time of this inspection there were ten older adults patients being cared for in this way, all of whom were being regularly reviewed by the responsible nurse.

Our judgement

We found that patients who use the service experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

Overall we found that the service was compliant with this outcome.

Outcome 05: 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

Our judgement

There are moderate concerns with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

Patients who commented on the food generally made positive comments about the choice and variety of food available, however a few patients did not think the food was very good. Most patients were observed to be receiving appropriate care in this area, however, on one ward we observed that some vulnerable people were not being adequately supported to take sufficient amounts of fluid.

Other evidence

On 19 April 2011 CQC carried out a targeted inspection at York Hospital. This review was part of an inspection programme in acute NHS hospitals to assess how well older people are treated during their hospital stay. In particular, CQC focused on whether people were being treated with dignity and respect and whether their nutritional needs were being met.

At that inspection we found that the hospital gave a high priority to making sure people benefited from a good diet and had sufficient fluids. We also found that people who required assistance received the level of support they needed.

During this inspection, we visited eight wards. On seven of those wards we found that the hospital demonstrated continued compliance in this outcome. A carer was seen completing fluid and food charts. As she did this she stopped and talked to each patient in a friendly and pleasant manner, spending a little time with each patient.

However, we did have concerns about one ward where we saw that patients, not able to assist themselves, were not being adequately supported to take fluids. As a result of

this we revisited this ward and took the opportunity to observe practice in this area. We observed care over a total of five hours at key times. During these periods patients were not routinely offered drinks, jugs of water with cups were available, however none of the patients were able to help themselves nor were they assisted or encouraged to do so by staff. Fluid charts were not always reflective of the amount of fluid patients were receiving and lacked sufficient detail in some instances.

Our observations of people not drinking and not being supported to drink for several hours, together with the lack of proper recording of fluid intake, means that the hydration of patients who may have impaired memory or dementia and are not able to assist themselves is an area of concern on this ward. This shortfall could have a significant on their health and wellbeing. We raised our concerns with senior staff at the end of the observation and were subsequently told that immediate steps were taken to address the matter.

The hospital demonstrated good practice in this outcome across all the other areas inspected both on this occasion and the targeted inspection in April 2011. However, the shortfall identified on one particular ward was of concern because the people being cared for there were unable to assist themselves or make their needs known.

Our judgement

Across most of the hospital there is good practice in this area. However it is of concern that the trust was not able to achieve or maintain this good practice on one ward, particularly as the patients being cared for there were vulnerable and unable to assist themselves.

Despite the widespread good practice in this area, we judged this as a moderate concern because of the potentially serious impact this could have on the patients concerned. A compliance action has been made to ensure that compliance with this outcome is achieved.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

Patients told us they felt safe. They told us that they had no complaints to make but that the staff had told them about the complaints procedure and that they could talk to the ward sister first if they were unhappy about their stay in hospital. Complaint leaflets were seen in bedrooms. The most recent in-patient survey undertaken by CQC confirmed that patients said they did not feel threatened when reporting concerns to the hospital trust.

Other evidence

During the site visit we spoke to over thirty staff in private. Staff told us they had an understanding of adult and child protection procedures and knew that there was a policy document they could refer to. On one ward we visited the ward sister took a lead role for safeguarding and had had training on recent legislation and advocacy support. On the same ward, we saw evidence that 'best interest' meetings had been held to determine the best way forward for one patient, who needed an alternative method of receiving their food and for a younger person who was vulnerable.

The provider declared compliance with this outcome and said that they had evidence to demonstrate that nearly all the relevant aspects of this outcome had been met; apart from on going training which the provider stated will be completed by all key staff before 1 October 2011. We spoke to staff who confirmed that a training event was planned with regard to safeguarding adults. Staff were able to explain in detail what they would do if they suspected abuse and what signs to look out for.

Our judgement

Patients who use the service are protected from abuse, or the risk of abuse because staff are trained and there are appropriate policies in place.

Overall we found that the service was compliant with this outcome.

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

There are minor concerns with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

During the site visit patients spoke highly of the cleaning staff and the work they did to keep the hospital clean and odour free. Relatives told us they thought the environment was very pleasant, clean and friendly.

Other evidence

Some ward areas are dated in appearance but on the whole were well maintained. There is a rolling programme of redecoration and this is well organised with whole wards being moved to allow the work to be carried out with minimal fuss to patients and staff.

All patients are provided with a bedside locker, are looked after in same sex bays and each bay has a dedicated sink and toilet area.

Alcohol hand gel dispensers were seen throughout the hospital. Staff were observed to use the hand gel appropriately, for example when entering or leaving ward areas and before and after attending to patients.

Some areas of concern were identified on some wards visited. For example we found some dusty equipment, bed frames which were soiled, despite the cleaning check lists having been signed, blood spots on the inside cover of glucose monitoring equipment and incorrectly stored commodes, which despite being cleaned were stored underneath a sluicing sink. Also, some fixtures and fittings were showing signs of wear and tear, for example some water cisterns were cracked or chipped making them hard to clean. Sealant around sinks and showers was missing or cracked.

Cleaning schedules on some wards were found to be completed correctly by staff however, on other wards the records were sparse and in some cases blank. However, staff were able to explain the cleaning regime for cleaning patient's rooms and had the required knowledge of how to deal with situations where infections such as, MRSA or clostridium difficile were identified. The trust has a low incidence of hospital acquired infections indicating that there is good practice in this area..

Our judgement

The environment is generally clean and there are procedures and practices in place to protect people from the risk of infection. However there are some areas for improvement on some of the wards visited.

We judged this as a minor concern. An improvement action has been made to ensure compliance with this outcome area is maintained.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are moderate concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

During the site visit patients told us they were happy with the way they were given their medicines and that if they needed something for pain they were dealt with quickly and there was minimal fuss.

Other evidence

The provider declared compliance with this outcome and said they had evidence to demonstrate that all relevant aspects had been met. This inspection confirmed that on the whole routine medications were safely and appropriately administered. We observed a number of medication rounds, and nurses conducting these were seen to take time with each patient.

However, we were concerned to find inadequate practices with regard to the arrangements for controlled drugs. We found that on one of the wards, the recording of controlled medication did not correspond to the medication held. We also found poor practices with regard to the drugs register, which is completed when controlled drugs are received, dispensed and given to patients. For example, we found that one entry in the controlled drugs register was incorrect and this had been countersigned by another qualified member of staff. The amount of liquid medicine recorded in the balance column showed that the amount given to the patient had been added and not subtracted from the overall total.

Controlled drugs, when given out should be signed for by the nurse giving out the

medication and a witness. We saw examples of where only one nurse had signed for the medication but no counter signatory; this was seen on two separate wards. The current trust policy (version 6) stated that there should be two signatories.

On one ward the controlled drugs stock book showed that there had been infrequent weekly audits made. Instead of there being up to sixteen weekly checks, from 9 March 2011 until 29 June 2011, there had been only four. Therefore errors were not being picked up and addressed at an early stage. We also found stock errors and some corrections made by staff which had neither been explained or signed for.

Our judgement

While the management of routine medication is well organised, incomplete documentation, and the lack of regular auditing, means that controlled medication may not be properly accounted for and records may not accurately reflect the medication administered.

We judged this as a moderate concern. A compliance action has been made to ensure compliance with this outcome is achieved.

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

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

The majority of patients spoken with made positive comments about the environment and said that they felt the premises were safe and suitable for their needs. However, some patients and relatives had concerns about the excessive temperatures on some wards. Patients told us the heat on the wards was at times, 'intolerable'. This was said to be particularly bad during the night. They also told us there was a limited supply of fans to deal with this.

Other evidence

Generally the premises are in good order and the hospital site is undergoing major refurbishment. The issue of the high temperatures on some of the wards is being addressed within this programme as far as possible. Newly built wards have air conditioning fitted. It is acknowledged that this issue is a difficult one to deal with considering the age of some parts of the building and window restrictions being in place for safety and security.

There is a rolling programme of redecoration and work is carried out according to priority. We found suitable arrangements in place for the site in relation to risk assessments, maintenance schedules and refitting. Staff told us that they have a system for reporting repairs and requesting equipment. Despite the size of the hospital they did not report having to wait unreasonable amounts of time for work to be carried out or equipment supplied.

Our judgement

Patients, staff and visitors are in a safe environment which promotes patient wellbeing.

Overall we found that the service was compliant with this outcome.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

Patients told us the staff are kind and very friendly and one said 'staff ask me if I need help'. Another patient said that they were 'very happy with the care and staff were very competent and very good.' One relative told us, they thought the staff were 'excellent, that we are treated well by everybody we have been in contact with and they treat my relative with dignity.' Patients spoke in a positive way about the doctors and consultants. Generally patients and their relatives said there were enough staff to meet their needs, however, two patients did comment about having to wait too long for attention during the day.

Other evidence

On some wards, staff told us that the workload can fluctuate depending on the care needs of the patients admitted. Staff said when they were particularly busy, i.e. caring for those with complex needs, then they could do with having more staff on the ward. However, they said they often managed, by working as a team. Staff also confirmed that the hospital has arrangements in place to offer additional staff, if necessary, to cover peak periods and that this worked in practice. One nurse gave us an example of when this worked well. One patient, who was very ill and needed additional support for a short time, received one to one nursing care.

Overall staff confirmed that they were confident that the staffing levels reflected the patient care needed.

Our judgement

Patients who use the service are safe and their health and welfare needs are met by sufficient numbers of appropriately trained staff.

Overall we found that the service was compliant in this outcome.

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

The majority of patients spoken with said they knew about the complaints procedure and many patients said they would speak to staff on the ward if they had any concerns or queries. They all said they were confident that the staff would be able to help if they needed to complain. All the patients who expressed a view knew about the Patient Advice Liaison Service (PALS) and what it offered.

Other evidence

Staff and ward sisters told us that it was a general rule that any complaints would be dealt with on the ward when at all possible. If necessary senior managers would be involved.

The provider declared compliance with this outcome and said they had evidence to demonstrate that all relevant aspects had been met. We saw leaflets and posters throughout the hospital detailing how patients could make a complaint and who to contact about their concerns. Some people commented that complaints leaflets had been sent to them prior to their planned hospital admission. It is clear, from the information held by us, that the trust takes complaints seriously and uses the information it obtains from these to make changes and improve the service they provide.

Our judgement

Patients who use this service are sure that their comments and complaints would be listened to and acted upon. They know that they will not be discriminated against for

making a complaint.

Overall we found that the service was compliant in this outcome area.

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

There are minor concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We asked patients about their medical records, if they knew about them, if they thought they were accurate and up to date. A few patients we spoke to had seen their records, but others said they didn't want to see them and assumed records were being kept and were in order.

Other evidence

We looked at the care records for over twenty patients in detail. We found that not all information relating to patient care was being signed, dated or timed. Some signatures were unreadable and there was no printed name to identify the staff member making the entry.

Another patient had been prescribed dressings, with particular instructions for wound care. However, their records did not include details of the delivery of prescribed treatment and whether this had been carried out according to the consultant's instructions.

We found other examples of risks being identified for patients but no care plan being put in place to explain to staff how they should treat or care for the patient to minimise the identified risk or to meet the individuals needs.

It appeared to us that the handover sheet, which is a printed summary of the needs of

all the patients on the ward, held much of the important information which staff used to direct their tasks for the day. The information on the sheet was not always transferred to patients' individual records, which means that the information may have been lost. The trust told us it was in the process of ensuring that all information relating to direct patient care is held in the 'end of bed' notes for ease of access by all staff caring for the patient. The trust also told us that at the end of each shift handover sheets are destroyed in accordance with trust policy for the disposal of confidential waste. However, it is not appropriate to keep communal records of this sort, as it may breach Data Protection legislation.

The local Medicines Code specifies the colour of ink used by particular professionals when completing patient notes. For example, pharmacists should write in purple and technicians in blue. Not all staff were complying with this policy, and this made it difficult for staff to retrieve information quickly. However, the trust told us that their Clinical Pharmacy standards note that all entries in clinical records made by pharmacists and medicines management technicians staff should be made in purple ink. The local Medicines Code has been revised accordingly and republished.

However, in complete contrast, two other wards were found to have a good range of care records, events and plans were up to date and reviews and risk assessments had been completed in full, giving an overall picture of the patients condition, how the patient was to be treated and what staff should do to meet the patients needs.

The hospital needs to take steps to ensure this good practice is more widely spread across other wards and departments.

Our judgement

While people told us they received good care and looked properly cared for, key documents were not always being completed fully and accurately and this could compromise patient care.

We judged this as a minor concern. An improvement action has been made to ensure compliance with this outcome area is achieved.

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.

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>Why we have concerns:</p> <p>The environment is generally clean and there are procedures and practices in place to protect people from the risk of infection. However there are some areas for improvement on some of the wards visited.</p> <p>We judged this as a minor concern. An improvement action has been made to ensure compliance with this outcome area is maintained.</p>	
Family planning	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>Why we have concerns:</p> <p>The environment is generally clean and there are procedures and practices in place to protect people from the risk of infection. However there are some areas for improvement on some of the wards visited.</p> <p>We judged this as a minor concern. An improvement action has been made to ensure compliance with this outcome area is maintained.</p>	
Management of supply of blood and blood derived products	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>Why we have concerns:</p> <p>The environment is generally clean and there are</p>	

	<p>procedures and practices in place to protect people from the risk of infection. However there are some areas for improvement on some of the wards visited.</p> <p>We judged this as a minor concern. An improvement action has been made to ensure compliance with this outcome area is maintained.</p>	
Maternity and midwifery services	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>Why we have concerns:</p> <p>The environment is generally clean and there are procedures and practices in place to protect people from the risk of infection. However there are some areas for improvement on some of the wards visited.</p> <p>We judged this as a minor concern. An improvement action has been made to ensure compliance with this outcome area is maintained.</p>	
Nursing care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>Why we have concerns:</p> <p>The environment is generally clean and there are procedures and practices in place to protect people from the risk of infection. However there are some areas for improvement on some of the wards visited.</p> <p>We judged this as a minor concern. An improvement action has been made to ensure compliance with this outcome area is maintained.</p>	
Surgical procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>Why we have concerns:</p> <p>The environment is generally clean and there are procedures and practices in place to protect people from the risk of infection. However there are some areas for improvement on some of the wards visited.</p> <p>We judged this as a minor concern. An improvement action has been made to ensure compliance with this</p>	

	outcome area is maintained.	
Termination of pregnancies	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>Why we have concerns:</p> <p>The environment is generally clean and there are procedures and practices in place to protect people from the risk of infection. However there are some areas for improvement on some of the wards visited.</p> <p>We judged this as a minor concern. An improvement action has been made to ensure compliance with this outcome area is maintained.</p>	
Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>Why we have concerns:</p> <p>The environment is generally clean and there are procedures and practices in place to protect people from the risk of infection. However there are some areas for improvement on some of the wards visited.</p> <p>We judged this as a minor concern. An improvement action has been made to ensure compliance with this outcome area is maintained.</p>	
Diagnostic and screening procedures	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>Why we have concerns:</p> <p>Patients looked properly cared for and this was confirmed by them. However, there is a potential risk that some patients care can be overlooked due to key documents not being completed properly and accurately.</p> <p>We judged this as a minor concern. An improvement action has been made to ensure compliance with this outcome area is achieved.</p>	
Family planning	Regulation 20 HSCA 2008 (Regulated Activities) Regulations	Outcome 21: Records

	2010	
	<p>Why we have concerns: Patients looked properly cared for and this was confirmed by them. However, there is a potential risk that some patients care can be overlooked due to key documents not being completed properly and accurately.</p> <p>We judged this as a minor concern. An improvement action has been made to ensure compliance with this outcome area is achieved.</p>	
Management of supply of blood and blood derived products	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>Why we have concerns: Patients looked properly cared for and this was confirmed by them. However, there is a potential risk that some patients care can be overlooked due to key documents not being completed properly and accurately.</p> <p>We judged this as a minor concern. An improvement action has been made to ensure compliance with this outcome area is achieved.</p>	
Maternity and midwifery services	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
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Nursing care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
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	<p>Patients looked properly cared for and this was confirmed by them. However, there is a potential risk that some patients care can be overlooked due to key documents not being completed properly and accurately.</p> <p>We judged this as a minor concern. An improvement action has been made to ensure compliance with this outcome area is achieved.</p>	
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Termination of pregnancies	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>Why we have concerns:</p> <p>Patients looked properly cared for and this was confirmed by them. However, there is a potential risk that some patients care can be overlooked due to key documents not being completed properly and accurately.</p> <p>We judged this as a minor concern. An improvement action has been made to ensure compliance with this outcome area is achieved.</p>	
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	<p>documents not being completed properly and accurately.</p> <p>We judged this as a minor concern. An improvement action has been made to ensure compliance with this outcome area is achieved.</p>
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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.

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.

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	<p>How the regulation is not being met: People we spoke to about consent to treatment told us they had been consulted and given full explanations about what to expect and this was evident within the records we looked at. However, documentation relating to the serious matter of whether a patient should be resuscitated or not, was not being completed correctly or reviewed as required by the hospitals own guidelines. This could mean that some patients may have an instruction in place, which is out of date, incorrect or is no longer in their best interests.</p> <p>We judged this as a major concern. A compliance action has been made to ensure that compliance with this outcome is achieved.</p>	
Family planning	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	<p>How the regulation is not being met: People we spoke to about consent to treatment told us they had been consulted and given full explanations about what to expect and this was evident within the records we looked at. However, documentation relating to the serious matter of whether a patient should be resuscitated or not, was not being completed correctly or</p>	

	<p>reviewed as required by the hospitals own guidelines. This could mean that some patients may have an instruction in place, which is out of date, incorrect or is no longer in their best interests.</p> <p>We judged this as a major concern. A compliance action has been made to ensure that compliance with this outcome is achieved.</p>	
<p>Management of supply of blood and blood derived products</p>	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 02: Consent to care and treatment</p>
	<p>How the regulation is not being met: People we spoke to about consent to treatment told us they had been consulted and given full explanations about what to expect and this was evident within the records we looked at. However, documentation relating to the serious matter of whether a patient should be resuscitated or not, was not being completed correctly or reviewed as required by the hospitals own guidelines. This could mean that some patients may have an instruction in place, which is out of date, incorrect or is no longer in their best interests.</p> <p>We judged this as a major concern. A compliance action has been made to ensure that compliance with this outcome is achieved.</p>	
<p>Maternity and midwifery services</p>	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 02: Consent to care and treatment</p>
	<p>How the regulation is not being met: People we spoke to about consent to treatment told us they had been consulted and given full explanations about what to expect and this was evident within the records we looked at. However, documentation relating to the serious matter of whether a patient should be resuscitated or</p>	

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Nursing care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 02: Consent to care and treatment</p>
	<p>How the regulation is not being met: People we spoke to about consent to treatment told us they had been consulted and given full explanations about what to expect and this was evident within the records we looked at. However, documentation relating to the serious matter of whether a patient should be resuscitated or not, was not being completed correctly or reviewed as required by the hospitals own guidelines. This could mean that some patients may have an instruction in place, which is out of date, incorrect or is no longer in their best interests.</p> <p>We judged this as a major concern. A compliance action has been made to ensure that compliance with this outcome is achieved.</p>	
Termination of pregnancies	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 02: Consent to care and treatment</p>
	<p>How the regulation is not being met: People we spoke to about consent to treatment told us they had been consulted and given full explanations about what to expect and this was evident within the records we looked at. However, documentation relating to the serious matter</p>	

	<p>of whether a patient should be resuscitated or not, was not being completed correctly or reviewed as required by the hospitals own guidelines. This could mean that some patients may have an instruction in place, which is out of date, incorrect or is no longer in their best interests.</p> <p>We judged this as a major concern. A compliance action has been made to ensure that compliance with this outcome is achieved.</p>	
Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
Surgical procedures	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
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Diagnostic and screening procedures	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	<p>How the regulation is not being met: Across most of the hospital there is good practice in this area. However it is of concern that the trust was not able to achieve or maintain this good practice on one ward, particularly as the patients being cared for there were vulnerable and unable to assist themselves.</p> <p>Despite the widespread good practice in this area, we judged this as a moderate concern because of the potentially serious impact this could have on the patients concerned. A compliance action has been made to ensure that compliance with this outcome is achieved.</p>	
Family planning	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	<p>How the regulation is not being met: Across most of the hospital there is good practice in this area. However it is of concern that the trust was not able to achieve or maintain this good practice on one ward, particularly as the patients being cared for there were vulnerable and unable to assist themselves.</p>	

	<p>Despite the widespread good practice in this area, we judged this as a moderate concern because of the potentially serious impact this could have on the patients concerned. A compliance action has been made to ensure that compliance with this outcome is achieved.</p>	
<p>Management of supply of blood and blood derived products</p>	<p>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 05: Meeting nutritional needs</p>
	<p>How the regulation is not being met: Across most of the hospital there is good practice in this area. However it is of concern that the trust was not able to achieve or maintain this good practice on one ward, particularly as the patients being cared for there were vulnerable and unable to assist themselves.</p> <p>Despite the widespread good practice in this area, we judged this as a moderate concern because of the potentially serious impact this could have on the patients concerned. A compliance action has been made to ensure that compliance with this outcome is achieved.</p>	
<p>Maternity and midwifery services</p>	<p>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 05: Meeting nutritional needs</p>
	<p>How the regulation is not being met: Across most of the hospital there is good practice in this area. However it is of concern that the trust was not able to achieve or maintain this good practice on one ward, particularly as the patients being cared for there were vulnerable and unable to assist themselves.</p> <p>Despite the widespread good practice in this area, we judged this as a moderate concern because of the potentially serious impact this could have on the patients concerned. A compliance action has been made to ensure</p>	

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Nursing care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
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Termination of pregnancies	Regulation 14 HSCA 2008	Outcome 05: Meeting nutritional needs

	(Regulated Activities) Regulations 2010	
	<p>How the regulation is not being met: Across most of the hospital there is good practice in this area. However it is of concern that the trust was not able to achieve or maintain this good practice on one ward, particularly as the patients being cared for there were vulnerable and unable to assist themselves.</p> <p>Despite the widespread good practice in this area, we judged this as a moderate concern because of the potentially serious impact this could have on the patients concerned. A compliance action has been made to ensure that compliance with this outcome is achieved.</p>	
Treatment of disease, disorder or injury	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
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Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met:</p>	

	<p>While the management of routine medication is well organised, incomplete documentation, and the lack of regular auditing, means that controlled medication may not be properly accounted for and records may not accurately reflect the medication administered.</p> <p>We judged this as a moderate concern. A compliance action has been made to ensure compliance with this outcome is achieved.</p>	
Family planning	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 09: Management of medicines</p>
Management of supply of blood and blood derived products	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 09: Management of medicines</p>
Maternity and midwifery services	<p>Regulation 13 HSCA 2008 (Regulated Activities)</p>	<p>Outcome 09: Management of medicines</p>

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	HSCA 2008 (Regulated Activities) Regulations 2010	Management of medicines
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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 this report being received.

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.

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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