



Review of compliance

Scarborough and North East Yorkshire Healthcare NHS Trust
Bridlington Hospital

Region:	Yorkshire & Humberside
Location address:	Bridlington & District Hospital 8 Bessingby Road Bridlington East Riding of Yorkshire YO16 4QP
Type of service:	Acute services with overnight beds
Date of Publication:	November 2011
Overview of the service:	The hospital offers a range of consultant led services, which includes a minor injuries unit but no accident and emergency facilities. These are located at Scarborough Hospital.

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

Our current overall judgement

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

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 Bridlington Hospital had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 07 - Safeguarding people who use services from abuse

Outcome 14 - Supporting staff

Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider.

What people told us

People told us they were very happy with the care and service they were receiving at the hospital. We were told 'I have improved 100% since I arrived here. All of the staff are smashing'. Another patient said 'the staff never stop but they all smile and are very kind and caring. Nothing is ever a trouble for them'.

In addition to talking to patients we also spoke with staff, examined documentation associated with people's care and observed how people were being supported and cared for.

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

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

There has been improvement in the documentation and recording of peoples care. However, whilst arrangements are in place to ensure that people's care and welfare needs are met, upon admission to the hospital people should have an admission assessment to determine what care and support they require.

The provider needs to continue to monitor and quality assure this documentation to make

sure that people continue to receive appropriate and safe care.

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

People who use the service are as far as possible protected from abuse. This is because more staff have been trained in safeguarding and protecting people. Policies and procedures in place support staff in keeping people safe

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

Managerial support, supervision and appraisal for all staff should continue to be implemented and monitored for effectiveness. This will ensure that people's needs are met safely by a trained and competent staff team.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Systems were in place to audit the quality of service people receive at the hospital. We also saw improvements in the way in which the service is monitored particularly at ward level Quality audits need to continue so that the provider can assure themselves and the people who use the service that they are meeting people's health and welfare needs and providing safe care.

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. 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.

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 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

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

At this site visit people told us that they were being well cared for. They thought the staff were very kind and caring and that the care that was provided was very good. One person said 'the care the staff give me is very good. They are kind and respectful and I feel safe with them'. Another patient said 'every day I feel as if I am improving, the care is great they support me to do things for myself'.

Other evidence

At the last inspection we had asked that the records relating to how people were cared for be improved. In particular the documents associated with how any risks to people's health and welfare were managed. At this inspection we looked at this documentation again. We saw that the recording had improved and risk assessments had been completed properly. The records demonstrated how an identified risk was managed, so people were kept safe.

When we looked at other care records we saw that some people had experienced some weight loss. We spoke to the ward staff and the matron about this issue. We were told that this had been identified by the hospital staff and action is being taken to address this through the Training and Action for Patient Safety Group. We were reassured by the Matron that these matters were being looked at as a matter of priority, and that work had already started to address people's nutritional requirements. We saw that referrals had been made to the dietician and steps taken to address some people's nutritional needs.

Some people had been transferred to Bridlington hospital from other hospitals for a period of rehabilitation. On transfer these people's care needs had not been re assessed and staff were working from old assessments made on admission to the previous hospital. These assessments had been carried out when people had been acutely ill and their needs had changed. In order for people to receive the care and support that is required when they are admitted to Bridlington Hospital they should be assessed on admission This will make sure that the staff know exactly what care and support is currently required. Despite this people told us that they were being well looked after and we observed people being supported and cared for appropriately.

Our judgement

There has been improvement in the documentation and recording of peoples care. However, whilst arrangements are in place to ensure that people's care and welfare needs are met, upon admission to the hospital people should have an admission assessment to determine what care and support they require.

The provider needs to continue to monitor and quality assure this documentation to make sure that people continue to receive appropriate and safe care.

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 ask people about this, however we looked at training records and talk to staff and managers at the hospital

Other evidence

We saw continued improvement in the numbers of staff who had been trained in safeguarding vulnerable people. We were told that currently 70% of the staff group had received training or refresher courses in safeguarding matters. Staff spoken with confirmed that they had received training and were confident they would know what to do should they suspect abuse had taken place.

Our judgement

People who use the service are as far as possible protected from abuse. This is because more staff have been trained in safeguarding and protecting people. Policies and procedures in place support staff in keeping people safe

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

People told us they thought staff were very good, competent and well trained to carry out their roles and responsibilities.

Other evidence

Staff said they felt supported by the senior managers at the hospital and were aware that if they had any concerns they had open access to speak to any ward manager, matron or consultant..

We were told that there was no formal structured supervision arrangements in place for staff to meet regularly with ward managers. Ward managers said that they generally addressed issues in ward/team meetings, however if they had concerns regarding someone's work there was a more formal process available for them to use. The staff who we spoke with were happy with this arrangement and thought it worked very well.

Staff confirmed that they had received an annual appraisal from their manager and we saw written records of these.

Our judgement

Managerial support, supervision and appraisal for all staff should continue to be implemented and monitored for effectiveness. This will ensure that people's needs are met safely by a trained and competent staff team.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People told us they had not been asked formally about what they thought about the service they were receiving. However, most people told us they had received very good care and attention. One patient said that they had been told about how to make a complaint if they were not happy with their treatment, and that they were aware of the Patient Advice and Liaison Service available in the hospital. People told us that staff regularly checked with them if everything was alright with the care and treatment they were receiving.

Other evidence

At the previous review we had asked the trust to continue to monitor and quality assure the service it was providing to patients. From the information we had received from the Trust it was evident that work was ongoing with regards to quality audits taking place at the hospital.

We saw that people's care was monitored at ward level by the nurse in charge of the ward and the matrons. We were shown some new documentation that is about to be implemented that measures quality at a ward level. It concentrates on actual patient care with regard to such things as nutrition, patient observations, tissue viability and patient accidents such as falls. In addition it also seeks the views of patients staying on the ward and staff who work on there. The ward sisters and matrons told us they thought this was going to be a good indicator of the care provided at the ward level, and could easily be used to drive up standards and identify improvement where needed. We were also told by nursing staff that meetings are held monthly and the quality of

patient care is always an agenda item.

The matron at the hospital told us that they were about to issue a patient survey in order to gain feed back from people whilst using or visiting the hospital. She said that the information they gathered from this would inform them of the areas they needed to improve on.

Our judgement

Systems were in place to audit the quality of service people receive at the hospital. We also saw improvements in the way in which the service is monitored particularly at ward level Quality audits need to continue so that the provider can assure themselves and the people who use the service that they are meeting people's health and welfare needs and providing safe care.

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
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>There has been improvement in the documentation and recording of peoples care. However, whilst arrangements are in place to ensure that people's care and welfare needs are met, upon admission to the hospital people should have an admission assessment to determine what care and support they require.</p> <p>The provider needs to continue to monitor and quality assure this documentation to make sure that people continue to receive appropriate and safe care.</p>	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>There has been improvement in the documentation and recording of peoples care. However, whilst arrangements are in place to ensure that people's care and welfare needs are met, upon admission to the hospital people should have an admission assessment to determine what care and support they require.</p> <p>The provider needs to continue to monitor and quality assure this documentation to make sure that people continue to receive appropriate and safe care.</p>	
Surgical procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations	Outcome 04: Care and welfare of people who use services

	2010	
	<p>Why we have concerns:</p> <p>There has been improvement in the documentation and recording of peoples care. However, whilst arrangements are in place to ensure that people's care and welfare needs are met, upon admission to the hospital people should have an admission assessment to determine what care and support they require.</p> <p>The provider needs to continue to monitor and quality assure this documentation to make sure that people continue to receive appropriate and safe care.</p>	
Diagnostic and screening procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns:</p> <p>People who use the service are as far as possible protected from abuse. This is because more staff have been trained in safeguarding and protecting people. Policies and procedures in place support staff in keeping people safe</p>	
Surgical procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns:</p> <p>People who use the service are as far as possible protected from abuse. This is because more staff have been trained in safeguarding and protecting people. Policies and procedures in place support staff in keeping people safe</p>	
Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns:</p> <p>People who use the service are as far as possible protected from abuse. This is because more staff have been trained in safeguarding and protecting people. Policies and procedures in place support staff in keeping people safe</p>	
Diagnostic and screening	Regulation 23 HSCA	Outcome 14: Supporting staff

procedures	2008 (Regulated Activities) Regulations 2010	
	<p>Why we have concerns: Managerial support, supervision and appraisal for all staff should continue to be implemented and monitored for effectiveness. This will ensure that people's needs are met safely by a trained and competent staff team.</p>	
Surgical procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>Why we have concerns: Managerial support, supervision and appraisal for all staff should continue to be implemented and monitored for effectiveness. This will ensure that people's needs are met safely by a trained and competent staff team.</p>	
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>Why we have concerns: Managerial support, supervision and appraisal for all staff should continue to be implemented and monitored for effectiveness. This will ensure that people's needs are met safely by a trained and competent staff team.</p>	
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns: Systems were in place to audit the quality of service people receive at the hospital. We also saw improvements in the way in which the service is monitored particularly at ward level. Quality audits need to continue so that the provider can assure themselves and the people who use the service that they are meeting people's health and welfare needs and providing safe care.</p>	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision

	<p>Why we have concerns: Systems were in place to audit the quality of service people receive at the hospital. We also saw improvements in the way in which the service is monitored particularly at ward level Quality audits need to continue so that the provider can assure themselves and the people who use the service that they are meeting people's health and welfare needs and providing safe care.</p>	
Surgical procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns: Systems were in place to audit the quality of service people receive at the hospital. We also saw improvements in the way in which the service is monitored particularly at ward level Quality audits need to continue so that the provider can assure themselves and the people who use the service that they are meeting people's health and welfare needs and providing safe care.</p>	

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 to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

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

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

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

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

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

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

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

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and 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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA