## Basildon and Thurrock University Hospitals NHS Foundation Trust
### Basildon University Hospital

<table>
<thead>
<tr>
<th>Region:</th>
<th>East</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location address:</td>
<td>Nethermayne Basildon Essex SS16 5NL</td>
</tr>
<tr>
<td>Type of service:</td>
<td>Acute services with overnight beds</td>
</tr>
<tr>
<td>Date of Publication:</td>
<td>August 2012</td>
</tr>
<tr>
<td>Overview of the service:</td>
<td>Basildon Hospital were one of the first 10 NHS Foundation Trusts in the country and are an associate teaching hospital. Providing an extensive range of acute medical services at Basildon University Hospital and Orsett Hospital, they primarily serve the 310,000 population of Basildon and Thurrock in South West Essex, plus some residents</td>
</tr>
</tbody>
</table>
of the neighbouring districts of Brentwood (for whom they are the main provider of cardiology services) and Castle Point.
Our current overall judgement

Basildon University Hospital was not meeting one or more essential standards. We have taken enforcement action against the provider to protect the safety and welfare of people who use services.

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 because concerns were identified in relation to:

Outcome 01 - Respecting and involving people who use services
Outcome 04 - Care and welfare of people who use services
Outcome 07 - Safeguarding people who use services from abuse
Outcome 09 - Management of medicines
Outcome 10 - Safety and suitability of premises
Outcome 13 - Staffing
Outcome 14 - Supporting workers
Outcome 16 - Assessing and monitoring the quality of service provision
Outcome 17 - Complaints

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 19 June 2012, carried out a visit on 20 June 2012, carried out a visit on 21 June 2012, carried out a visit on 10 July 2012, 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 spoke with ten people in different areas of the hospital, who told us that they had been thoroughly involved in decision making about their care and treatment. They told us that the nursing and care staff in particular were very good at explaining their care and treatment options to them. People also told us that staff treated them with respect and dignity and they found staff to be kind and caring.

People we spoke with were knowledgeable about different elements of their care, such as the medication they were taking, physiotherapy and occupational therapy interventions. They told us that staff responded to their care needs in a timely manner. Comments included "The staff have been excellent" and "they cared for me well."
Not all patients were made aware of the complaints system. We asked six patients who were using services in the department of geriatric medicine what they would do if they had a complaint or concern about the services they were receiving. None of them knew about the hospital’s complaints procedure and only one knew about the patient advice and liaison service (PALS) where they could get assistance.

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

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People who use the service were provided with appropriate information and support in relation to their treatment and care. Their privacy, dignity and independence were respected.

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

The provider was not meeting this standard. We judged that this had a major impact on people using the service. People's needs were not always assessed appropriately to ensure that their care and treatment was planned and delivered in line with their individual care plan.

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

The provider was not meeting this standard. We judged this had a minor impact on people using the service and action was needed for this essential standard. The trust had taken reasonable steps to identify the possibility of abuse and to respond appropriately through staff training and procedures. However, this was not reflected across all aspects of safeguarding children at the trust.

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

The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate systems in place to manage medicines.

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

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People who use the service, staff and visitors were not fully protected against the risks of unsafe or unsuitable premises.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs
The provider was meeting this standard. We could see that the provider was taking appropriate steps to ensure that there were enough qualified, skilled and experienced staff to meet people’s needs especially out of hours in the A&E department.

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

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

Staff did not always receive appropriate training and supervision to ensure the correct application of learning to deliver safe care and treatment to patients.

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

The provider was not meeting this standard. We judged this had a major impact on people using the service. The trust did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients. There was evidence of a lack of sustainability in quality improvement in the trust.

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

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

There was not an effective complaints system available. Not all comments and complaints people made were responded to appropriately.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

We have taken enforcement action against Basildon and Thurrock University Hospitals NHS Foundation Trust.

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

**Other information**

Please see previous reports for more information about previous reviews.
What we found
for each essential standard of quality
and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*
Outcome 01:
Respecting and involving people who use services

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

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

**Our judgement**
The provider is compliant with Outcome 01: Respecting and involving people who use services

**Our findings**

**What people who use the service experienced and told us**
We spoke with ten people in different areas of the hospital, who told us that they had been thoroughly involved in decision making about their care and treatment. They told us that the nursing and care staff in particular were very good at explaining their care and treatment options to them. People also told us that staff treated them with respect and dignity and they found staff to be kind and caring.

**Other evidence**
We visited wards and saw that privacy screens were used to maintain patients' dignity and privacy. The curtains between beds were closed properly to offer some measure of privacy in relation to ensuring that patients could have private discussions with clinical staff and/or receive assistance with intimate personal care. For example, three members of staff were heard at different times during the inspection to ask patients if they were ready to be assisted with their personal care. The curtains were drawn and the member of staff could be heard to empower the person's choice and independence by asking them to assist with some aspects of their personal care and to choose their clothing. Throughout this engagement, staff clearly explained to the patient what they were doing and the treatment and support to be provided. It was evident that one person had limited communication as a result of their medical condition; however the member of staff demonstrated sensitivity and patience in a caring manner.
We found that all staff within each of the clinical areas visited, demonstrated effective communication with individual patients and that they were attentive to their needs. We observed staff involving patients in their care and treatment and talking to them in a way they understood. We saw staff listening to patients and addressing their questions and concerns. Staff were also seen to be respectful when speaking with people, referring to them by their preferred name, making time to speak with people, giving good eye contact and opportunity to respond. At the time of our inspection the trust had a register of 182 staff who have received training in sign language to assist people who cannot hear well.

We looked at written information provision around the hospital. The new Accident & Emergency (A&E) department was in the process of putting up posters to aid information for people and we were told there were plans for electronic signs in A&E for waiting times to be introduced in the next three months. There was evidence of continuous monitoring practices on information provision to people and the latest audit report by the trust in June 2012 showed compliance in all clinical areas with the exception of information provision for patients in A&E and the Acute Medical Unit (AMU) East which was due to ongoing refurbishment. However, the provider should consider improving complaints information as this was still an area that some people we spoke with were not well informed about.

We were shown a range of methods to gain the views of people using the hospital. These included a combination of feedback from national patient surveys, patient experience tracker systems, comment cards, standards of care benchmarks and local surveys. The feedback from people was used to influence the development, delivery and evaluation of services, such as what information should be in the bedside folders and these findings were provided to the Board of Directors.

**Our judgement**

The provider was meeting this standard. People who use the service were provided with appropriate information and support in relation to their treatment and care. Their privacy, dignity and independence were respected.
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 non-compliant with Outcome 04: Care and welfare of people who use services. We have judged that this has a major impact on people who use the service.

Our findings

What people who use the service experienced and told us
People on Pasteur, Linford, Marjorie Warren and Lister Wards told us that they were satisfied and had no concerns with regards to the care and treatment they had received. They said that they felt well informed and involved in the development of their care and treatment. People we spoke with were knowledgeable about different elements of their care, such as the medication they were taking, physiotherapy and occupational therapy interventions. They told us that staff responded to their care needs in a timely manner. Comments included "The staff have been excellent" and "They cared for me well."

Before our inspection we had received complaints about the care, staff attitude and dignity provision provided in the A&E department. We spoke with three people in the A&E department about the service provided; one person had been waiting over eight hours to be transferred to a ward which they felt was due to slow decision making by the medical team. They also told us they waited a long time for a bed pan. Another person told us that the staff were helpful and explained what tests were needed.

Other evidence
As part of this inspection, due to concerns raised with us, we reviewed Basildon University Hospitals' integrated stroke pathway procedures on both Pasteur and Lister Wards, and in the A&E department. We talked with stroke specialist physicians, geriatricians and stroke nurses and the Medical Director to gain a clear picture of the care provided.
The integrated stroke pathway was applied by different members of the multidisciplinary team at the hospital; and was used as a way to assist healthcare professionals with clinical decision making and to promote organised efficient patient care. The pathway detailed the optimal care each stroke patient should receive, for example, swift diagnosis, transfer to hospital, assessment for thrombolysis (blood clot removal), stroke unit admission, acute nursing care, rehabilitation and longer term support. We reviewed the care plans and clinical records for six patients on both Pasteur and Lister Wards. We found that care plans generally addressed the holistic needs of patients, and gave clear instructions on the care, support and treatment interventions that were required. We found that formal risk assessments were completed in relation to nutrition, moving and handling and pressure area care. Records showed that these were reviewed each day to reflect patient's progress; and where changes to patient's wellbeing were evident, the plans were adjusted.

Records showed that rehabilitation therapies such as input from speech and language, physiotherapy and occupational therapy were commenced on and/or soon after admission and continued throughout the patient's stay in hospital. We saw positive interactions between patients and staff. We heard staff explaining procedures to patients and encouraging them to do tasks for themselves where appropriate. It was clear that staff understood the importance of helping people to maintain independence so that they could return home as soon as possible. Senior staff (the Lead Nurse and Ward Manager) confirmed to us that staffing levels on both Pasteur and Lister Wards were appropriate and that there was adequate consultant and geriatrician cover at all times. We saw minutes of stroke meetings which reviewed the performance indicators and where they were underperforming actions were being taken.

We looked at clinical assessment practices used by the hospital to help staff recognise when a patient was becoming unwell. We reviewed this area of care following recent concerns in A&E and an assessment unit about the delay in assessing of patients' needs which could or did affect their care and welfare. We examined three recent incident records, 47 patient's medical and nursing records and looked at monitoring practices in place to recognise when a patient was becoming acutely ill. We had major concerns with the care practices we found during our inspection.

In some of the records we looked at, there was a lack of evidence of assessments being undertaken in a timely manner and poor monitoring of observations which may highlight that a patient was becoming unwell. The hospital used a system of observations to help recognise when a child's condition was deteriorating. A Children's Early Warning Tool (CEWT) was used to observe the child's physiological condition, including respirations, pulse, temperature, level of consciousness and pain. We looked at 44 sets of children's notes for children who had been admitted to the Accident and Emergency department between 17 June 2012 and 19 June 2012. There was no CEWT score recorded for eight children on their admission to the department. Failure to assess and monitor these observations meant that there was no information for these children's 'baseline' observations from which to be able to determine if a child's condition was deteriorating.

Following three serious untoward incidents relating to children in 2011 an internal (trust) audit of CEWT scoring was carried out across the paediatric A&E department and the paediatric wards. The audit was carried out in February and March 2012. We looked at the results for A&E and found these showed low levels of compliance. For example...
43% of children had not had a CEWT score at triage, 72% did not have CEWT score recorded as part of each set of physiological observations. This shows that there was not a consistent approach to the CEWT assessment practices at the trust.

The trust also had a system for recognising the deteriorating condition in adult patients. Part of this process was to monitor observations of vital signs and Patient at Risk scores (PARS). We looked at records for five patients on the female medical assessment unit. In three of these sets of notes we saw that the frequency for recording observations of vital signs and PAR score was not documented as per the instructions for using the system. Staff we spoke with on the medical assessment unit confirmed that the frequency for carrying out observations should be recorded. In each of the three sets of notes we saw that where a patient's PAR score was two or above that staff did not recheck or increase the frequency of observations so as to monitor the patient's condition. Where patients' scores were three or above there was no evidence that appropriate action had been taken and that concerns had been escalated to the PARS team or medical team: Another patient had triggered a PAR score of 4 on two occasions on 13 June 2012. There was no evidence in the clinical notes that this had been escalated to the medical or PARS team for assessment. Staff we spoke with were unable to tell us if concerns had been escalated as they had not been on duty at the time. We also observed that the A&E staff did not use the PARS scoring system at all as part of their assessment. We raised this with the Director of Nursing who initiated a PARS system into A&E whilst we were still on site.

The evidence outlined above shows that the provider was failing to take the proper steps to ensure that people were protected from the risks of receiving care or treatment that was inappropriate or unsafe by not carrying out an accurate assessment of their needs.

In view of the major concerns identified in this outcome area the Care Quality Commission served a Warning Notice on the Registered Provider 05 July 2012.

Our judgement
The provider was not meeting this standard. We judged that this had a major impact on people using the service. People's needs were not always assessed appropriately to ensure that their care and treatment was planned and delivered in line with their individual care plan.
**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**

<table>
<thead>
<tr>
<th>Our judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>The provider is non-compliant with Outcome 07: Safeguarding people who use services from abuse. We have judged that this has a minor impact on people who use the service.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What people who use the service experienced and told us</strong></td>
</tr>
<tr>
<td>We spoke to people using the services but their feedback did not relate to this standard.</td>
</tr>
</tbody>
</table>

**Other evidence**
Our inspection of November 2011 found that, although safeguarding training was provided, not all staff working with adults were clear about identifying abuse that may occur in hospital or follow correct procedures. The trust wrote to us and told us of the actions they would take to ensure compliance. These included appointing a safeguarding lead, reviewing procedures and processes for safeguarding referrals, strengthening the staff structure for reporting concerns, and reviewing staff training arrangements. The trust told us they would achieve compliance by end of March 2012, and undertake their first audit of children's safeguarding procedures in April 2012. We found that they had complied with this.

A Head of Safeguarding had been appointed, and there were named nurse leads for children's, adults and midwifery services including domestic violence, drugs and alcohol and mental health support. We saw updated strategies which set out the ambitions of the trust in relation to safeguarding as well as governance arrangements and an updated flow chart for the Management of an Adult Safeguarding Concern.

There was evidence that the Director of Nursing had taken steps to ensure the profile of safeguarding amongst staff in the trust was raised. This included reinforcing the need for all staff to undertake training and testing out staff understanding during the course of
At the time of our inspection the trust was on target for 80% of the required staff to undertake safeguarding training by the beginning of October 2012. This 80% took account of staff turnover and other absences. Of the eight nursing staff we spoke with seven said they had attended safeguarding training. Another, who worked with adults, said that they had undertaken children's safeguarding training but not adults. We spoke with four medical staff and all had had safeguarding training. We spoke with two ward sisters who were both closely monitoring staff to ensure they undertook safeguarding training as was required. There was an increase in the percentage of staff trained in level 2 of children's safeguarding; 67% compared with less than 20% for the period April 2011 to March 2012.

The safeguarding adults training was broad in its approach and not specific to working at the trust and how to raise a concern. We raised this with the Head of Safeguarding who advised that training was supplemented by safeguarding folders specific to the trust which were available to staff. When we asked staff on the wards about safeguarding information available to them the majority referred to guidance available on the trust's intranet system; 'the hub'. The safeguarding procedures available on the 'hub' were dated February 2012.

We asked staff working with adults how they would respond to safeguarding concerns arising out of a patient's stay in hospital. The majority were clear they would raise a safeguarding referral to ensure the concerns were dealt with under safeguarding procedures. The Director of Nursing, in an e-mail to Heads of Nursing in May 2012, reinforced the trust's expectation that information about safeguarding was available to staff and that staff understood safeguarding arrangements. Heads of Nursing were asked to ensure clinical staff were challenged on their understanding of safeguarding procedures. Staff we spoke with were able to identify practice that might arise in a hospital setting that may constitute a safeguarding concern.

We were aware of one incident involving a child that was being investigated as a serious incident but was not judged to be a safeguarding matter by senior staff at the trust and was not dealt with under safeguarding procedures. This did not take account of any possible omission of care by staff at the trust as a safeguarding matter. This aspect of safeguarding, an omission of care by staff at the trust, was not reflected in the trust's revised children's safeguarding procedures issued in June 2012.

We saw evidence that staff working with adults referred safeguarding concerns to the safeguarding team in the trust. There was also evidence of feedback to teams through the Heads of Nursing and Quality of action needed to be taken to improve services as a result of any investigation. Dependent on the issue feedback was provided to staff across the trust in some cases, and in others it was to specific departments as appropriate. The safeguarding service manager for adults for one of the local authorities with which the trust worked informed us they worked closely with the trust and were encouraged by the trust's engagement with them in regards to safeguarding matters.

An Ofsted/Care Quality Commission inspection of children's services in the area of Thurrock Borough Council, carried out the week before this inspection, found that there was an understanding of children's safeguarding amongst reception staff in the A&E department, and that they were aware of the processes to be followed. The inspection found that staff were not provided with planned, regular and recorded supervision. We
discussed this with the trust and were assured that arrangements were now established with formal supervision due to commence from August 2012.

The trust undertook an audit of the integrated safeguarding pathway documentation which is required to be completed by staff when there are concerns related to safeguarding children. The audit of 11 records showed that in four cases no pathway documentation had been completed; and none of the records contained completed documentation. When we asked the trust about this we were informed that the fact that the paperwork had not been completed had not had a detrimental effect on the children concerned. The trust planned a further audit 12 months from the date of the last. The trust may wish to note that 12 months until a further audit may be too long when none of the records at the most recent audit showed full compliance with trust requirements.

Our judgement
The provider was not meeting this standard. We judged this had a minor impact on people using the service and action was needed for this essential standard. The trust had taken reasonable steps to identify the possibility of abuse and to respond appropriately through staff training and procedures. However, this was not reflected across all aspects of safeguarding children at the trust.
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
The provider is compliant with Outcome 09: Management of medicines

Our findings
What people who use the service experienced and told us
People we spoke with told us that they received their medicines as prescribed. Two people we spoke with in the discharge lounge and three people we spoke with on Marjorie Warren and Elizabeth Fry wards, who were due to be discharged home told us that they had been given information about their medicines.

Two people we spoke with on the surgical assessment ward told us that where new medicines had been prescribed for them that the reasons for their use had been explained to them.

Other evidence
During our visit we sampled a total of 25 medication records for patients on the medical and surgical assessment units, Marjorie Warren, Elizabeth Fry and Florence Nightingale wards.

Records we looked at were completed accurately, including information about the medicines a person was taking prior to their admission into hospital and any allergies to medicines. This helped to ensure that medicines were reviewed and that people received the correct medicines during their hospital stay. There were no omissions of signatures confirming that medicines had been administered. There were clear reasons recorded in the event that medicines were not administered such as when patients were ‘Nil By Mouth’ and unable to take medicines orally for a short period of time.
We looked at the arrangements for ensuring that medicines were stored safely and securely. We saw that where medicine trolleys were located in the ward areas that these were kept locked and secured to the wall so as to minimise risks of access by visitors for example. We observed nursing staff administering medicines to patients on the surgical assessment ward and Florence Nightingale ward. We saw that they did so taking care to ensure that medicine trolleys were not left unattended so as to further minimise these risks. Four spot checks carried out by the Director of Nursing during the period March to May 2012 showed all areas were compliant with drug rooms being locked, but not all drug cupboards within all drug rooms were locked.

In June 2012 a review of medication storage within the Directorate of Medicine and Emergency Care was carried out by the trust’s health and safety coordinator for medicine. They reviewed the medication rooms within medical and emergency care in light of the recommendation that all medication must be stored in a locked cupboard within a locked room. The majority of areas were compliant and actions were highlighted where further work was required, such as nine areas needed cupboard locks fitted and five areas needed major alterations to become fully compliant. We were informed this work was being progressed including a key press to be purchased and stored within the office of the Head of Nursing for storage of a second set of keys for all areas.

Our judgement
The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate systems in place to manage medicines.
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 non-compliant with Outcome 10: Safety and suitability of premises. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us
We spoke to people using the services but their feedback did not relate to this standard.

Other evidence
When we inspected Basildon University Hospital in November 2011 we imposed a compliance action as there were ongoing significant concerns about the prevention and control of legionella at the hospital. The provider wrote to us and provided an action plan which included multi agency meetings to take forward ongoing actions for the prevention and control of legionella at Basildon University Hospital. At this inspection we looked at the work the trust had done to address the compliance action. This inspection was carried out jointly with Her Majesty’s Inspectors from the Health & Safety Executive (HSE).

Since we last inspected Basildon University Hospital, the trust had received draft or final reports following four other separate independent reviews into their legionella control systems or individual cases where people had contracted legionnaires disease at the hospital. These reports were from Monitor, the regulator of foundation trusts, Her Majesty’s Coroner for Essex and Thurrock, and two reviews from the local Primary Care Trust. We looked at how the trust was addressing the recommendations made in these reports. Due to the number of reports received, the trust has a number of action plans in operation simultaneously, which showed the extent of the work the trust had completed but what it also had to do to make improvements to patient safety.

There was an established line of accountability up to board level, via the Legionella Management Group (LMG) and the Health and Safety Committee, for the management
of legionella and the monitoring of the action plans. The Legionella Management Group (LMG) had continued to meet monthly and decisions were considered at the Health and Safety Committee. Legionella was a standing agenda item at the Infection Control Committee, whose members included representatives from the PCT and the Health Protection Unit (HPU). The appropriate key personnel from patient safety (clinical issues) and health and safety (estates issues) attend the LMG, including the Responsible Person (Water), as designated under the terms of the Department of Health’s guidance in the control of legionella (HTM 04-01). Extracts from board minutes showed that members were kept updated of the ongoing work. We looked at the minutes of the last three LMG meetings which showed how the trust had made progress against the various actions plans and key performance indicators (KPIs) it had in place following the reviews outlined above.

The trust had commissioned an independent specialist to carry out a full risk assessment of the trust's properties in accordance with the Approved Code of Practice and Guidance (ACOP) "Legionnaires' disease: Control of legionella bacteria in water systems" (L8). The risk assessment was dated 11 May 2012 but was still in draft form at the time of our inspection. Actions arising from the risk assessment had yet to be implemented therefore it was too early for us to assess its effectiveness.

The LMG had developed checks for routine maintenance. These included twice weekly outlet flushing and silver copper pH testing of raw and softened water supplies, thermostatic mixing valve (TMV) maintenance and water temperature recording. An electronic logging system was used to scan all test sheets and the results were reviewed at the LMG meetings. The results of testing seen showed that they were within the expected safe parameters. We saw written evidence that all staff received legionella awareness training as part of their mandatory infection control training and this was also covered in induction for new staff.

A new estates manager had been recruited to oversee management of the water system and would be joining the trust after serving notice with their current employer. This post was supplementary to the current team and would report directly to the responsible person. The trust had also employed a trainee estates officer whose responsibility would be the assessment of testing logs and reports against the legionella indicators.

We could see that the trust had put a lot of resources in place and effort to address the control of legionella at Basildon University Hospital. There was a clear assurance process in place to monitor the various action plans that were ongoing. However, whilst we acknowledge the attempts being made, this was still 'work in progress' and the trust cannot yet be considered to have met this standard despite our increase in confidence. We will continue to monitor the trust's progress.

As part of this inspection we followed up on concerns raised by a former employee of the cleaning contractor about the standards of cleaning at the trust, and security matters. The allegations had been fully investigated by the trust at the time they were made and the report of the investigation was seen by us. We also discussed the allegations and the trust's approach to them with the Quality Performance Manager. The contract had been in place since November 2011 and the Quality Performance Manager admitted that cleaning scores had been a problem due to cleaners not attending the areas they were supposed to clean. Audit activity was increased and
showed that the scores had improved. The Director of Estates and Facilities also carried out a weekly visit to assess the standard of cleaning as part of providing assurance to the board assurance. The frequency of contract monitoring meetings to those stipulated in the service level agreement had also been increased to address problems with the contractor and minutes showed that poor cleaning scores were being addressed.

In respect of security, it was alleged that cleaning staff were able to access all areas of the hospital, rather than being restricted to the areas for which they were responsible for cleaning. It was found that cleaning supervisors had carried security codes on their clipboards, which was a system that was open to abuse. This practice was not acceptable and was stopped immediately by the trust. We were advised that the practice at the time of our inspection was for cleaning staff to have only general security access and they were only given access codes for other areas if they are required to work in that area. The investigation also found that cleaning staff were not being asked for employment references before they commenced employment with the contractor. This practice was also stopped immediately and references were now taken up before the worker commenced employment. The trust had put an action plan in place following the investigation, which showed that all of the recommendations made following the investigation had been addressed. Increased contract monitoring had been put in place to oversee performance matters.

The HSE shared their findings with us. Their inspection looked at four areas: electrical safety, asbestos, information on risks to health and safety for employees, and the control of contractors. In respect of electrical safety, the HSE found a number of concerns and issued the trust with an Improvement Notice that required the trust to develop and implement comprehensive safe working procedures for the design, construction, operation, maintenance and use of its electrical installation and equipment. The deadline for addressing this notice was 31 December 2012.

At the time of our inspection, the information held centrally by the trust on asbestos containing materials (ACMs) was not being adequately communicated to estates staff at a working level. In practice, this meant that an estates technician could go out to a maintenance job and not be aware of the presence of asbestos. At the time of our inspection the system used by the trust of displaying warning stickers was not considered appropriate due to the possibility of them becoming damaged or obscured. The trust was advised that the premises should be surveyed for asbestos every five years and the latest survey carried out by the trust was dated 2004. Action was required to address these issues.

In respect of information on risks to health and safety for employees, comprehensive risk assessments prepared by the Estates Health and Safety Manager were not readily available for estates staff to refer to. Nor were the specific risks identified being communicated to estates staff that may be exposed to them. It is a specific legal requirement of Regulation 10(1) of the Management of Health and Safety Regulations 1999 to provide 'comprehensible and relevant information'. The trust needs to implement a system that provides this.

During the review of the trust's control of contractors, an external contractor arrived on site and it was not clear at the time, who had commissioned this work. Estates staff were unaware that this contractor would be on site or what they were on site to do. In
addition, the estates department had no method statement or safe system of work for this contractor, nor did it supply the contractor with any information on the risks he may encounter on site. The trust, therefore, should have a robust system for controlling its contractors and include as a minimum: formal sign on/off site procedures, contractor safe systems of work/method statements, systems for providing contractors with relevant health and safety information and formal monitoring procedures to ensure contractors are working safely and wearing appropriate personal protective equipment. Action was required to address these issues. We will work with HSE to monitor how the trust addresses these findings.

**Our judgement**

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People who use the service, staff and visitors were not fully protected against the risks of unsafe or unsuitable premises.
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

<table>
<thead>
<tr>
<th>Our judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>The provider is compliant with Outcome 13: Staffing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>What people who use the service experienced and told us</td>
</tr>
<tr>
<td>People we spoke with told us that staff were knowledgeable and helpful.</td>
</tr>
<tr>
<td>Other evidence</td>
</tr>
<tr>
<td>When we inspected Basildon University Hospital in November 2011 we imposed a compliance action as there was a lack of sustainability by the trust of taking appropriate timely steps to ensure that at all times there were sufficient, suitably qualified, skilled and experienced persons employed to safeguard the health, safety and welfare of people, especially out of hours in the A&amp;E department. The provider wrote to us and told us of the additional recruitment plans in place to improve numbers and skill mix within the A&amp;E department.</td>
</tr>
<tr>
<td>On this visit in June 2012 we looked at staff rotas for the four weeks immediately prior to our visit and the medical and clinical staffing numbers for the overall department., observed the minor and major emergency care areas, and interviewed support, nursing and medical staff in the A&amp;E department. The overall response from staff was that whilst staffing numbers were adequate and the skill mix was improving, since the opening of the new A&amp;E department in April 2012 the department was getting busier; especially in paediatrics. We checked the attendance rates in A&amp;E from April 2012 to June 2012 which confirmed an increasing number of attendees and an increase in the numbers of people requiring major support.</td>
</tr>
<tr>
<td>Following an investigation by the trust into a recent incident, whilst there were adequate numbers of staff available, there were not enough registered sick children's nurses to</td>
</tr>
</tbody>
</table>
cover all shifts in the A&E paediatric department 24 hours a day. The trust made the
decision to close the paediatric unit over night from midnight until 7.30 am to provide
more observation and support for patients and staff focussed in one area. We were
assured that the unit would remain closed at night until additional paediatric nurses had
been recruited. This meant that whilst the trust continued to provide a service to
children at night they could not wait in the paediatric A&E waiting area.

At the time of our inspection the A&E nursing vacancy rate was reported as 2.72% and
that recruitment was underway for a team leader, charge nurse and additional staff
nurse positions including paediatric positions. A business case was being put together
to have a senior nurse in charge who would be supernumery at peak times to provide
more supervision and support for the nursing teams. Four spot checks by the Director
of Nursing from February to May 2012 showed that nursing staffing levels were in
keeping with expected levels, with an appropriate allocation of Registered Nursing Staff
and Emergency Technicians (HCA's) to patient bays.

Our key area of concern was the A&E middle grade doctors with nine vacant posts at
the time of our inspection. Further recruitment was underway with three candidates
commencing in the next three months. Locum doctors were covering the vacancies and
the trust recently increased the consultant locums by two full time posts to provide
additional support to the clinical teams. Middle grade doctors we spoke with felt there
should be more visible consultant cover in the department to support junior doctors,
reduce the pressure on middle grades and treat the increasing numbers of patients
coming through A&E. We raised this with the provider during the inspection who agreed
to look at the current levels of consultant support in the department.

We could see that the trust was actively recruiting for the A&E department and
monitoring the numbers of attendees. We raised concerns about increasing capacity
management in the A&E department and the implications for staffing requirements. The
trust showed us the work they were undertaking with NHS South Essex Clinical
Commissioning Groups to introduce additional admission/attendance avoidance
schemes such as a community Geriatrician Service to reduce emergency admissions in
older people and acute alternatives to hospitalisation such as improved discharge
planning and establishing ambulatory care and treatment pathways.

We had concerns raised with us regarding the adequacy and sustainability of the
specialist stroke physician rota at Basildon University Hospital. We spoke with a lead
stroke expert with the Essex Stroke Network team which oversees the regional stroke
provision in Essex, and they noted that the four stroke consultants at Basildon
University Hospital were taking part in a generic geriatric medicine on-call rota. This
meant that the stroke patients did not always get seven days a week consultant stroke
specialist ward rounds.

We raised this with the clinical director and stroke physicians who were aware that they
did not fully meet the recommended standard, but were waiting for the outcome of an
ongoing review of stroke services in the Midlands and East of England before making
any further changes. The aim of the review was to improve services across the whole
patient pathway by regionalising the core service. The trust was reluctant to recruit
further until it was known where the main stroke service was going to be provided. At
the time of this inspection we understand that the Essex Stroke Network team will be
discussing this with Basildon University Hospital at the next stroke network review.
Senior staff (Lead Nurse and Ward Manager) confirmed to us that staffing levels on both stroke wards were appropriate and that there was adequate consultant and geriatrician cover at all times. They also confirmed that the on-call arrangements for out of hours support for stroke patients worked well and this included weekends and bank holidays. One stroke specialist consultant we spoke with, confirmed to us, that each of the specialists on Pasteur and Lister Wards had expertise in all three principal areas of stroke management (prevention, acute stroke and stroke rehabilitation).

We were shown evidence of the geriatricians additional qualifications, which showed that they had evidence of specific training or expertise in at least one of the three principle areas of stroke medicine (prevention, acute stroke, stroke rehabilitation) relevant to their role in the stroke service. We could see that they were working within the infrastructure of a stroke team with agreed treatment pathways and guidelines, regular audit and peer support. We were assured by the stroke physicians that the geriatricians supporting the stroke team complied with requirements outlined by the British Association of Stroke Physicians (BASP) Clinical Standards Committee August 2011.

The Medical Director noted that a new vascular surgeon was also improving the levels of carotid surgery at the hospital which had been low in the past.

**Our judgement**
The provider was meeting this standard. We could see that the provider was taking appropriate steps to ensure that there were enough qualified, skilled and experienced staff to meet people’s needs especially out of hours in the A&E department.
Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is non-compliant with Outcome 14: Supporting workers. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

Prior to our inspection we had received several complaints regarding staff attitude to people who use the service, especially in A&E, outpatients and the renal unit.

People we spoke with in the different areas during the inspection were complimentary about the staff.

Other evidence

At the time the trust was registered under the Health and Social Care Act 2008 a condition was imposed that staff received training in recognising the deteriorating patient; in accordance with NICE guidance CG 50 Acutely ill patients in Hospital July 2007. The trust in response to this compliance condition provided training and the condition was subsequently judged to have been met. It is of note that we have again in 2012 recently raised similar concerns with the trust regarding the lack of agency staff training in recognising the deteriorating patient accordance with NICE guidance CG50 - Acutely ill patients in hospital July 2007.

Agency usage since April 2012 in A&E was 9.9% (as a percentage of total temporary staffing shifts). We saw evidence that the trust was reviewing the training provision with the agencies and the Director of Nursing was clear that more scrutiny regarding competencies and appropriate placement of agency staff would be a priority in the future.

We reviewed information on the current training provision at the trust for all relevant nursing and medical staff in the hospital in the care of the acutely ill patient in hospital.
Eighty-four percent of the nursing and midwifery staff and 18.6% of the medical and dental staff had attended a relevant course which included the deteriorating patient category in the last year. We spoke with the clinical tutor for medicine and were told that the medical staff also had guidelines on recognising the deteriorating patient during induction and additional courses were provided for foundation doctors and all A&E trainees had another course run regionally which dealt with all emergencies. There was also an "acutely ill" course provided as a refresher and we saw attendance lists to support this.

The trust may wish to consider reviewing the content of the training programmes as a recent audit in December 2011 regarding recognising the deteriorating patient noted that there were records of 254 calls to the patient at risk team. The results demonstrated that there were concerns about the patient management in 163 cases, 108 relating to medical staff decisions and 55 relating to nursing observations.

There was also evidence through an audit carried out by the trust in February/March 2012 of children at risk scoring practices of low levels of compliance in this area. 43% of children had not had a Children's Early Warning tool (CEWT) score at triage, and 72% did not have CEWT score recorded as part of each set of physiological observations. This showed that staff may not have the competencies required to perform the CEWT scoring system. This raises concerns as to the trust's staff's abilities to recognise a deteriorating child and escalate the risks appropriately. From the patient records seen during our visit, there was not a consistent approach to the patient at risk practices at the trust, which indicates that, although staff when asked were aware of the procedures to follow, they did not implement them correctly.

Ten staff we spoke with confirmed attendance at the training in the deteriorating patient within the last two years. We requested evidence of formalised training for paediatric and adult nurses in A&E to show that staff were competent and understood how the CEWT system worked and how to recognise the deteriorating child. The trust stated that staff had CEWT refresher training but could not provide evidence of formal CEWT training for the paediatric nurses. An agency nurse and locum doctor in A&E had not had training in the deteriorating patient.

We saw examples of medical appraisals and personal development plans. The majority of staff spoken with confirmed they had an appraisal in the last year and that the trust was supportive of mandatory training and professional development courses. Overall percentage of trust staff having received an appraisal was 91%.

We looked at training practices across the trust and tested specific training provision where concerns had been raised previously. For example, we had concerns regarding non clinical personnel's understanding of dementia. We saw records which showed that 84% of security staff had attended training in dementia and supporting vulnerable adults. Following the legionella concerns within the hospital we were informed that the majority of staff since 2009 had attended legionella awareness training; approximately 50% attended within the last year. All staff in A&E with patient contact (including nurses, doctors, support workers and receptionists) have attended violence and aggression training; the total percentage of attendees were 97.6%. Feedback from staff spoken with was that the above training was satisfactory.

We had received complaints about manual handling practices in the out patients
department. 73% of the staff in the various outpatient departments (Basildon and Orsett outpatients, cardiac outpatients, gynaecology outpatients and paediatric outpatients) had completed the required manual handling training. Of those staff who had direct patient contact, nurses and healthcare assistants, 96% had received the training.

From our information about the trust we were aware of an increase in complaints regarding staff attitudes, so we looked at customer care training provision within the trust. We were told that customer care training was included in the corporate induction and provided guidance to all employees on addressing and diffusing complaints. We asked for information on specific customer care training regarding ward clerks and receptionists as they were front line with the public but the data was not available.

We had had concerns regarding staff awareness of safeguarding practices. It was reported that level one and two safeguarding children training was provided on line using the Department of health approved training package. Level three safeguarding children training had recently been reviewed by the designated nurse who had made recommendations to update the hospital training package to meet the updated Essex Safeguarding Children's Board ratified level 3 training, which will ensure staff receive nationally approved training in the future. The trust had set a target for 80% of all identified staff to have completed the appropriate level of training by October 2012 and were currently on track to achieve this.

**Our judgement**
The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

Staff did not always receive appropriate training and supervision to ensure the correct application of learning to deliver safe care and treatment to patients.
Outcome 16: 
Assessing and monitoring the quality of service provision

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

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

What we found

Our judgement
The provider is non-compliant with Outcome 16: Assessing and monitoring the quality of service provision. We have judged that this has a major impact on people who use the service.

Our findings

What people who use the service experienced and told us
We spoke with people using the service but their feedback did not relate to this standard.

Other evidence
We looked at the systems for reporting the quality of service provision to the board of directors at Basildon University Hospital as they had recently changed. The trust's Chairman designate explained the changes made to the governance arrangements at the trust, which were also outlined in the annual governance statement. These changes were made in response to recommendations contained in a review of the trust's medical and nursing leadership by a taskforce appointed by Monitor in 2010. During the last year there was a major restructuring of the clinical directorates of the trust to strengthen governance arrangements below board level. This resulted in the creation of three clinical divisions to replace eight clinical directorates. This came into operation on 01 October 2011. Since then, day-to-day management of business has been delegated to the operational management board which implemented the decisions of the board of directors and had responsibility for the operational decision making and risk management.

Membership of the assurance committees of the board were also reviewed and expanded. In some cases the frequency of meetings was increased to improve reporting practices. The health and safety committee, finance committee and the quality and patient safety committee reviewed relevant significant risks and incidents at each
meeting. Examples were seen of the reporting of risk concerning legionella management that were reported through the health and safety committee. The action plan put in place to monitor the facilitation of the new structure was reviewed at the operational management board. The effectiveness of the changes could not, at this inspection, be properly evaluated and we will continue to monitor the trust's progress.

The Chairman designate said that the trust had made efforts to appoint a new Chief Executive Officer and five new non-executive directors (NED) with good experience and expertise. For example, a new NED for patient safety had been appointed who had senior leadership experience in providing children's service in both the statutory and voluntary sectors. We consider this to be a proactive move on the part of the trust and we will continue to monitor the effectiveness of the changes.

Due to concerns raised we looked specifically at the audit activity and risk processes in the trust's imaging department. In autumn 2011 the trust acted proactively in commissioning the Royal College of Radiologists (RCR) to review the service and provide assurance that it was fit for purpose. The report made 33 recommendations and criticised the culture of the department as being one focussed on the needs of staff rather than the needs of the patient. It also noted that a more timely service must be a priority; however, it recognised that changes were being made to begin to address these matters. We will continue to monitor the effectiveness of these changes.

We also looked at incident reporting and management practices as we had raised concerns recently and previously through, a compliance action in December 2010, about the robustness of investigations and lessons learnt in the trust.

We looked at the investigation and management of two recent incidents involving children and another for an elderly patient due for discharge, where there was evidence of delayed assessment which could have contributed to poor health outcomes for the patients concerned.

There was evidence that the trust were not always following a standard time line set out in the trust's procedure for the Management of Serious Incidents (SI) dated June 2012 which set out the expected time line for reporting serious incidents, so that risk reduction measures were undertaken immediately to prevent similar incidents occurring.

We saw examples of poor implementation of practice changes which did result in a similar incident reoccurring, such as the introduction of a rapid assessment form. The form was to be used for any child who was likely to be delayed in waiting for triage more than 15 minutes in order to prioritise patients in greater need for an in depth nursing assessment. We saw evidence that this was not implemented effectively.

We found through our review of four sets of records of children who were delayed in triage for more than 15 minutes in June 2012 that there was no evidence in the records that the rapid assessment form had been used for any of these children to make an assessment to prioritise how quickly they should be seen. This was despite a memorandum from the acting A&E lead nurse on 15 May 2012 outlining to all staff the need to complete the paediatric rapid assessment form for all children who were not triaged within the 15 minute target. A further memorandum went out to all senior staff in emergency medicine dated 30 May 2012 stating “following another clinical incident all
paediatrics have to be triaged/streamed within 15 minutes without fail." The four sets of records we reviewed showed that practice changes were not being fully implemented after this time and there was a lack of monitoring to ensure staff were aware of and implementing the changes deemed necessary to identify, assess and manage risks relating to the health, welfare and safety of service users.

We raised concerns about the quality of analysis regarding a trust led safeguarding investigation in February 2012 of an elderly patient ‘D’ who was due for discharge. Our concerns about the quality of the investigation contributed to the original safeguarding investigation having to be reviewed by the trust.

These incidents showed a failure by the trust to regularly assess and monitor the quality of the services provided and to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.

We have concerns regarding sustainability of improvements in the trust. We raised a compliance action around concerns about serious incident reporting and investigation practise in 2010 and have similar concerns now about the quality of analysis, investigation practices and practice changes through lessons learnt.

It is of note that the trust has not been fully compliant with the essential standards at any time since registration in April 2010 which is a significant concern.

In view of the major concerns identified in this outcome area the Care Quality Commission served a Warning Notice on the Registered Provider 05 July 2012.

**Our judgement**

The provider was not meeting this standard. We judged this had a major impact on people using the service. The trust did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients. There was evidence of a lack of sustainability in quality improvement in the trust.
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

<table>
<thead>
<tr>
<th>Our judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>The provider is non-compliant with Outcome 17: Complaints. We have judged that this has a minor impact on people who use the service.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>What people who use the service experienced and told us</td>
</tr>
</tbody>
</table>
| Not all patients were made aware of the complaints system. We asked six patients who were using services in the department of geriatric medicine what they would do if they had a complaint or concern about the services they were receiving. None of them knew about the hospital's complaints procedure and only one knew about the patient advice and liaison service (PALS) where they could get assistance. One patient had recently used the PALS service, they told us: "The PALS service was very good, they helped me to get a chiropody appointment the following week." All of the patients told us that they were happy with the standard of service received. One patient told us: "I have not had any complaints since I have been hospital, but I have not been told by anyone how to make a complaint." Another patient told us: "I have not seen any leaflets about how to make a complaint."

We spoke with one patient's relative. The relative told us that they had not seen any information about how to make a complaint and they were not aware of the PALS service.

Prior to our inspection the Care Quality Commission had received information from patients regarding complaints about the services they received from Basildon hospital. Patients were concerned about the poor staff attitude of staff in the accident and emergency department, long waiting times to be seen by a doctor in the accident and emergency department and difficulties in contacting the fracture clinic.
Other evidence
The hospital had a patient experience team (PET) in place. Staff in the PET had a clear understanding of how to support patients, their representatives and staff when a complaint had been made. The PALS service reported that they had excellent working relationships with the staff in the PET, they also told us that they could easily contact senior members of staff including the Chief Executive to discuss any complaint issues made by patients or the representatives.

Staff in the PET team met with senior managers from each of the three divisions to discuss outstanding complaints. We were told that practice was improving in terms of how staff managed complaints but more needed to be done to make further improvements. We were told that some staff teams and managers responsible for dealing with complaints did not give sufficient priority and time to dealing with them. One staff member told us that some managers' responses to complaints made by patients or their representative were not "fit for purpose." We were told that on some occasions the responses were very brief and did not detail how the team or division could improve practice as a result of learning from complaints made.

Staff in the PALS service told us that there had been an improvement in how staff managed complaints. The PALS had observed a trend in patients making complaints about the services they received from the A&E department. Patients had complained about having to wait a long time to be assessed and that staff had been rude to them. The PALS told us that practice in this area was beginning to improve, and that recent environmental changes to the A&E department were helping with this.

The hospital produced monthly patient experience reports. These reports provided details of the complaints made to the hospital and contacts made with PALS. The reports were presented to the relevant teams and divisions who were then required to demonstrate how learning from the complaints received could be used to make improvements and enhance patient experience and safety. There had been improvements made to how junior medical staff detected patient's fractured bones. Patients had raised concerns that medical staff had not spotted fractures. As a result of this more training had been provided to junior medical staff from a more experienced doctor.

The hospital had a policy in place to manage complaints. This policy clearly explained to staff how to manage complaints and explained that PALS had a role in the early resolution of complaints. Not all of the staff we spoke with were aware of this policy or of the timescales to manage complaints. Most of the staff we spoke with told us that if a patient made a complaint they would refer the matter to their manager or advise the patient to contact the PALS. Some staff told us that their manager discussed the learning from complaints at ward meetings. One staff member told us that there had been a recent complaint made and their manager told staff about the need to improve recordings on patients' care files. Another staff member told us "I am not sure how the trust learns from mistakes; improvements are required in this area."

Most of the staff we spoke with told us that they had not received any training to help them support patients to make a complaint. Staff told us that they would welcome this training to help them in their role. The hospital was in the process of developing an e-learning training package for staff regarding how to support patients to make a complaint.
We observed some good practice on one ward. We saw that there was a patient's comments board on display that asked patients how staff could improve the services they provide. Some patients had reported that staff tended to rush and there was a lack of time for staff to talk and listen to patients. Other patients reported that nothing needed to improve and the standard of service provided was excellent.

We saw information about the PALS throughout the hospital, and there was information leaflets about how to make a complaint on each ward we observed. The hospital had 'help us get it right comment cards' in place which informed patients about how to make a complaint. This information was not always provided in a format that met patients' needs. We were told that this information would be made available in different to community languages and easy read format. The hospital's website provided clear information about how to make a complaint and this information could be translated into a range of different community languages.

The Head of Litigation and Complaints and the Head of Clinical Governance and Risk were working with Education and Training to develop an e-learning module which will be available to all managers and will provide support on conducting investigations in relation to complaints and incidents. The module, based on the National Patient Safety Agency root cause analysis training, has been designed and was expected to be finalised by the end of June 2012.

**Our judgement**

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

There was not an effective complaints system available. Not all comments and complaints people made were responded to appropriately.
The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and screening procedures</td>
<td>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 07: Safeguarding people who use services from abuse</td>
</tr>
<tr>
<td><strong>How the regulation is not being met:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The provider was not meeting this standard. We judged this had a minor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>impact on people using the service and action was needed for this</td>
</tr>
<tr>
<td></td>
<td></td>
<td>essential standard. The trust had taken reasonable steps to identify</td>
</tr>
<tr>
<td></td>
<td></td>
<td>the possibility of abuse and to respond appropriately through staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>training and procedures. However, this was not reflected across all</td>
</tr>
<tr>
<td></td>
<td></td>
<td>aspects of safeguarding children at the trust.</td>
</tr>
<tr>
<td>Maternity and midwifery services</td>
<td>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 07: Safeguarding people who use services from abuse</td>
</tr>
<tr>
<td><strong>How the regulation is not being met:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The provider was not meeting this standard. We judged this had a minor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>impact on people using the service and action was needed for this</td>
</tr>
<tr>
<td></td>
<td></td>
<td>essential standard. The trust had taken reasonable steps to identify</td>
</tr>
<tr>
<td></td>
<td></td>
<td>the possibility of abuse and to respond appropriately through staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>training and procedures. However, this was not reflected across all</td>
</tr>
<tr>
<td></td>
<td></td>
<td>aspects of safeguarding children at the trust.</td>
</tr>
<tr>
<td>Termination of pregnancies</td>
<td>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 07: Safeguarding people who use services from abuse</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 07: Safeguarding people who use services from abuse</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td><strong>How the regulation is not being met:</strong></td>
<td>The provider was not meeting this standard. We judged this had a minor impact on people using the service and action was needed for this essential standard. The trust had taken reasonable steps to identify the possibility of abuse and to respond appropriately through staff training and procedures. However, this was not reflected across all aspects of safeguarding children at the trust.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnostic and screening procedures</th>
<th>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</th>
<th>Outcome 10: Safety and suitability of premises</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How the regulation is not being met:</strong></td>
<td>The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People who use the service, staff and visitors were not fully protected against the risks of unsafe or unsuitable premises.</td>
<td></td>
</tr>
</tbody>
</table>

<p>| Surgical procedures | Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 10: Safety and suitability of premises |</p>
<table>
<thead>
<tr>
<th>Regulation</th>
<th>How the regulation is not being met:</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Termination of pregnancies</td>
<td>The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People who use the service, staff and visitors were not fully protected against the risks of unsafe or unsuitable premises.</td>
<td>Outcome 10: Safety and suitability of premises</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People who use the service, staff and visitors were not fully protected against the risks of unsafe or unsuitable premises.</td>
<td>Outcome 10: Safety and suitability of premises</td>
</tr>
<tr>
<td>Diagnostic and screening procedures</td>
<td>The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.</td>
<td>Outcome 14: Supporting workers</td>
</tr>
<tr>
<td>Service</td>
<td>Regulation Details</td>
<td>Outcome</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>Maternity and midwifery services</td>
<td>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 14: Supporting workers</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 14: Supporting workers</td>
</tr>
<tr>
<td>Termination of pregnancies</td>
<td>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 14: Supporting workers</td>
</tr>
</tbody>
</table>

**How the regulation is not being met:**

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

Staff do not always receive appropriate training to ensure they have the competencies to deliver care and treatment to service users safely.
<table>
<thead>
<tr>
<th>Treatment of disease, disorder or injury</th>
<th>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</th>
<th>Outcome 14: Supporting workers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How the regulation is not being met:</strong></td>
<td>The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staff do not always receive appropriate training to ensure they have the competencies to deliver care and treatment to service users safely.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnostic and screening procedures</th>
<th>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010</th>
<th>Outcome 17: Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How the regulation is not being met:</strong></td>
<td>The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There was not an effective complaints system available. Not all comments and complaints people made were responded to appropriately.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maternity and midwifery services</th>
<th>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010</th>
<th>Outcome 17: Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How the regulation is not being met:</strong></td>
<td>The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.</td>
<td></td>
</tr>
</tbody>
</table>
There was not an effective complaints system available. Not all comments and complaints people made were responded to appropriately.

**Termination of pregnancies**

| Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 |
| Outcome 17: Complaints |

**How the regulation is not being met:**
The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

There was not an effective complaints system available. Not all comments and complaints people made were responded to appropriately.

**Treatment of disease, disorder or injury**

| Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 |
| Outcome 17: Complaints |

**How the regulation is not being met:**
The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

There was not an effective complaints system available. Not all comments and complaints people made were responded to appropriately.

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 14 days of the date that the final review of compliance report is sent to them.

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

CQC should be informed in writing when these compliance actions are complete.
**Enforcement action we have taken**

The table below shows enforcement action we have taken because the service provider is not meeting the essential standards of quality and safety shown below. Where the action is a Warning Notice, a timescale for compliance will also be shown.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation or section of the Act</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and screening procedures</td>
<td>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 04: Care and welfare of people who use services</td>
</tr>
<tr>
<td></td>
<td><strong>How the regulation or section is not being met:</strong> Registered manager:</td>
<td><strong>To be met by:</strong></td>
</tr>
<tr>
<td></td>
<td>The provider was not meeting this standard. We judged that this had a major impact on people using the service. People’s needs were not always assessed appropriately to ensure that their care and treatment was planned and delivered in line with their individual care plan.</td>
<td>18 July 2012</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 04: Care and welfare of people who use services</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td><strong>How the regulation or section is not being met:</strong> Registered manager:</td>
<td><strong>To be met by:</strong></td>
</tr>
<tr>
<td></td>
<td>The provider was not meeting this standard. We judged that this had a major impact on people using the service. People’s needs were not always assessed appropriately to ensure that their care and treatment was planned and delivered in line with their individual care plan.</td>
<td>18 July 2012</td>
</tr>
</tbody>
</table>
The provider was not meeting this standard. We judged that this had a major impact on people using the service. People’s needs were not always assessed appropriately to ensure that their care and treatment was planned and delivered in line with their individual care plan.

### Enforcement action taken

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation or section of the Act</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and screening procedures</td>
<td>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 16: Assessing and monitoring the quality of service provision</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How the regulation or section is not being met:</th>
<th>Registered manager:</th>
<th>To be met by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The provider was not meeting this standard. We judged this had a major impact on people using the service. The trust did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients. There was evidence of a lack of sustainability in quality improvement in the trust.</td>
<td></td>
<td>30 August 2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation or section of the Act</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of supply of blood and blood derived products</td>
<td>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 16: Assessing and monitoring the quality of service provision</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How the regulation or section is not being met:</th>
<th>Registered manager:</th>
<th>To be met by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Regulation or section of the Act</td>
<td>Outcome</td>
</tr>
<tr>
<td>--------------------</td>
<td>----------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Maternity and midwifery services</td>
<td>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 16: Assessing and monitoring the quality of service provision</td>
</tr>
<tr>
<td>How the regulation or section is not being met:</td>
<td>Registered manager:</td>
<td>To be met by:</td>
</tr>
<tr>
<td>The provider was not meeting this standard. We judged this had a major impact on people using the service. The trust did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients. There was evidence of a lack of sustainability in quality improvement in the trust.</td>
<td></td>
<td>30 August 2012</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Regulation or section of the Act</td>
<td>Outcome</td>
</tr>
<tr>
<td>Termination of pregnancies</td>
<td>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 16: Assessing and monitoring the quality of service provision</td>
</tr>
<tr>
<td>How the regulation or section is not being met:</td>
<td>Registered manager:</td>
<td>To be met by:</td>
</tr>
</tbody>
</table>
Regulated activity | Regulation or section of the Act | Outcome  
---|---|---  
Treatment of disease, disorder or injury | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 16: Assessing and monitoring the quality of service provision  

**How the regulation or section is not being met:**  
Registered manager:  
The provider was not meeting this standard. We judged this had a major impact on people using the service. The trust did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients. There was evidence of a lack of sustainability in quality improvement in the trust.  

**To be met by:**  
30 August 2012
What is a review of compliance?

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

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

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

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions**: These are actions a provider must take so that they achieve compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

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

<table>
<thead>
<tr>
<th>Document purpose</th>
<th>Review of compliance report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td>Audience</td>
<td>The general public</td>
</tr>
<tr>
<td>Further copies from</td>
<td>03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
</tr>
<tr>
<td>Copyright</td>
<td>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.</td>
</tr>
</tbody>
</table>

### Care Quality Commission

<table>
<thead>
<tr>
<th>Website</th>
<th><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>03000 616161</td>
</tr>
<tr>
<td>Email address</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
</tr>
<tr>
<td>Postal address</td>
<td>Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA</td>
</tr>
</tbody>
</table>