

Review of compliance

Frimley Park Hospital NHS Foundation Trust Frimley Park Hospital

Region:	South East
Location address:	Portsmouth Road Frimley Surrey GU16 7UJ
Type of service:	Acute services with overnight beds
Date of Publication:	July 2011
Overview of the service:	Frimley Park Hospital provides a full range of district general hospital services for the population of north east Hampshire and west Surrey. The catchment population is around 400,000 people. Frimley Park Hospital has 746 beds and since 1996, the hospital has incorporated a Ministry of Defence Hospital unit.

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

Our current overall judgement

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

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 20 June 2011, checked the provider's records, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

During our visit, we spoke to patients in a variety of ward settings, including elderly care, a stroke ward and the pre and post natal ward within maternity services. We received many positive comments from these individuals, such as "The level of care and staffs attention has been top notch." "I have been well looked after and the staff are good with visitors too."

Patients described staff as treating them as individuals, with personalised care. We were told that information was regularly supplied by staff and that the patients were kept informed regarding their progress and changes in treatment plans. Patients felt that they received care that was delivered with dignity and respect.

The environment was said to be clean and staff were seen to wash their hands regularly. In general the supply of food, choices available and quality were found to be good.

What we found about the standards we reviewed and how well Frimley Park 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

Frimley Park NHS Foundation Trust had ensured that there were measures in place for staff to provide treatment and care that was respectful of the needs and dignity of each individual. People were provided with information to assist them in making decisions about their treatment and care.

Patients expressed their choices but these were not always followed.

Overall, therefore, we found that there are areas of non-compliance with this outcome.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Frimley Park NHS Foundation Trust had ensured that patients attending the hospital were provided with sufficient information to enable them to make decisions and consent to such treatment, investigations and care.

On the basis of the evidence seen and the opinions expressed by people using the services, we found the provider to be compliant with this outcome.

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

We found that Frimley Park NHS Foundation Trust had ensured that there were arrangements in place to provide safe and appropriate care. Patients were provided with information; details of progress and were supported with their care needs. We found that patients were assisted to be as independent as possible.

On the basis of the evidence seen and the opinions expressed by people using the services, we found the provider to be compliant with this outcome.

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

We found that Frimley Park NHS Foundation Trust had systems and processes in place to assess the nutritional needs of patients, to ensure that these needs were met and that monitoring and support was provided. Patients had choice and where specialised diets were required, these had been provided.

On the basis of the evidence seen and the opinions expressed by people using the services, we found the provider to be compliant with this outcome.

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

We found that Frimley Park NHS Foundation Trust had effective arrangements in place for information to be provided between itself and other relevant providers of healthcare, in order to ensure the ongoing care of patients.

Overall, we judge this location compliant with this outcome.

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

We found that Frimley Park NHS Foundation Trust had ensured that there were effective arrangements in place to safeguard people from abuse.

Overall, we judge this location compliant with this outcome.

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

We found that Frimley Park NHS Foundation Trust had ensured that the environment was suitably clean for people to receive treatment and care. Staff were aware of their responsibilities for infection prevention and control, and had access to information and training in infection control. There were support mechanisms in place for the monitoring of compliance with relevant policies and procedures.

On the basis of the evidence seen and the opinions expressed by people using the services, we found the provider to be compliant with this outcome.

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

Frimley Park NHS Foundation Trust had previously declared itself compliant with meeting this essential outcome and no evidence was presented or identified during this inspection to challenge that declaration.

Overall, we judge this location compliant with this outcome.

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

Frimley Park NHS Foundation Trust had ensured that the environment was suitable for the provision of treatment and care. There were systems in place for risk assessing; for monitoring the environment, and for reporting problems. Staff had access to relevant training and were aware of their responsibilities for the safety and wellbeing of people using the services.

Overall, we judge this location compliant with this outcome.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

We found that Frimley Park NHS Foundation Trust had ensured that there were systems and processes in place for the provision of equipment and that training in the use of equipment was provided. There was sufficient equipment available to enable staff to deliver treatment and care safely.

On the basis of the evidence seen and the opinions expressed by people using the services, we found the provider to be compliant with this outcome.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

We found that Frimley Park NHS Foundation Trust had ensured that there were effective recruitment processes in place. There were appropriately experienced and skilled staff available to enable the delivery of treatment and care to patients using the hospital services.

Overall, we judge this location compliant with this outcome.

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

We found that Frimley Park NHS Foundation Trust had ensured that there were sufficient staff available to deliver treatment and care to those people using the services of the hospital.

On the basis of the evidence seen and the opinions expressed by people using the services, we found the provider to be compliant with this outcome.

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

We found that Frimley Park NHS Foundation Trust had systems and processes set up to enable staff to be supported in their work; to identify learning and development needs and to access relevant training.

Overall, we judge this location compliant with this outcome.

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

Whilst patients were not always aware of the mechanisms for providing feedback on the quality of services, we found that Frimley Park NHS Foundation Trust had systems and processes in place to assess and monitor the provision of services; to manage risks and that staff were aware of these.

Overall, we judge this location compliant with this outcome.

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

We found that Frimley Park NHS Foundation Trust had systems and processes in place to enable people using its services to raise a complaint, and that such complaints would be recorded, investigated and responded to.

Overall, we judge this location compliant with this outcome.

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

Frimley Park NHS Foundation Trust had made sure that staff were aware of the need to report notifiable incidents and that there were systems in place to investigate such matters. However, some of these incidents were not reported as promptly as would be expected.

Overall, therefore, we found that there are areas of non-compliance with this outcome.

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

Whilst Frimley Park NHS Foundation Trust had made sure that patient records were managed and stored safely in accordance with recommended guidance, we found that entries into the patient record did not always demonstrate individualised and personal care.

Overall, we judge this location compliant with this outcome.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

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

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

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 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

There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke to a number of patients who were receiving care on a range of wards, including, elderly care, a stroke ward and the pre and post natal ward of maternity services.

All the patients that spoke with us confirmed that they had been treated with dignity and respect. One patient said, "Certainly, all the time."

The majority of patients commented on the information given to them by staff, indicating that this had included discussion of the benefits and risks of the treatment and care they were to receive. We asked patients if their own personal preferences and wishes had been taken into account during the planning of care and treatment and all those who were not independent in their care advised that staff did so. One person indicated that choices were sometimes given but that although she liked a bath in preference to a shower, this was not offered.

When we asked patients to comment on the supply of information related to their progress or changes in treatment, all but one said that they were kept informed. One respondent said that information was, "Excellent."

Other evidence

We spoke to staff on each of the wards visited about the provision of information to patients. Staff indicated that they provided an introduction to the ward and explanations about the treatment and care to be delivered. This was generally done during the admission process. Staff said that as well as the provision of verbal information, they gave patients leaflets, for example where the patient was to have a surgical procedure.

Staff indicated to us that as far as possible they would involve the patient, their family or advocate in identifying needs and planning care. Information supplied to assist in making choices about such care may have included the benefits of treatment, risks and outcomes.

During our visit we were able to see evidence that all patient admissions to the trust involved the collection of personal details in order to plan the individualised care required. An admission booklet was being used as an assessment process, taking into consideration a range of information, such as home circumstances, the patient's usual and present condition around activities of daily living, such as, mobility, personal care and dietary needs.

In addition to the overall assessment the trust advised that it used a range of care pathways to guide staff in the appropriate care measures. Staff told us that there was a bedside handover at each shift change, during which the sharing of non confidential information was discussed.

We looked at care records and noted that the staff selected care plans from a range of 'core' plans. These were easy to follow but we noted that these were not personalised or individualised to the specific preferences and choices of the patients. It was not clear if choices had been offered to each person and if staff followed up on these as regard progress.

On one of the wards visited, work had been done to improve the information collected from individuals who have care needs associated with dementia. This included the introduction of a booklet titled 'This is me.' When we looked at the care records on this ward we did not find any evidence that this booklet was in use, even though the majority of the patients on the ward had dementia needs. This was discussed with a member of the management team was disappointed that the document was not in use, and undertook to resolve this. Assurance was given that patients who required this document would have one in place.

We noted that nursing documentation is stored at the end of the bedside, which helped the staff to update the records in the presence of the patients.

Our judgement

Frimley Park NHS Foundation Trust had ensured that there were measures in place for staff to provide treatment and care that was respectful of the needs and dignity of each individual. People were provided with information to assist them in making decisions about their treatment and care.

Patients expressed their choices but these were not always followed.

Overall, therefore, we found that there are areas of non-compliance with this outcome.

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

We talked to patients about the supply of information to help them in making decisions about their care and treatment and to consent to this. All the patients that spoke to us advised that they were given sufficient information and that where relevant they gave their consent to this prior to the activity being carried out by staff. One person said that, "The staff never just do things; they always explain and ask me if I am happy."

Other evidence

Staff advised us that they made sure that patients understood the treatment and care options available to them, obtaining consent before proceeding with activities. Where patients were having surgical procedures for example, staff said they would ensure that the consent form had been signed. When we looked at patient records, those that were relevant contained signed consent forms.

We were told by the trust that it had a consent policy that included the process for consent, documentation, responsibility for the consent process and training for staff on the consent process. Information had also been included about children's consent, advanced decisions, lasting power of attorney guidance and mental capacity guidance. Staff were able to confirm that they had training in consent matters.

Our judgement

Frimley Park NHS Foundation Trust had ensured that patients attending the hospital were provided with sufficient information to enable them to make decisions and consent to such treatment, investigations and care.

On the basis of the evidence seen and the opinions expressed by people using the services, we found the provider to be compliant with this outcome.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We asked patients to consider if the treatment and care received had met their expectations and personal needs. The majority of the patients said yes, some adding other comments, such as "I felt confident that I could approach staff." Overall, the patients indicated that they felt safe on the wards and that staff had a good awareness of their individual needs. Where a change in shift took place, one patient indicated to us that it was a good handover of information.

Staff were said to be encouraging of patients independence, although one person did indicate that there was less help than they would have expected.

Other evidence

We talked to staff about the care and welfare of patients at the hospital. Staff indicated that they spent time talking with patients, providing advice, information and support as an ongoing process. In addition to this, staff said they used the care records as a means of ensuring that the needs of patients were identified, assessed and reviewed.

Staff advised that there were a range of risk assessments available to assist them in carrying out their care, for example, pressure area risk assessments, nutritional scoring systems and falls assessments. When we looked at the patient records we saw evidence of such risk assessments present and that these had been reviewed and updated.

In order to meet the individual needs of patients we were advised that the trust had a

range of support services for patients that they could be referred to, this included, smoking cessation, dietitian, respiratory nurse specialist, cardiac rehabilitation nurses and the tissue viability team. We saw evidence in the patient records where members of the multidisciplinary team (MDT) had been involved in reviewing treatment, including preparation for discharge.

As a means of checking if patients were receiving care that was safe, the trust advised us prior to our inspection that there was a monthly assessment of quality indicators, such as compliance of documentation, risk assessments, privacy and dignity and the patient experience. Heads of nursing, matrons and nurse consultants were responsible for monitoring these outcomes and for preparing information that would be reviewed by the Nursing/Midwifery Quality Board

Our judgement

We found that Frimley Park NHS Foundation Trust had ensured that there were arrangements in place to provide safe and appropriate care. Patients were provided with information; details of progress and were supported with their care needs. We found that patients were assisted to be as independent as possible.

On the basis of the evidence seen and the opinions expressed by people using the services, we found the provider to be compliant with this outcome.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

We asked patients a range of questions about the provision of food, drinks and choices available. In general, most patients told us that there was a good choice and a suitable amount of food. There were comments made about the variation of food between some wards and portion size, sometimes portions were too large and at other times, mainly in the evening portion size was smaller.

Two of the patients that spoke to us advised us that they had special dietary needs, which were accommodated by staff. One patient advised that the dietitian had been involved in the provision of advice to her.

Other evidence

During our visit we were able to talk to staff about the arrangements for meals and drinks and also to observe lunch time activity on one of the wards.

Staff told us that the trust had protected meal times but that relatives could attend if assisting with feeding. We saw signs on the ward explaining the importance of nutrition for patients, aimed at informing relatives and visitors. We noticed at lunchtime that some meals were delivered on a red tray. Staff advised us that this was a system used to identify patients who needed assistance with eating but also for those who needed to be observed for their dietary intake.

Staff told us that the assessment of patients included overall nutritional review, including identification of difficulties, for example swallowing problems. In such cases patients would be referred to the specialist team concerned with speech and language

therapy, (SALT) as well as the dietitian.

Staff explained how they observed the nutritional intake for patients, using fluid intake and output charts and food records. Nutritional assessments were present in some of the patient records reviewed.

We were told that there was choice available for patients and that this included preferred or specialised diets. Staff were responsible for informing catering staff where such needs were identified and a record was made in the patient notes. Where additional supplements, such as drinks or thickening agents for food, this was recorded.

Our judgement

We found that Frimley Park NHS Foundation Trust had systems and processes in place to assess the nutritional needs of patients, to ensure that these needs were met and that monitoring and support was provided. Patients had choice and where specialised diets were required, these had been provided.

On the basis of the evidence seen and the opinions expressed by people using the services, we found the provider to be compliant with this outcome.

Outcome 06: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 06: Cooperating with other providers

Our findings

What people who use the service experienced and told us

On this occasion, we did not ask people using the services of the hospital to comment on this outcome.

Other evidence

The trust had informed us of the various processes for cooperating with other providers. This included referrals to social services, made subject to permission from the patient. Information shared with the patient's general practitioner (GP), nursing or care homes. Transfer letters were being completed and sent to other external providers of ongoing care, such as district nurses and nursing homes.

We were told that care managers were allocated to patients once the patient had been referred by the ward staff. Continuing health care team members from Surrey also attended the trust on a weekly basis, in order to ensure that assessments were completed and families were fully aware of the discharge process.

The trust used a software system to enable care with others concerned with patient discharge. During our discussions with staff, we were told that there was a discharge nurse. There was evidence of discharge planning in notes reviewed on the day of our visit.

Prior to the visit, we were advised that the trust had access to Hampshire 'Time to think beds'. This was a system that allowed patients to be discharged to these beds prior to making a final decision on their future placement

Our judgement

We found that Frimley Park NHS Foundation Trust had effective arrangements in place for information to be provided between itself and other relevant providers of healthcare, in order to ensure the ongoing care of patients.

Overall, we judge this location compliant with this outcome.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

On this occasion, we did not ask people using the services of the hospital specific questions related to this outcome. Patients that spoke to us, did however indicate, that they felt safe in the hospital.

Other evidence

We talked to staff about safeguarding vulnerable adults and children. Staff confirmed that they had received training in this area and they were able to demonstrate an awareness and understanding of this in most of the discussions held. Training statistics supplied by the trust, indicated that 89% of trained nurses and 92% of untrained staff had received this training.

Staff indicated in our discussions that they would report concerns to senior staff and that there was a designated person available to provide support and guidance, as well as taking the matter further if necessary.

We were informed by senior staff, that the trust had safeguarding policies for adults and children. These were aligned to the Surrey multi agency procedures. The trust also had staff nominated for safeguarding, who were also trained in Deprivation of Liberties Safeguard guidance.

During our observations we noted a very detailed information board on the post natal ward about safeguarding. This was supported by leaflets and contact details for further advice.

Our judgement

We found that Frimley Park NHS Foundation Trust had ensured that there were effective arrangements in place to safeguard people from abuse.

Overall, we judge this location compliant with this outcome.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

We asked patients to comment on the standards of cleanliness in the hospital and practices of the staff in relation to hand washing. All the responses were positive in relation to cleanliness. Patients had seen staff regularly washing their hands during the course of their work.

Other evidence

We visited the wards over different parts of the day and therefore the range of cleaning activities taking place was varied. We identified domestic staff undertaking their duties using the correct colour coded items of equipment. Personal protective equipment was being used. Domestic staff confirmed that they followed detailed guidance of the duties to be undertaken and we were shown copies of the cleaning schedules.

We noted on one of the wards that there were separate cleaning charts for each bay area. These identified items that needed to be cleaned either daily or weekly and were signed once the task was completed. In some cases there was no signature and it was difficult to know if the cleaning had been carried out.

All the environments visited were found to be suitably clean. We checked equipment used by patients, including commodes and found that items were clean and labelled as ready for use. Staff confirmed that they had guidance for cleaning and decontaminating patient equipment. We were also told that mattresses were checked daily, with covers unzipped to ensure thoroughness.

Staff advised us that they attended infection control training as a yearly update. They said that they had support from the infection control team and the link person in each

area. Part of the checking of staff compliance with infection control policies, and their skills linked to training, included auditing of practices. Such audits included hand hygiene, commode cleanliness and other specialised audits related to patient treatment. We noted that results of audits were displayed.

Each ward was seen to have a detailed information notice board related to infection control. We also saw a number of leaflets readily available to the public related to infection control.

Staff were noted to follow best practice guidelines with regard to uniform, and were seen to be bare below the elbow. Personal protective equipment was used and we saw staff washing their hands prior to and after patient care. We observed staff disposing of waste correctly and handling soiled linen in accordance with safe practice guidance.

Staff were able to describe in detail the correct arrangements for managing potential infectious outbreaks. They also described the process for communicating concerns through the infection control team and other members of the team needing to know. We saw isolation signs in use and staff were fully aware of the processes to be employed when such signage was in use.

Our judgement

We found that Frimley Park NHS Foundation Trust had ensured that the environment was suitably clean for people to receive treatment and care. Staff were aware of their responsibilities for infection prevention and control, and had access to information and training in infection control. There were support mechanisms in place for the monitoring of compliance with relevant policies and procedures.

On the basis of the evidence seen and the opinions expressed by people using the services, we found the provider to be compliant with this outcome.

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

Patients who received medication advised us that tablets were given on time. With the exception of one patient, other patients advised us that they had not experienced pain as a result of delays.

Other evidence

When we reviewed the patient records, we noted that there were medication charts present and that these detailed a record of prescribed drugs and when these had been given to the patient.

We noted that medications were stored correctly and that correct procedures were followed during the administration of medications.

Our judgement

Frimley Park NHS Foundation Trust had previously declared itself compliant with meeting this essential outcome and no evidence was presented or identified during this inspection to challenge that declaration.

Overall, we judge this location compliant with this outcome.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

On this occasion, we did not ask people using the services of the hospital to comment on this outcome.

Other evidence

On arrival to the trust site we noted that there was building work being undertaken as part of the development of the Accident and Emergency department. Health and safety signage was in place.

We had been advised prior to the inspection that contract workers received copies of the Trust's contractor safety rules and were required to sign to accept the document. On major contracts, such as the one taking place, the principle contractor(s) received a contractor's induction covering relevant aspects of health and safety, fire and all aspects of relevant work, such as waste management.

With regard to Employees, the trust said that staff attend mandatory occupational health, health and safety, fire and manual handling training. During our discussions with staff they confirmed that they had received this training, both at their induction and as an annual update.

During our observations of the layout of ward areas, we noted that they were suitable for the provision of care, with good access around patient beds and easy access to bathroom and toilet facilities. The trust had taken into account accessibility for those having mobility impairments. Lifts were available between floors and wheelchairs were available for use by those who required assistance.

We noted that call bells were provided at bedsides, toilets and in bathrooms. There were regular environmental checks, the results of which were displayed in ward areas. Where problems were identified from audits or through other observations, staff described the process for reporting these to the maintenance team.

We were advised prior to our visit that risk assessment processes were in place for all clinical and non-clinical risks. These were carried out on an annual basis in each department by trained staff in the main areas of health and safety, for example, manual handling, control of substances hazardous to health (COSHH) and fire. Risk assessments were placed on an electronic database and the significant risks referred to the trust's corporate governance team and placed on the trust's risk register.

Our judgement

Frimley Park NHS Foundation Trust had ensured that the environment was suitable for the provision of treatment and care. There were systems in place for risk assessing; for monitoring the environment, and for reporting problems. Staff had access to relevant training and were aware of their responsibilities for the safety and wellbeing of people using the services.

Overall, we judge this location compliant with this outcome.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- * Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- * Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with Outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

We asked patients if staff used any equipment to assist in the delivery of treatment or care and if this was so, did staff explain about the equipment. All patients that had experienced equipment being used advised that the staff had explained the use of the equipment and that they had reassured them prior to use.

Other evidence

During our visit we noted that equipment had evidence of safety checks and that items used for patients were suitably clean. Staff told us how they checked that equipment was safe to use and advised us that they had training in the use of patient equipment, such as hoists. We were also told that there was a policy and guidance for the cleaning and decontamination of equipment.

We saw that there was a good range of equipment for patient monitoring and care needs and those items were easily accessible. There was a system in place to identify that equipment had been cleaned and was ready for use.

We talked to staff about the arrangements for replacing equipment items and were told that there was a person responsible for maintenance and servicing of items. There was a system for replacing items on a schedule but where items required replacement as a priority, this would be considered and action taken to remove and replace the item.

During our observations, we identified two wall mounted shower stools in the post natal

ward that were cracked. These were reported to the nurse in charge and action was taken immediately to remedy this.

Our judgement

We found that Frimley Park NHS Foundation Trust had ensured that there were systems and processes in place for the provision of equipment and that training in the use of equipment was provided. There was sufficient equipment available to enable staff to deliver treatment and care safely.

On the basis of the evidence seen and the opinions expressed by people using the services, we found the provider to be compliant with this outcome.

Outcome 12: Requirements relating to 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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

On this occasion, we did not ask people using the services of the hospital to comment on this outcome.

Other evidence

During our visit we were able to speak with a member of the human resources staff. During our discussion the recruitment procedures were outlined to us. We were advised of the process for ensuring equal opportunities and interviewing, with good records of the latter. Professional qualifications were evident in nursing files.

We found that the documentation used for the assessment of continuation of employment history was not easy to follow for the reader. This was discussed with the director of nursing and following the visit improvements were made to the process.

Employee files were seen to contain evidence of suitable references. Checks from the criminal records bureau (CRB) and checks on suitability to work with vulnerable adults and children were kept separately, and we were shown the reference numbers for these.

We noted during our observations that staff wore identification badges and that they were also identified in some areas by photographs displayed to the public.

Our judgement

We found that Frimley Park NHS Foundation Trust had ensured that there were

effective recruitment processes in place. There were appropriately experienced and skilled staff available to enable the delivery of treatment and care to patients using the hospital services.

Overall, we judge this location compliant with this outcome.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We asked patients if they felt there were sufficient staff to meet their individual needs. Whilst some patients felt that the staff were very busy, particularly when the ward was full, most felt that there were enough staff. Comments made included, "They are very efficient," and "calls are answered immediately."

Other evidence

During our observations, we noted that there appeared to be sufficient numbers of staff to enable the delivery of care in a timely manner. We saw evidence of good team work and staff enjoying their work, showing enthusiasm and willingness.

We noted that call bells were answered promptly and that staff were engaged for the majority of their time in direct patient care. We also noted that the support services, such as domestics and catering staff were in good numbers. Domestic staff informed us that they would sometimes assist with catering, such as giving out meals and drinks. They said that training in food hygiene had been provided to enable them to assist.

When we talked to staff about their duties they advised us that they felt there were good staffing levels and that the duty rota was planned to take into account parts of the day where activity was greatest. Contracted staff had back up support from temporary or 'bank' staff, for times of sickness or holiday cover.

Our judgement

We found that Frimley Park NHS Foundation Trust had ensured that there were

sufficient staff available to deliver treatment and care to those people using the services of the hospital.

On the basis of the evidence seen and the opinions expressed by people using the services, we found the provider to be compliant with this outcome.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

On this occasion, we did not ask people using the services of the hospital to comment on this outcome.

Other evidence

We talked to staff on the wards about their training as well as a number of representative matrons. We were told by senior staff that everyone is responsible for identifying and arranging their own personal training needs, outside of the mandatory training. Staff said they had access to mandatory training as well as specialised subjects related to patient care. We were told that there was an annual training budget and that the trust had good links with the local University of Surrey for the provision of some courses.

Staff told us that they had attended an induction programme and staff also had local induction in their place of work. Staff were also introduced to the various policies and procedures available to support them. This included such policies as 'Whistle Blowing' and the 'Bullying and Harassment Policy.'

We were told that there were systems in place for monitoring attendance at training and follow up, where staff booked on training sessions but did not attend. The training department was responsible for retaining evidence of attendance at training. An electronic data base was in place for storing training information, such as attendance and managers had access to this.

Staff told us of the various support mechanisms available to them. This included a

'preceptorship' programme for newly qualified nursing and midwifery staff. This is a supportive programme where staff work in close proximity with senior staff as they develop their newly acquire skills. This was commented on very favourably by staff that had recently joined the hospital team. Staff advised that they had mentoring and access to line managers. In addition they had been given the opportunity to review their performance in an annual appraisal. We were told that during the appraisal, staff identified and discussed ongoing training and development needs.

Staff indicated that they had access to guidance in the form of policies and procedures. These were available in paper copy and also electronically, on the hospital intranet. In relation to supervision, staff said that they had general supervision, which may include checks on the standard of their work, for example cleaning of the ward areas for domestic staff. Clinical staff advised us that they had some competencies to achieve related to aspects of clinical care, such as drug administration.

Our judgement

We found that Frimley Park NHS Foundation Trust had systems and processes set up to enable staff to be supported in their work; to identify learning and development needs and to access relevant training.

Overall, we judge this location compliant with this outcome.

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 compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

When we asked patients if they were aware of how they may provide feedback about the quality of services provided in the hospital, most of the patients had not seen any information about this.

Other evidence

We were informed by the senior staff that there were a number of mechanisms used by the trust to assess and monitor the quality of service provision. This included feedback from service users using an inpatient and outpatient survey and a 'Picker patient frequent feedback survey.' This was a hand held device for recording feedback from patients prior to their discharge. Information from these sources was then communicated to the nursing and midwifery quality forum. Any actions that were required were said to be agreed at this meeting and communicated to staff. Staff that spoke to us on the wards visited were able to advise us of these two methods of monitoring.

Staff also told us about a monthly peer review which was used to assess a range of areas on a quality 'matrix.' Information was also collected by senior managers and non executives, during a monthly patient safety walkabout. Information from these walkabouts would then be fed into a report on the patients experience and reported to the board of directors.

Staff working in the maternity area advised that they used additional methods for assessing the standards of service. In one method a survey of women's experiences of

maternity care was used and secondly, there was a maternity care evaluation form. Both of these documents were shown to us during our visit.

We were provided with additional information about the monitoring systems in place. This included information about the processes for reporting and reviewing of incidents, such as slips trips and falls, medication errors and complaints. Where adverse events or near misses had been recorded and reported, this information was investigated and reported to the respective governance groups. Changes in practice or procedures were then cascaded to relevant staff members.

Our judgement

Whilst patients were not always aware of the mechanisms for providing feedback on the quality of services, we found that Frimley Park NHS Foundation Trust had systems and processes in place to assess and monitor the provision of services; to manage risks and that staff were aware of these.

Overall, we judge this location compliant with this outcome.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- * Are sure that their comments and complaints are listened to and acted on effectively.
- * Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us

Most of the patients that spoke to with us indicated that they had not seen any information to advise them of the process for raising a concern or complaint. Though none of these patients had a concern or complaint to make, some of the patients said that they would tell a member of staff.

Other evidence

Prior to our visit to the trust, we were informed that the trust had a system for recording complaints, incidents and litigation matters. This was described as an electronic database, which enabled the reporting of information as required. We were able to view information reported to the trust board, which summarised key themes, trends, number's of complaints and changes to practice.

During our observations we were able to identify information on display, to assist people using the services on raising a concern or to make a complaint. This included contact details for the patient advice and liaison service, (PALS) which was noted to be displayed on bedside televisions. We noted that there was a touch screen monitor in the main reception area, which outlined the PALS service in five local predominant languages.

We observed comment cards located in various parts of the hospital. The comment cards contained the PALS contact information. We were advised that information from these comment cards was reviewed by the PALS team. Where issues or concerns had been raised, we were told that these matters were then referred to the ward or

department manager for investigation and action. The trust also had a complaints team, each person having responsibility for managing individual complaints. This allowed continuity of contact with the complainant and improved the process.

Staff were aware of the complaints policy and were able to describe to us the processes for responding to and following up complaints. We were informed that members of senior nursing and educational staff would also discuss complaints with all clinical staff as part of the annual patient safety training.

We were advised by staff that there is a monthly complaints forum that is chaired by the director of nursing (DON). Part of the responsibility of this forum was to monitor compliance with the complaints policy, including acknowledgement and response times to complaints.

Our judgement

We found that Frimley Park NHS Foundation Trust had systems and processes in place to enable people using its services to raise a complaint, and that such complaints would be recorded, investigated and responded to.

Overall, we judge this location compliant with this outcome.

Outcome 20: Notification of other incidents

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

There are minor concerns with Outcome 20: Notification of other incidents

Our findings

What people who use the service experienced and told us

On this occasion, we did not ask people using the services of the hospital to comment on this outcome.

Other evidence

As part of our ongoing assessment of compliance, we monitor notifications related to safety and welfare of service users through external reporting bodies. We have reviewed notifications from the trust to the National Patient Safety Agency (NPSA), and the National Reporting and Learning System (NRLS), and noted that the trust reports a similar rate of patient safety incidents as other trusts in its group of medium sized acute trusts. The trust investigated these incidents, and, of the notifiable incidents, 50% had been submitted to the NRLS within 36 days of the incident, which is the same as the average. In relation to incidents reported and identified as having caused death or severe harm, 50% were reported to the NRLS within 44 days of the event, which was worse than the average of 37 days.

We talked to senior staff about the reporting processes for informing external bodies, such as the NPSA and the Care Quality Commission of situations where the welfare, health and safety of a person may be affected. We were told that there were nominated people within the hospital who received information from staff in local areas. Reports were presented to the people responsible on the same day as the situation is identified. This would then be investigated and action plans put in place.

We were advised that staff had been made aware of the importance of reporting

adverse situations during their induction. They also had access to policies to guide them and other support, such as safeguarding leads and heads of departments.

Our judgement

Frimley Park NHS Foundation Trust had made sure that staff were aware of the need to report notifiable incidents and that there were systems in place to investigate such matters. However, some of these incidents were not reported as promptly as would be expected.

Overall, therefore, we found that there are areas of non-compliance with this outcome.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

On this occasion, we did not ask people using the services of the hospital to comment on this outcome.

Other evidence

Prior to our visit to Frimley Park Hospital, we were informed that each patient had their own care record and all such records were held in a secure health records library. Each patient had a unique number to enable identification and easy access. Case notes were also bar coded for tracking to individual locations. Access to the medical records was said to be available 24 hours a day, 7 days a week.

We were advised that staff had received training in relation to the accurate completion of patient information. Clinical staff had been trained on the record keeping standards and access to medical notes as part of their induction. This information was also included in the annual update for nursing and other allied health professionals.

From our observations of patient records, we did find that records were not always personalised and though entries were made for each part of the nursing day, it was not always easy to identify if patients had been given choices or had their personal preferences addressed. This does not meet with the requirements of accurate record keeping.

We saw that during the patient's stay their care plan notes and relevant observation forms were kept at the bed area, allowing update and involvement of the patient in reviews. The remaining confidential parts of the records were stored safely, but within access to other healthcare professionals involved in each patients care.

Our judgement

Whilst Frimley Park NHS Foundation Trust had made sure that patient records were managed and stored safely in accordance with recommended guidance, we found that entries into the patient record did not always demonstrate individualised and personal care.

Overall, we judge this location compliant with this outcome.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>Why we have concerns: Frimley Park NHS Foundation Trust had ensured that there were measures in place for staff to provide treatment and care that was respectful of the needs and dignity of each individual. People were provided with information to assist them in making decisions about their treatment and care. Patients expressed their choices but these were not always followed.</p>	
Maternity and midwifery services	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>Why we have concerns: Frimley Park NHS Foundation Trust had ensured that there were measures in place for staff to provide treatment and care that was respectful of the needs and dignity of each individual. People were provided with information to assist them in making decisions about their treatment and care. Patients expressed their choices but these were not always followed.</p>	
Surgical procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>Why we have concerns: Frimley Park NHS Foundation Trust had ensured that</p>	

	<p>there were measures in place for staff to provide treatment and care that was respectful of the needs and dignity of each individual. People were provided with information to assist them in making decisions about their treatment and care.</p> <p>Patients expressed their choices but these were not always followed.</p>	
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>Why we have concerns:</p> <p>Frimley Park NHS Foundation Trust had ensured that there were measures in place for staff to provide treatment and care that was respectful of the needs and dignity of each individual. People were provided with information to assist them in making decisions about their treatment and care.</p> <p>Patients expressed their choices but these were not always followed.</p>	
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>Why we have concerns:</p> <p>Frimley Park NHS Foundation Trust had ensured that there were measures in place for staff to provide treatment and care that was respectful of the needs and dignity of each individual. People were provided with information to assist them in making decisions about their treatment and care.</p> <p>Patients expressed their choices but these were not always followed.</p>	
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>Why we have concerns:</p> <p>Frimley Park NHS Foundation Trust had ensured that there were measures in place for staff to provide treatment and care that was respectful of the needs and dignity of each individual. People were provided with information to assist them in making decisions about their treatment and care.</p> <p>Patients expressed their choices but these were not</p>	

	always followed.	
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 18 CQC (Registration) Regulations 2009	Outcome 20: Notification of other incidents
	<p>Why we have concerns:</p> <p>Frimley Park NHS Foundation Trust had made sure that staff were aware of the need to report notifiable incidents and that there were systems in place to investigate such matters. However, some of these incidents were not reported as promptly as would be expected.</p>	
Diagnostic and screening procedures	Regulation 18 CQC (Registration) Regulations 2009	Outcome 20: Notification of other incidents
	<p>Why we have concerns:</p> <p>Frimley Park NHS Foundation Trust had made sure that staff were aware of the need to report notifiable incidents and that there were systems in place to investigate such matters. However, some of these incidents were not reported as promptly as would be expected.</p>	
Maternity and midwifery services	Regulation 18 CQC (Registration) Regulations 2009	Outcome 20: Notification of other incidents
	<p>Why we have concerns:</p> <p>Frimley Park NHS Foundation Trust had made sure that staff were aware of the need to report notifiable incidents and that there were systems in place to investigate such matters. However, some of these incidents were not reported as promptly as would be expected.</p>	
Surgical procedures	Regulation 18 CQC (Registration) Regulations 2009	Outcome 20: Notification of other incidents
	<p>Why we have concerns:</p> <p>Frimley Park NHS Foundation Trust had made sure that staff were aware of the need to report notifiable incidents and that there were systems in place to investigate such matters. However, some of these incidents were not reported as promptly as would be expected.</p>	
Transport services, triage and	Regulation 18 CQC	Outcome 20: Notification of

medical advice provided remotely	(Registration) Regulations 2009	other incidents
<p>Why we have concerns: Frimley Park NHS Foundation Trust had made sure that staff were aware of the need to report notifiable incidents and that there were systems in place to investigate such matters. However, some of these incidents were not reported as promptly as would be expected.</p>		
Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009	Outcome 20: Notification of other incidents
<p>Why we have concerns: Frimley Park NHS Foundation Trust had made sure that staff were aware of the need to report notifiable incidents and that there were systems in place to investigate such matters. However, some of these incidents were not reported as promptly as would be expected.</p>		

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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

The provider's report should be sent within 28 days of this report being received.

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

What is a review of compliance?

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

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

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

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

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

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

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

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

Information for the reader

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