

# Review of compliance

## Frimley Park Hospital NHS Foundation Trust Frimley Park Hospital

<b>Region:</b>	South East
<b>Location address:</b>	Portsmouth Road Frimley Camberley Surrey GU16 7UJ
<b>Type of service:</b>	Acute services with overnight beds
<b>Date of Publication:</b>	October 2012
<b>Overview of the service:</b>	<p>Frimley Park NHS Foundation Trust is a large acute hospital with 700 beds. It serves people across North-East Hampshire, West Surrey and East Berkshire.</p> <p>The hospital is host to a Ministry of Defence Hospital Unit with military surgical, medical and nursing personnel fully integrated with the hospital's NHS</p>

	staff providing care to patients in all specialties.
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# 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 inspected.**

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 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

Patients told us what it was like to stay at the hospital and described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether patients staying at hospital were treated with dignity and respect and whether their nutritional needs are met.

The inspection team comprised of three Care Quality Commission (CQC) inspectors and a practising professional. The team was joined by an Expert by Experience, who has personal experience of using or caring for someone who uses this type of service.

We talked with 12 patients and 24 staff within the hospital and observed the care and support provided to other patients. We visited the elderly care wards, the stroke unit and the medical assessment unit. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people. We focused our observation over the lunchtime period on the four wards. We spoke with a range of staff from wards and departments and looked at 12 patient records.

Most patients staying at the hospital told us they were happy with the way they were looked after. We were told "staff are wonderful" and that, "the care is very good." Patients told us that "Staff are all very caring people and always ask if you are OK." However, there were some negative comments about one particular ward being noisy at night and one relative thought that the staff changes were too frequent and that "Care was not personalised."

Most patients we talked with told us that they enjoyed the meals and that there was plenty

of choice. One patient said " The food is beautiful" others told us "The food is very good"

The majority of patients staying at the hospital said that they felt safe and knew how to report concerns.

## **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**

The provider was meeting this standard.

Patient's privacy, dignity and independence were respected. Patient's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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

The provider was meeting this standard.

Patients were protected from the risks of inadequate nutrition and dehydration.

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

The provider was meeting this standard.

Patients were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening

### **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.

There were enough qualified, skilled and experienced staff to meet people's needs.

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

The provider was meeting this standard.

Patients were protected from the risks of unsafe or inappropriate care and treatment.

## **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

Most patients told us that they were treated with dignity and respect. One patient told us "I can't praise them highly enough, I have everything I need." Another patient told us that "They (staff) are very good, they treat me with respect and they are very careful about my dignity."

However, one relative told us that the staff did not seem to be aware of her relative's preferences and told us that "The staff personnel change too often for there to be personalised care."

There were also some negative comments about the night staff on one of the elderly care wards. The provider may wish to note that three patients told us that it was noisy and chaotic at night and that staff did not appear to speak quietly at night, which meant that patients were not able to rest as easily. This was feedback to senior management who told us they would take immediate action.

##### Other evidence

Is people's privacy and dignity respected?

We used a number of different methods to help us understand the experiences of

patients using the service, as some patients using the service had complex needs which affected their speech and communication. This meant they were not able to tell us their experiences directly. We used the SOFI to help us understand the experience of patients who could not talk with us.

During our visits to two elderly wards, a stroke unit and a medical assessment unit we observed that patients were treated with respect and dignity at all times. Staff spoke quietly when asking patients if they required personal assistance. Staff showed discretion and privacy when supporting patients with procedures or personal care by making sure that their curtains were closed around their beds. We saw that staff used signs attached to the curtains reminding others not to enter during personal care or private procedures.

On each ward we visited we saw a dignity statement notice explaining what dignity meant.

Are people involved in making decisions about their care and treatment?

During our observations we saw that preferred names were written on patient information boards at patient's bedsides and that this was adhered to.

We saw that patients were involved in making decisions about their care, where possible and that relative and advocates were involved where, for example, someone was too unwell to discuss their preferences about their care and treatment.

We reviewed care plan records and saw that the next of kin had been recorded for each record we reviewed. Staff told us that they would always involve the relative where the patient was unable to be fully involved due to their medical condition.

Staff told us that they had received training in promoting choice and providing care in a way that maintained dignity. During our ward visits we observed staff encouraging patients to make choices and promoting patients independence. We also observed that staff communicated effectively with patients when delivering care and support and checked to ensure that the patients understood what staff were about to do.

### **Our judgement**

The provider was meeting this standard.

Patient's privacy, dignity and independence were respected. Patient's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

## 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

The majority of patients we talked with told us that they enjoyed the meals provided. Comments about food were positive. One patient said that the food was "Very good" another said that "I get plenty to eat and drink" and "If I want anything I only have to ask." Another patient told us that "The food is very good, they really give you too much and it's always hot."

We asked if patients had a choice of food and they agreed they did, one patient told us "We have plenty of choice and it is always hot when served." Some patients were aware that food was freshly cooked on the premises and there was an appreciation of this. One patient told us "They do very well with the food here."

Most of the ten patients that we spoke with told us that they had chosen what they wanted to eat from the menu. One patient said had not wanted what had been provided and a staff member had promptly requested a replacement meal of their choice.

Patient told us that nurses and other support staff helped them with eating and drinking when necessary. One patient told us "Nurses help me with my food, they are very kind."

We asked whether patients had enough to drink and patients mainly agreed that they did have enough, one patient told us "They are very good at providing drinks during the day." However, one person was given a supplement drink that she did not like and would have preferred to have chosen an alternative.

#### Other evidence

Are people given a choice of suitable food and drink to meet nutritional needs?

We sampled treatment records for twelve people which showed that their nutrition and hydration had been monitored. The documentation included a full breakdown of the patient's fluid intake and output, what type of meal they were provided with, how much they had eaten and whether fortified drinks and thickeners had been part of their dietary intake. We saw that staff had consistently signed and dated the records to ensure that accurate records were kept of patient's nutrition.

We observed that there were menu choices available and several patients had different meals from other patients. The range of menus that we saw indicated that they had been adapted to suit all dietary requirements and these had been agreed with the dieticians and other professionals.

We were told that patients using the service were regularly surveyed and the menu was changed in response to feedback. The hospital was in the process of changing the supper menu in response to a recent survey.

Are people's religious or cultural backgrounds respected?

We looked at twelve care plans and assessments and these included a section for recording patient's spiritual needs. Staff told us that patients were asked if they had any particular religious or cultural requirements and we saw in the care plans that staff had asked this and documented it.

We were told by ward staff that there were menus for different religious and cultural backgrounds and that these were requested as needed. We spoke with catering managers who confirmed this and also told us that menus were available in different formats so that they were accessible to everyone, for example, Braille, picture format and different languages.

Are people supported to eat and drink sufficient amounts to meet their needs?

We undertook a SOFI observation on three wards during the lunchtime period as well as carrying out general observations. During this time we observed that patients were supported to eat and drink sufficient amounts with little distraction. We observed that patients were helped to use hand gel prior to eating, which was kept at the end of each bed, and we saw patients being helped into the right position before they ate. Staff were attentive and ensured patients dignity by wiping any spillages and made sure that patients clothes were protected.

At observed that staff sat beside patients to support them with their meals and that encouragement was offered in a respectful manner taking into account the pace and needs of the patient being supported. We saw that patients were encouraged to be as independent as possible. We saw that on two wards this included providing patients with sufficient adapted crockery and drinking straws.

We observed that all engagements by staff towards patients were positive and communication was kept at a minimum in order that the patients could be supported to concentrate on what they were doing. We noted that during the meal time the general noise on the wards were lessened to provide low stimulus and impact so patients and

staff could concentrate on making sure patients were eating and drinking safely.

On each ward protected meal times were observed and we saw posters reminding staff and visitors that mealtimes were protected so that patients had the opportunity to eat and rest after their meal. On the medical assessment unit we noticed that a doctor visited a patient during the protected meal time and this went unchallenged. The nurses on that ward told us that not all the medical staff observed the protected mealtimes and they required reminding at times. The provided may like to note that not all staff were adhering to the protected mealtime policy, which means that patients could be unnecessarily interrupted during their meals.

We saw that a red tray system was in operation whereby those with a red tray were easily identified as needing help. We saw that those patients were being helped by staff. We also noted that the hospital used a colour code for all patients on the wards. The green tray indicated that no help was required and the yellow tray indicated that some help was needed, such as opening packets and cutting food. We saw that this was working well and enabled staff to identify and help patients more easily.

We were told that the hospital had a team of volunteers that were trained to assist patients with eating, although we did not observe any volunteers during our visit.

On one ward we saw that a relative of a patient came in to help them with their food and that staff checked that the meal was still hot enough when the relative arrived.

#### **Our judgement**

The provider was meeting this standard.

Patients were protected from the risks of inadequate nutrition and dehydration.

## 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

Most patients we spoke with told us that they felt safe and well cared for. Patients were clear about who they would report concerns to and each patient said that they would report any concerns to a member of staff.

Most patients told us that they were happy with the care provided on the wards with one patient saying "I can't praise them highly enough." We were told by two patients that staff are "Very kind." One patient expressed a concern about some of the night staff on one ward in relation to being handled in what they perceived to be a bullying and rough manner. This was reported to the senior managers, who responded appropriately by reporting this allegation to the local safeguarding authority. We were provided with information that indicated to us that the matter had been taken very seriously and that immediate actions had been taken to investigate and address this concern.

##### Other evidence

Are steps taken to prevent abuse?

We saw that the hospital had a number of measures in place to prevent abuse. For example, there were up to date safeguarding policy and posters displayed in all ward areas we visited, which stated who to contact if there was a safeguarding concern.

We saw that there were Trust wide safeguarding leads who were trained as best interests assessors, experts in safeguarding capacity and Deprivation of Liberty Safeguards (DoLS). The hospital also has a lead consultant for safeguarding, Mental

Capacity Act 2005 (MCA) and DoLS.

Do people know how to raise concerns?

We spoke with staff about their training in relation to preventing abuse and staff confirmed that they received regular training and were knowledgeable about some aspects of safeguarding vulnerable adults.

We spoke with staff who told us how they would report abuse or suspected abuse and they were clear about their duty of care. Staff knew how to raise concerns and were knowledgeable in relation to safeguarding concerns and whistle blowing.

Some staff demonstrated a very good awareness of safeguarding procedures and reporting protocols and were able to articulate that by meeting a patients needs that the potential for abuse was reduced. All staff we spoke with told us that safeguarding vulnerable adults was a high priority.

Patients using the service and members of the public were also alerted how to raise concerns through the information posters displayed in the ward areas.

Are Deprivation of Liberty safeguards used appropriately?

All staff received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Some staff we spoke with told us that they had recently had a skills training day, which included MCA and mental health training.

We observed that on one ward a patient was receiving one to one support and noted that the member of staff was patient and attentive. Most staff that we spoke with were generally aware of the need to protect patients rights, using the least restrictive care practices and to act in patients best interests if they did not have the mental capacity to make their own decisions. However, three trained staff that we spoke with were not confident that they had enough knowledge about DoLS and MCA. This was confirmed when we spoke with a number of matrons and the Head of Nursing who told us that some junior staff were not fully aware of the MCA and DoLS.

The provider may wish to note that some of the nursing staff lacked knowledge about DoLS and MCA, which meant that there was a risk that DoLS may not be used appropriately. The provider has already sent an action plan that states the hospital has increased DoLS and MCA training for all qualified staff and the provider had added training on DoLS to the planned monthly training days.

### **Our judgement**

The provider was meeting this standard.

Patients were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

Patients mainly told us that staff were available when they needed them and that they thought that staff were sufficiently trained. Several patients commented that staff worked hard. One patient said "Staff try so hard to keep everything going, even when they are busy they still speak to you asking how you are as they pass." Another patient said "Staff work very hard." One patient also commented "Staff made me feel so much better."

##### Other evidence

Are there sufficient numbers of staff?

We saw that there were sufficient staff to meet patient's needs on each of the wards that we visited. We did not hear any patients calling for support and we saw that bells were answered promptly. We observed that staff were quickly available when patients needed assistance.

We spoke with a team of hospital matron's and clinical specialists and were told that the hospital undertook a number of measures to ensure that each ward was always sufficiently staffed. For example, twice daily audits were undertaken to assess staffing levels. All wards were checked and staff skill mix assessed and reorganised if required. We were told that additional staff were always available for deployment to wards when necessary. The matron's commented that the hospital rarely needed to employ agency staff to ensure that they had sufficient numbers of staff. This meant that patients were more likely to be looked after by staff that were familiar with the hospital and ward

routines.

Staffing levels were also monitored at ward level. We were told that additional resources could be accessed where necessary, if for example, more help was needed to assist people with their food or drink.

Staff told us they felt able to report to senior staff if there were not enough staff at busier times. They told us the senior staff had taken these requests seriously and taken action to ensure wards were adequately staffed.

Do staff have the appropriate skills, knowledge and experience?

On each ward we saw that the staff team, which comprised of registered nurses, health care assistants and a range of multi disciplinary staff were well managed and staff went about their duties in an orderly and professional manner.

We observed and spoke with staff. We saw that they had suitable skills and knowledge to support patients with their nutritional needs and to treat patients with dignity and respect. Staff had been supported to do this through a range of appropriate training. For example, nutrition training and dignity training was part of the hospitals' programme of mandatory training for staff. Staff were able to access training through a programme of regular training days.

We spoke with staff and found that they were knowledgeable within their specialist areas. Staff we spoke with were also knowledgeable about how to ensure dignity when caring for patients and how to assess and monitor nutritional requirements.

We were told that specialist training appropriate to the ward environment was provided. For example, on the stroke unit staff received training from the speech and language therapist to enable staff to recognise any problems that patients may encounter with swallowing after a stroke.

We spoke with a number of staff on the wards who told us that they received developmental training. For example, a health care assistant was being supported to complete the assistant practitioner course to enable her to work as a health care assistant with advanced skills.

### **Our judgement**

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

## 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

We spoke with patients who were staying at the hospital but their feedback did not relate directly to this standard.

##### Other evidence

Are accurate records of appropriate information kept?

We looked at twelve care plans on four wards and found that care plans had recorded sufficient information which described the way in which care was to be provided. We saw that the hospital used a standardised format for nursing care records. We saw that assessments, care goals, and risk assessments were being recorded and up-dated regularly.

We looked at the nutritional screening assessments and saw that these were completed and reviewed regularly. We saw food records and fluid charts beside each patients bed, and those we observed were completed accurately.

Other assessment tools, such as observation charts for unpredictable behaviour were observed on an elderly care ward. It was stated that this was to be used to observe the patient's mental state. We saw that the observation chart was not being consistently used to describe the patient's mental state. Information such as whether a patient had eaten their breakfast or used a bedpan was being recorded on two of these

assessment tools and we saw no recent record of the patient's mental state. The provider may wish to note that appropriate information should be recorded on specific assessment tools so that an accurate assessment can be made to inform the care plan. If these are not completed fully or accurately there is a risk that patients may not always receive the appropriate care.

Are records stored securely?

We observed that patient's records were stored within the nurse's station and also some records were in the office. We saw that staff had appropriate access to records when they needed them.

We saw that files were kept at the end of each bed and that each file we observed stated that the contents were private and confidential. These contained observation charts and other tools that were needed at the patient's bedside.

**Our judgement**

The provider was meeting this standard.

Patients were protected from the risks of unsafe or inappropriate care and treatment.

# 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

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