

**Royal Cornwall Hospitals NHS Trust**  
**Royal Cornwall Hospital**  
**Treliske**

<b>Region:</b>	South West
<b>Location address:</b>	Royal Cornwall Hospital Treliske Truro Cornwall TR1 3LJ
<b>Type of service:</b>	Acute Hospital registered for the following regulated activities:  Treatment of disease, disorder or injury  Assessment or medical treatment of persons detained under the Mental Health Act 1983  Surgical procedures  Diagnostic or screening procedures  Management of supply of blood and blood derived products etc.  Maternity and midwifery services  Termination of pregnancies  Family planning.
<b>Date the review was completed:</b>	February 2011
<b>Overview of the service:</b>	Royal Cornwall Hospital is situated in Truro, Cornwall. It is part of the Royal Cornwall Hospitals Trust (RCHT) which also consists of West Cornwall Hospital (Penzance), St Michaels Hospital (Hayle), Penrice Birthing Unit, at St Austell Hospital (provision of

	<p>approximately 750 beds between them) and RCHT Headquarters who manage community services at other sites throughout Cornwall.</p> <p>This is an acute hospital with services such as a 24 hour accident and emergency department, maternity unit, outpatient services, imaging and laboratory facilities. The hospital serves a local population of around 450,000 which is often doubled by holiday makers during the busiest times of the year.</p>
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# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that Royal Cornwall Hospital was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we have suggested that some improvements are made.**

The summary below describes why we carried out the 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 25 and 26 January 2011, observed how people were being cared for, talked to people who use services, talked to staff and looked at records of people who use services.

As part of the planned review we sought information from local intelligence sources. These include:

- Local Intelligence Network (LINKs) – this gave us feedback about community services.
- Mental Health Commissioner feedback summaries – this gave us feedback about the locations they had recently visited.
- Patient Experience Team – this gave us feedback about independent ward visits and network action groups that had taken place across the trust. Additionally, we made links with people using community services and/or their relatives through the patient experience team.

Some of this information is pertinent to this location and is referred to where appropriate in this report.

### WHAT PEOPLE TOLD US

People who use services at Royal Cornwall Hospital told us they were happy with the care and support they received. They praised nursing and care staff who they said were 'helpful', 'lovely', 'kind' and that 'nothing is too much trouble'. They said that there is enough staff available to meet their needs.

Comments about the food at the hospital included 'the meals are pretty good', 'food is sufficient' and 'the food is better than in some hotels'

When we asked people about their medicines management we were told that staff were 'very helpful and kind' and 'got hold of my medicines very quickly'. One patient told us they had stayed in the hospital regularly for over 10 years and had never had any problems with medicines, and was 'very happy with everything'

Staff told us that they liked working at the hospital and were enthusiastic about their specialist areas of work.

## **What we found about the standards we reviewed and how well Royal Cornwall Hospital was meeting them**

### **Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run.**

Peoples' independence, privacy and dignity are respected and they are able to make informed choices and express their views.

- Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

### **Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it.**

People are provided with information and support in order for them to be able to give informed consent to their care and treatment.

- Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

### **Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights.**

People using the service experience effective, safe, and appropriate care, treatment and support that meet their needs. Staff are knowledgeable about peoples' needs and these are regularly reviewed and updated.

- Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

### **Outcome 5: Food and drink should meet people's individual dietary needs.**

Systems in place ensure that people have sufficient nutrition and hydration.

- Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

**Outcome 6: People should get safe and coordinated care when they move between different services.**

Care and support is delivered by a multi-disciplinary team that shares information to ensure that people receive co-ordinated care whilst in hospital.

- Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

**Outcome 7: People should be protected from abuse and staff should respect their human rights.**

There are comprehensive systems, policies and procedures in place, and all staff receive regular training to ensure that people are safeguarded from abuse.

- Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

**Outcome 8: People should be cared for in a clean environment and protected from the risk of infection.**

There are thorough systems, processes, policies and procedures in place for the prevention and control of infection. The hospital is clean and all staff are provided with regular infection control training ensuring that patients, staff and visitors are protected from the risk of infection.

- Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

**Outcome 9: People should be given the medicines they need when they need them, and in a safe way.**

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome. In order to maintain this, we have included an improvement action concerning an outstanding patient safety alert that has not been fully completed yet.

- Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

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

The Royal Cornwall Hospital provides an environment that is safe, well maintained and accessible to people using the service.

- Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

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

There is suitable and sufficient equipment, fixtures and fittings provided for staff and patient use. It is well maintained, suitable for purpose. Staff are provided with appropriate training. This helps to ensure that patients, staff and visitors are protected from harm when equipment is in use.

- Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

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

Systems are in place to ensure that staff recruited to work are fit, and have suitable skills, knowledge and experience to carry out their roles.

- Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

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

Discussion with staff and observation on some wards and in outpatient departments at The Royal Cornwall Hospital indicated that there are enough staff to meet people's needs. Feedback from people using the service indicated that staff are busy, but approachable and able to inform them and meet their needs.

- Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

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

The Trust has a comprehensive induction, ongoing training programme and support mechanisms in place meaning that people are cared for by staff who are appropriately trained.

The Trust has recognised that 'personal development reviews' have not been carried out as often as they should have been and have put systems in place to ensure the uptake is improved and monitored.

- Overall, we found that Royal Cornwall Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

The actions the Trust take in regards to monitoring quality and identifying adverse events and incidences to establish what caused them means that people who use the services are protected from risks associated with unsafe care, treatment and support.

- Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

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

There are satisfactory systems and processes in place to ensure comments and complaints are listened to and acted upon effectively.

- Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

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

There are satisfactory systems and processes in place to ensure that records are managed effectively.

- Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

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

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

**Since we carried out this review we have carried out a further check in response to concerns that one or more essential standards of quality and safety may not be being met by the Royal Cornwall Hospital. We will publish a report when our check is complete.**

**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 1: 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 1: Respecting and involving people who use services

### Our findings

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

We talked with people at Royal Cornwall Hospital and asked them if the service that they receive meets their preferences and choices. People told us they were content with the service provided and were able to make choices. People described the nursing and care staff as ‘very helpful’, ‘lovely’ and ‘attentive’. One person said the attention they received from the Nurses and Doctors was ‘very good’.

Patients we spoke to on our visit were positive about their care and treatment and described staff as caring, helpful, and friendly. Patients we spoke to were well informed about their treatment plans, felt involved in their care process, and had met with their named doctors or specialist nurses. We observed appropriate, caring and personalised nursing and personal care being given to patients by ward staff. The staff explained what they were doing and why. We saw privacy curtains were being used appropriately around beds to maintain privacy. Staff checked with patients as to their needs and preferences. When we were on wards we saw staff speaking with patients quietly and in a respectful manner.

We looked at the Patient Experience Questionnaire, which is used by the Trust to monitor key themes which are national and local priorities. For October 2010 a total of 376 completed questionnaires were received across the Trust. Some of the responses for Royal Cornwall Hospital are:

- Were you greeted when you arrived at the ward? 96% said “Yes”
- Were you seen and treated as soon as you feel you should have been? 97% said “Yes”
- When you were first admitted did you share a sleeping area with patients of the opposite sex? 75% said “No”
- If you moved to another ward (or wards) did you ever share a sleeping area with patients of the opposite sex? 81% said “No”
- Did staff talk in front of you, or discuss your condition/needs, as if you were not there? 82% said “No”
- Were you given enough privacy when discussing your condition or treatment? 77% said “Yes, always” – 18% said “Yes, sometimes” – 5% said “No”.

There were comments made by patients via the NHS Choices website. Most of these were positive.

### **Other evidence**

We walked around the hospital and saw clear signs and directions to help people find their way around. The reception staff were helpful in providing directions and answering numerous questions.

We were told by staff that interpreters and translators are available if requested by staff, patients, or relatives. Information was seen that stated that Braille translation and signing services, RNID typetalk, disabled facilities, wheelchair access, and bereavement support are also available.

The 2010 Patient Environment Action Team (PEAT) scored the hospital as ‘Excellent’ for Privacy and Dignity, confidentiality, modesty, dignity and respect.

Information submitted by the provider prior to the site visit identifies a number of policies and documents as evidence used to assess their compliance with this outcome; the Trust’s assessment was ‘yellow’ (green being compliant and red being non compliant). The information outlines action plans where the Trust are continuing to work towards maintaining compliance with this outcome of respecting and involving people who use services.

As a result of the findings of the Patient Experience Questionnaire an action plan has been developed by the Royal Cornwall Hospital Trust senior matrons. Procedures are to be put in place to ensure records are kept of information given to patients and that regular checks are made to ensure the patient and nearest relative understands their rights. The Trust has said it will continue to engage with local patient/carer support groups and forums around patient information developments and options around communicating ‘choice’.

**Our judgement**

Peoples' independence, privacy and dignity are respected and they are able to make informed choices and express their views.

Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

# Outcome 2: 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 2: Consent to care and treatment

### Our findings

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

People using the services of Royal Cornwall Hospital confirmed that staff talk to them about their care, and they could talk to staff about their worries or fears. Forty out of sixty four people who left comments on the NHS Choices website said they were involved in decisions about their care.

We looked at the Patient Experience Questionnaire, which is used by the Trust to monitor key themes which are national and local priorities. For October 2010 a total of 376 completed questionnaires were received across the 3 hospital sites. Some of the responses for Royal Cornwall Hospital are:

- 87% of people said that the right amount of information was given to them about their care or treatment
- Were you involved as much as you wanted to be in decisions about your care and treatment? 95% said “Yes, always” or “Yes, to some extent”
- Did hospital staff tell you who to contact if you were worried about your condition? 72% said “Yes”, though 28% said “No”
- 85% of people said they had a very clear or fairly clear understanding of what would happen next regarding their care or treatment.

When asked “how would you rate the care you received?” 55% of people using Royal Cornwall Hospital said “Excellent” and 34% said “Very Good”.

## **Other evidence**

Information from the provider told us that the Trust have been discussing with the Cornwall Partnership Foundation Trust (CPFT) whether training could be delivered by their Mental Health Act Advisor to ensure that patients rights are being protected (and their liberties curtailed lawfully) through the correct application of the Act and the Code of Practice by the Trust as a detaining authority. This arose as the result of a Mental Health Act Commission (MHAC) visit on 14<sup>th</sup> May 2010. The MHAC have verbal assurances (February 2011) from the Responsible Person for the Trust that Service Level Agreements (SLA) with CPFT are now in place.

Information from the provider told us that the Trust Consent for Examination and Treatment Policy provides staff with clear expectations of what is expected with regard to seeking patients consent. The policy is based on the Department of Health (DH) 'Good Practice in Consent' guidance and model policy. The policy has been recently updated to reflect the 2009 updated Department of Health 'Reference Guide to Consent for Examination or Treatment' and to strengthen the attention it gives to patients' rights under the NHS Constitution and to issues around Mental Capacity. People's capacity to make decisions is recorded and best interest decisions are documented where necessary. Visiting professionals are assisted with supporting people to make informed consent in relation to their medical needs, and evidence is recorded. As part of this process a nurse has been appointed to ensure specifically older people, who may be on acute wards throughout the hospital, are supported appropriately and that the staff on those wards are also supported in providing appropriate care and support during their stay. We spoke to the safeguarding lead during our visit who was also able to describe how she is involved with incidences where a persons capacity to make decisions is being reviewed and how their best interests are managed.

## **Our judgement**

People are provided with information and support in order for them to be able to give informed consent to their care and treatment.

Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

# Outcome 4: 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 4: Care and welfare of people who use services

### Our findings

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

People we spoke with had no complaints regarding the care they received. Feedback from the NHS Choices website is predominantly positive, one person saying my care “has been absolutely faultless and even though my case is a little complex nothing has been too much trouble for any of the nurses or care staff”.

**Other evidence**

All patients are assessed on admission using the Single Assessment Process (SAP) document. This includes sections on nutrition, religion and cultural requirements and personal requirements. Care plans examined had completed SAP documents which had then been used to identify people’s individual care and support needs.

The Royal Cornwall Hospitals Trust uses an aggregated scoring system called the Modified Early Warning Scoring (MEWS) to identify patients who may deteriorate into critical illness. Care plans enable desired outcomes to be met, and identify risk and any appropriate action needed to minimise risk. Care plans identify equipment to be used to aid moving and handling and promote skin integrity by relieving pressure. The service consults relevant professionals to ensure people’s wellbeing is maintained. Care plans that we examined contained MEWS information which had then been used to help identify people’s individual care and support needs. The plans identified risks and how they were to be managed and were centred on the person as an individual.

Information from the provider states that ‘RCHT is developing a care plan series to

assist staff with effective care planning and documentation', it says they are evidence based and 'provides documented evidence that care has been delivered and evaluated'. We were told that the system being introduced allows for individualised care planning and review.

Staff seen during the site visit were all wearing name badges. Patients who have access to the web can access the Royal Cornwall Hospital Trust website. There is a comprehensive list of contact numbers for various services as well as the Trust switch board number. Switchboard can re-direct calls through to the required department or staff member. The Royal Cornwall Hospital Trust switchboard number is also in the telephone directory.

### **Our judgement**

People using the service experience effective, safe, and appropriate care, treatment and support that meet their needs. Staff are knowledgeable about peoples' needs and these are regularly reviewed and updated.

Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

## Outcome 5: 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 5: Meeting nutritional needs

#### Our findings

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

People using the service were complimentary about the choice and standard of food. Comments included 'the meals are pretty good', 'food is sufficient' and 'the food is better than in some hotels'.

The Trusts' November 2010 Patient Experience Survey for Royal Cornwall Hospital showed:

- 83% of people said food and drink was available at any time
- 80% of people said they were always offered a choice of food (a further 15% said they were sometimes offered a choice of food)
- 77% of people said the food always took account of any religious or nutritional needs (a further 15% said the food sometimes took account of any religious or nutritional needs)
- 76% of people said they always got enough help from staff at meal times (a further 15% said they sometimes got enough help from staff).
- The food at Royal Cornwall Hospital was rated as:
  - Very Good – 20%
  - Good – 42%
  - Fair – 28%

##### Other evidence

Hot meals are provided by an external contractor and distributed around the hospital using a hot trolley system. The Trust's Patient Environment Action Team (PEAT)

assessment is an annual assessment of non-clinical aspects of care such as the environment, food and privacy and dignity for healthcare sites in England that have more than ten inpatient beds.

The Trust has a system in place to identify patients who require support with eating and drinking. Nutritional screening tools are used on wards to identify patients who require help with eating and drinking. This includes information about identified health needs, weight and any difficulties with eating and drinking. These were seen in a number of care plans examined on the wards during the site visit. We were told that staff offer choices at meals, and snacks and drinks outside of meal times and that additional equipment (e.g. plate guards) are provided where necessary. A ward manager told us that on the elderly care wards mealtimes are protected. This means that visitors are discouraged and Doctors rounds are not carried out so that staff are available to help and support people with their meals. We did not observe a mealtime during the site visit.

Royal Cornwall Hospital also provides a restaurant and cafeterias for patients, staff, visitors, and the public. Hot and cold meals are available to purchase and the inspectors thought the food provided was very good.

We were advised that dieticians provide in-patient and out-patient care to both adults and children, they offer a range of services in Renal, Diabetes, Paediatrics, Learning Disability and Mental Health, Eating Disorders, Cancer and Palliative Care.

Self assessment information from the provider assessed this outcome group as 'yellow' (green being compliant and red being non compliant). It went on to state that there is ongoing review of nutritional care throughout the Trust and the implementation of improvement action plans will benefit the people who use services by ensuring practice is monitored, reviewed and improved to meet nutritional needs while providing choice and information.

### **Our judgement**

Systems in place ensure that people have sufficient nutrition and hydration.

Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

# Outcome 6: 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 6: Cooperating with other providers.

### Our findings

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

People that use services at Royal Cornwall Hospital told us they were happy with their care. People who were being discharged to other hospitals prior to going home knew where they were going and had been seen by relevant social workers or reablement team members when discussion about their future needs had taken place.

We looked at the Patient Experience Questionnaire, which is used by the Trust to monitor key themes which are national and local priorities. For October 2010 a total of 376 completed questionnaires were received across the 3 hospital sites. Some of the responses for Royal Cornwall Hospital are:

- 50% of people said that they, their family, or carers had been involved in the planning of their discharge.
- 75% of people said they had been asked about their circumstances at home and if you they had someone to help when they were discharged?

**Other evidence**

The Trust provided some good examples of working relationships with Cornwall Partnership Foundation Trust (CPFT) and the Primary Care Trust (PCT) for example developing integrated discharge teams for complex discharge planning, Child Protection and safeguarding policies have been developed by and are used by all the local Trusts and the stroke pathway used by a range of providers that informs practice and service improvement activity. The Trust advised us of plans to ensure a

clear lead and contact point is always identified for patients across the health and social care services available.

They have a system that provide GPs and other providers with access to patient's imaging results through an electronic system. This is fully operational across all specialities.

The Trust informed us that eDischarge (electronic patient record containing clinical and administrative information) is a key product which summarises clinical discharge information including drugs on discharge. Currently this is used for all paediatric activity and will now be rolled out to renal and endocrinology. The planned roll out across the Trust will take place over six months including the interface with GPs and other providers.

We were advised that an operational group to enable partners to work together more effectively has been recently established. The "Whole Systems Resilience Network" includes representatives from Royal Cornwall Hospitals Trust, Community Health Services, Adult Social Care, Acute GP service, Out of Hours GP service, nursing homes and the South West Ambulance Service Trust. These partners are working together to ensure a coordinated approach to delivery of safe care, treatment and support.

We were told that the Trust plans to provide increased training on discharge planning, and to continue the rollout and development of new systems.

### **Our judgement**

Care and support is delivered by a multi-disciplinary team that shares information to ensure that people receive co-ordinated care whilst in hospital.

Overall, we found that the Royal Cornwall Hospital was meeting this essential standard.

# Outcome 7: 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 7: Safeguarding people who use services from abuse

### Our findings

**What people who use the service experienced and told us**  
People we spoke to said there would be no issues in raising concerns to any of the staff if the need arose.

**Other evidence**  
Information was sent to us by the provider prior to our site visit, this was informative and provided up to date evidence to support their statements. We were told about the safeguarding adult's operational group who develop, compile and monitor systems and processes throughout the Royal Cornwall Hospitals Trust. Sub groups are formed as required, such as the Domestic and Sexual Violence sub group.

We spoke with the Safeguarding Adults Named Nurse for the Trust. She was very knowledgeable and enthusiastic in her role. She told us she works with the Safeguarding Adults Named Doctor and liaises with the Department of Adult Care and Support. There is a Psychiatric Liaison Service that offer support to people with mental health issues, if they have any safeguarding concerns. There are two full time acute specialist liaison nurses supporting patients with learning disabilities supported by champions across all clinical areas, to ensure that patients with learning difficulties are treated appropriately and that staff have good access to specialist advice and support.

She told us that she had produced policies and information packages for staff

across the Trust that give them guidance on their roles and responsibilities, in respect of safeguarding adults from harm and abuse. The policies reflect national legislation requirements and the local multi agency policy. She told us she had contributed to the review of the content of all mandatory safeguarding adults training and had developed other in-house safeguarding adults training programmes. She added that the training included the Mental Capacity Act, Deprivation of Liberties Safeguards and the Independent Mental Capacity Advocacy Service (IMCA). We were told by staff that they received safeguarding training on site and could discuss any issues around the subject with the Named Nurse .

We were told that the Trust has a Restrictive Practices (Physical Interventions) Policy which defines restrictive practice to allow the practitioner to ensure that the care or treatment that they provide is lawful, legitimate, proportionate, and the least restrictive reasonable option available. This policy is available to all staff on the RCHT document library. We examined several people's care records and saw that risk assessments had been undertaken for the use of bed rails which are a form of restraint.

### **Our judgement**

There are comprehensive systems, policies and procedures in place, and all staff receive regular training to ensure that people are safeguarded from abuse.

Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

# Outcome 8: 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 8: Cleanliness and infection control.

### Our findings

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

People using the service told us they were happy with the cleanliness of the hospital. Comments on the NHS Choices website included “spotless”, “waiting area was clean and tidy” and the ‘level of cleanliness has been very good’.

**Other evidence**

Information was sent to us by the provider prior to our site visit and this was informative and provided up to date evidence to support their statements. We were told that standard infection prevention and control precautions were in place to underpin safe practice and offer protection to both staff and patients from healthcare related infections.

The Trust has a Standard Infection Prevention and Control Policy with the Hand Hygiene and Safe Disposal of Sharps Policies integrated into this. This policy outlines the responsibility of staff and provides guidance to staff on the measures required to prevent the spread of infection in hospitals. Senior Matrons and Departmental Managers are responsible for ensuring that staff are aware of the guidance and that it is implemented. Divisional Directors are responsible for ensuring that medical staff (Doctors) comply with this policy.

The Trust aims to ensure that the responsibility for infection prevention and control is embedded at all levels of the organisation to protect all patients and visitors to the hospitals.

We were told that infection prevention and control advice is provided to staff by a suitably qualified and resourced infection control team. The team is supported by a microbiology laboratory capable of promptly processing and reporting results on specimens sent for investigation. There is a multi-professional Hospital Infection Prevention and Control Committee in place to advise and support the Infection Control Team. At board level there is a Director of Infection Prevention and Control (DIPC) and the role is shared with the Infection Prevention and Control Nurse Consultant and the Infection Prevention and Control Doctor. The biggest objective is to reduce healthcare associated infection by providing the highest possible standards of infection prevention and control management. There is a Decontamination Policy and the Trust has a Decontamination and Sterile Services Manager. This is to ensure that all equipment is thoroughly cleaned, disinfected and sterilised as appropriate to reduce the risk of infection.

We spoke with the Infection Prevention and Control Nurse Consultant who was very knowledgeable and motivated in her role. She told us she is responsible for the training of all staff on infection prevention and control. This includes induction and all mandatory training and updates across the Trust. She is also involved in the training of medical staff, that is, Doctors and Consultants. She said that one part of the training for staff is in the form of a pub quiz session and this has made it more interesting.

Part of her role is walking around the hospital, observing practice and cleanliness of the environment. She said she talks to staff and asks them questions about the use of protective clothing and hand washing for example.

She is involved in auditing and reviewing data for example on infections such as MRSA and C Difficile. She said that changes for the better have been made as a result of the reviews and have improved patient care.

We were told that various meetings take place to discuss infection control across the hospitals in the RCHT and we have seen the minutes of some of these meetings along with graphs showing infection rates. An annual infection control report is written by the DIPC. It is encouraging to know that the Trust achieved both the MRSA bacteraemia and Clostridium Difficile reduction targets set for the period April 2009 to March 2010.

There was an outbreak of Novo Virus prior to our site visit. This had closed a number of wards to visitors, to try to reduce the spread of the virus and had put extra pressure on the staff as they tried to cover for colleagues who contracted the virus. The Trust have a contingency plan for occasions such as this and this was implemented with success.

Staff told us they had received infection control training. We were told there is a dress code for staff (that includes a 'bare below the elbows' policy). We did not see any staff wearing cardigans or inappropriate jewellery or footwear during our visit. We saw staff wearing plastic aprons and gloves in an appropriate manner. We also saw that staff used the hand sanitizers that were in place all over the hospital.

We were told that there is a cleaning policy and that cleaning schedules are in

place. These ensure that each area is cleaned appropriately. We saw numerous people carrying out cleaning activities whilst walking around the hospital and on the wards. We were told that the National Standard of Cleanliness score for the Trust was 94.71% for 2010.

The laundry is contracted to an external laundry service and staff said this works well, they said they had no problems during the bad weather.

We were told that people's personal laundry can be washed on site if necessary.

We were told that the Trust has systems in place for waste management and they have a contract with a company to ensure pest control. We were also told that water supply checks for Legionella take place regularly to ensure patient and staff safety.

The theatres are audited with regard to infection control and the Infection Prevention and Control Nurse Consultant said she gets involved with these. We were told that the cleaning of endoscopes is being reviewed across the Trust.

### **Our judgement**

There are thorough systems, processes, policies and procedures in place for the prevention and control of infection. The hospital is clean and all staff are provided with regular infection control training ensuring that patients, staff and visitors are protected from the risk of infection.

Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

# Outcome 9: 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 9: Management of medicines.

### Our findings

**What people who use the service experienced and told us**  
Patients we spoke to were positive about their experiences in the hospital, and they were pleased with the way they receive their medicines. They reported no problems on admission with obtaining their medicines, or with getting information about any new medicines prescribed. They said staff were ‘very helpful and kind’ and ‘got hold of my medicines very quickly’. One patient told us they had stayed in the hospital regularly for over 10 years and had never had any problems with medicines, and was ‘very happy with everything’.

**Other evidence**  
We assessed information and evidence that the provider sent to us, and we also visited the Royal Cornwall Hospital Treliske site, to assess how medicines are handled and managed in the hospital. We spent time in the Pharmacy Department, on 3 of the wards and visited the discharge lounge, where patients can wait when going home.

We spoke to pharmacy and nursing staff, and patients, and watched some patients being given their medicines. We looked at prescription charts and medicines records, and checked supply and storage arrangements. We saw that medicines are given to people individually and in a safe way. Prescription charts are signed by the prescribers, and signed by nursing staff when doses are given. If a medicine is not given for any reason then this is clearly recorded on the charts. This helps to show that people get given medicines in the way they are prescribed for them. Nurses

receive training and are now assessed before being allowed to give intravenous injections.

Some patients can self-administer some of their own medicines but only if it is considered safe for them to do so, in line with the Trust's policies and procedures.

Some patient's medicines are kept in bedside lockers, but they will only have access to them if it is assessed as safe for them.

The pharmacy department supplies medicines to the wards, and an out-of-hours service is provided to cover any emergencies. Nursing and ward staff were positive about the service provided by the pharmacy. Medicines management technicians and clinical pharmacists are actively involved on the wards with checking and assessing medicines brought in from home, newly prescribed medicines, and those prepared for patients to take home.

Ward staff told us that sometimes patients have to wait for their medicines to take home when they are being discharged, but that they are usually available within 1 or 2 hours. The pharmacy department regularly audits the time taken for these medicines to be prepared, so as to try to reduce this as much as possible. There is a discharge lounge where patients can wait before being discharged. Patients have their 'take home' medicines given to them by nursing or pharmacy staff who make sure they have everything they need, and that they understand how to take them. The pharmacy department has a phone line that patients can use if they have questions about these medicines after they get home.

The trust has policies and procedures around all aspects of medicines handling, and has audit and governance groups to help ensure safe medicines management. Patient safety alerts, reports and recalls are actioned and signed off so there is an audit trail to show these are completed. At the moment there is still ongoing work in progress with one alert. The Trust has told us that this should be completed by April 2011.

### **Our judgement**

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome. In order to maintain this, we have included an improvement action concerning an outstanding patient safety alert that has not been fully completed yet.

Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

# 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**  
People told us they thought the premises were safe and well maintained. Overall the environment is generally perceived as good on the NHS Choices website.

**Other evidence**

We toured the hospital site and did not have any concerns regarding the environment. Building work is ongoing as part of the Clinical Site Development Programme (CSDP). Appropriate signs and warning notices were displayed to alert people moving around the site of the potential risks.

There is a pay and display car park which is some distance from outpatients departments and we were told that some people therefore park in restricted parking areas to drop people off. This can be a hazard and has caused problems.

Information from the provider stated that the Trust will be reviewing all the policies and procedures managed by Cornwall Healthcare Estates and Support Services. This is to ensure they comply with current regulations and associated outcomes.

The Trust has an Estates Strategy which provides a framework by which the existing estate can be re-designed, modernised and improved over the next decade it incorporates the important changes impacting on RCHT and its dependencies. The Patient Environment Action Team (PEATs) focuses on improving the patient experience whilst monitoring to ensure the RCHT maintains and improves a high quality environment sensitive to the needs of service users.

The Trust has a Health and Safety Policy, the aim of which is to communicate a

positive Health and Safety message and to achieve a high standard of health and safety compliance across the Trust, through effective management of risk and the development of clear management systems, which define roles and responsibilities of all management, staff, visitors and contractors. They state that they have a Health and Safety Committee and there is a Statement of Intent with regard to health and safety for the Trust. They say that the Trust board receive reports and updates regarding the premises at their monthly meetings.

There is a security policy with guidance for staff. One of the Risks identified by the Trust is having contractors working on site. They told us that there are site rules for contractors which contain information regarding security, fire safety precautions and emergency procedures, safety rules, general site facilities and general site restrictions.

The Fire Safety Strategy seeks to manage fire safety through safe systems of education, health and safety practices and estates management. We were told that fire risk assessments are in place and audits are carried out by the Fire and Rescue Service. The Fire Safety Policy aims to ensure that all the premises owned and used by the Trust are constructed, equipped, operated and maintained in a manner that ensures the safety of patients, visitors and staff and which protects the premises from fire. The policy states the roles and responsibilities of staff and the procedures to be followed in the event of a fire.

Fire safety training is mandatory and staff told us they attend this training

We were told that a policy is in place for the management of medical gases such as oxygen across all hospital sites. There is a policy for the Control Of Substances Hazardous to Health (COSHH) that includes risk assessments to monitor exposure to substances and the action to be taken to prevent or control exposure.

Information and training for staff is given. There is a waste disposal policy to protect the health and safety of patients, staff and visitors. We were told this complies with current legislation.

We were told that ongoing maintenance takes place and there are maintenance audits. There is also a schedule for maintenance and inspections.

### **Our judgement**

The Royal Cornwall Hospital provides an environment that is safe, well maintained and accessible to people using the service.

Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

# 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**

People using the service did not comment on the equipment provided but had no concerns with their overall care.

**Other evidence**

We were informed that the Trust procurement and supply strategy and the procurement policy provide the framework that ensures only suitable items of equipment are purchased for use within the Trust.

We were told there is also a Medical Devices Management Policy. Medical devices cover a wide range of items used in healthcare such as wheelchairs, beds, walking frames, hoists, syringes, catheters, infusion pumps and x-ray sets. There is a Medical Devices Co-ordinator responsible for monitoring and co-ordinating the policy on a day to day basis they also provide the Trust with an annual report. The Medical Devices and Clinical Products Group monitor and advise the executive board.

Information from the provider describes the Guidelines and Alerts Steering Process Group who receive, manage and record all alerts and guidance from external organisations. This ensures that corrective action is taken if faults or defects are reported to the Trust to ensure patient and staff safety.

We were told that there are policies to ensure that equipment is installed and maintained correctly. There is an annual external inspection as part of this process. Maintenance schedules are completed and these link to the asset register to ensure that new equipment is added to the maintenance records.

The Trust told us they have a radiation safety policy, that complies with legislation, to ensure the safe use of x-ray and imaging equipment.

All accidents, untoward incidents and 'near misses' are reported and investigated. The quality and safety team compile reports and comparisons are made monthly to identify any trends to be acted upon.

There is an equipment library which provides equipment for the St Michael's , West Cornwall and Royal Cornwall Hospital sites. The library co-ordinates the movement of equipment and devices as well as providing a delivery and collection service. The library team work with the medical devices training team to provide education and training to staff to ensure that specialist equipment is used correctly and safely. There is a policy detailing the training for patients who are supplied with equipment at home.

Emergency equipment for resuscitation purposes is held in all clinical areas. The resuscitation team does an audit of this annually across the hospitals in the RCHT. We spoke to staff and we were shown the resuscitation equipment on the wards that we visited. We were told that the equipment on the trolley is checked by a nurse every day and replacement equipment is ordered as required to ensure it is safe and not out of date.

We toured the hospital and saw equipment available and in use. Staff told us that the equipment is well maintained and that electrical appliances are tested annually. Staff told us about moving and handling training and that they are trained to use hoists and other aids. We were told that nurses attend training in respect of syringe drivers and other equipment as required. We noted that fixtures and fittings were in a good state of repair and we received no concerns in this area.

### **Our judgement**

There is suitable and sufficient equipment, fixtures and fittings provided for staff and patient use. It is well maintained, suitable for purpose. Staff are provided with appropriate training. This helps to ensure that patients, staff and visitors are protected from harm when equipment is in use.

Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

# 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**

People using the service told us they were well cared for and the staff were well trained and experienced.

**Other evidence**

The Trust told us that all legal aspects of recruitment and selection are covered in the Recruitment User Guide including equality and diversity, disability, flexible working, Criminal Records Bureau (CRB) checks and employing foreign workers. The guide states the recruitment process, what is required in a job description and personal specification. It has sections on shortlisting, the interview procedure, identity checks, references, occupational health checks, the legal aspects of recruitment and an employment check list where registration and qualification is recorded as necessary. There is a separate process for the recruitment of Consultants but the essential criteria remains the same.

The recruitment of volunteers is conducted by the volunteer department. The Trust has a Volunteer’s Policy which sets out their position on the employment and use of volunteers. They complete an induction programme in the same way as paid staff. They are also given a welcome pack giving information on hygiene, infection control, lifting, security, training, confidentiality, health and safety, incidents and accidents and parking.

The Trust has a flexible working policy in which it is recognised that flexible working

and work-life balance is about people having a measure of control over when, where and how they work. The Equality and Diversity Policy is concerned with the promotion of the diversity, equality of opportunity and the prevention of unlawful discrimination in all aspects of employment for existing and potential members of staff.

We were told that all applicants for work are interviewed and successful candidates are subject to acceptable references. Prospective new employees are sent a letter offering them the post, any health professional registration numbers are requested and these staff must abide by their professional code of practice and complete induction prior to taking up their post. CRB checks are a requirement for all members of staff and divisions keep their own records. In the on-line Staff Handbook there is information on professional registration. Occupational Health keep all records of pre-employment health checks. We did not look at recruitment records during the site visit.

Induction training is compulsory for all new employees. It covers an overview of the Trust and provides training specific to the role of the employee. There is a clinical supervision system that ensures staff are formally supervised and supported in their roles. All staff have access to computers and all of the Trust policies are available to them on the intranet site.

### **Our judgement**

Systems are in place to ensure that staff recruited to work are fit, and have suitable skills, knowledge and experience to carry out their roles.

Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

# 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 spoke to a number of nursing staff on an elderly care ward and a stroke ward who said they felt there are enough staff, including physiotherapists, doctors and ancillary staff on duty to meet the needs of the people they were looking after.

We observed nurses and health care assistants helping and supporting people and talking with Doctors and other health care professionals. The ward clerk was answering the phone and directing people to where they needed to go. Ancillary staff were engaged in cleaning the floors.

Senior staff spoken to said that there is some concern about the recently announced restructuring that means that ward managers and matrons have to reply for their own jobs and as a result 10 staff will be redeployed from their current role.

We spoke to several patients on both wards who said that the staff were ‘busy’ but ‘cheerful’ and ‘nothing was too much trouble’. People said they did not have to wait long if they rang the bell. They added that staff had time to ‘explain things’ to them and discussion with the patients showed that were well informed about their conditions, treatment, medications and plans for their discharge.

The patient experience survey includes the following information:  
In your opinion were there enough nurses on duty to care for you in hospital?  
Always or nearly always – RCH 69%. Trust overall % 72 compared with 52 from the

National Inpatient Survey 2009.

### **Other evidence**

Information from the provider states that the Trust's workforce planning is in place and that it is based on 'financial and service improvements activities of clinical divisions' (this includes all of the locations registered by the Trust such as St Michaels Hospital and West Cornwall Hospital). Each division has participated in the workforce plan 'highlighting and assessing progress and plans required to deliver priority service changes in 2010/11'.

It describes the ongoing process of improving the patient experience by ensuring correct skill mixes are in place and the introduction of e-rostering both of which are designed to optimise staffing levels.

The Trust is adapting the work force planning as the Clinical Site Development Programme (CSDP) changes the floor plan and services that the Trust offers.

Following the results of the 2009 national Staff Survey that was received in March 2010 the Trust carried out some informal group workshops to get first hand views from staff about 'what it is like to work in the Trust and what can be improved'. This resulted in 30 actions some of which were in hand and some which were new. The action plan included the introduction of the 'Fresh Ideas' staff suggestion scheme, the 'Extra Mile Staff Excellence and Innovation Awards' and new staff development plans and appraisals. Results of 'Fresh Ideas' have been communicated to staff via the daily communication bulletin.

Information from the provider goes on to describe the 'Productive Ward' initiative that commenced in August 2009, which is now in 11 clinical areas throughout the Trust. The aim of the initiative is to allow staff to provide 'direct care time' to patients. It states that the areas that have the initiative in place for more than three months are showing an 'average increase of patient care time of 10%'. The success of the initiative prompted the Trust to start 'The Productive Operating Theatre' in January 2010 hoping for staff time to be freed up to care for people.

The Trust have recognised that they are not completely compliant in some areas of this standard such as Personal Development Review's (PDR's) being carried out consistently across the Trust and have actions plans in place to address this. They have also recognised that the recent announcement about restructuring and the mixed messages reported in the press about possible nurse redundancies and then extra medical staff and a senior communications post being created may lead to low morale amongst the staff group. The board receive information about staff wellbeing at each meeting and have strategies in place for supporting staff through difficult times.

### **Our judgement**

Discussion with staff and observation on some wards and in outpatient departments at The Royal Cornwall Hospital indicated that there are enough staff to meet people's needs. Feedback from people using the service indicated that staff are

busy, but approachable and able to inform them and meet their needs.

Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

# Outcome 14: Supporting workers

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## WHAT WE FOUND

### Our judgement

**The provider is compliant** with outcome 14: Supporting workers

### Our findings

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

All of the staff we spoke to confirmed that they have access to mandatory training and they confirmed they had attended annual update training which includes; basic life support and moving and handling.

We were told that all senior sisters and matrons (bands 7 and 8) are going to have to re-apply for their jobs as part of ongoing re-structuring. This had only just been announced to staff as we completed our site visits throughout the Trust and the staff were just getting used to the information and trying to understand the process they are going to have to go through as part of the interview/assessment process. The people we spoke were approaching the situation in a professional manner although did say that morale is being affected.

**Other evidence**

The Trust has assessed itself as non compliant with ‘personal development reviews’ (PDR) for staff. They state that action plans have been developed which include identification of unrecorded PDR’s and a ‘general promotion to encourage managers to undertake PDR’s. A system of spreadsheet returns has been operational for the last year. These returns are fed regularly into a central system from which compliance reports and statistics can be produced showing which areas are compliant or not. The resources and time required for managers and staff to ensure compliance is achieved have been worked out and made available. Ward managers we spoke to said that they do have the time to carry out induction of new staff and

ongoing PDR's. Information from the provider, RCHT Personal Development Review Compliance Report 31st December 2010, shows uptake of PDR's is 52.4% across all divisions ranging from 24% for Anaesthetic and Theatres Division to 77% for Allied Health professionals (such as physiotherapists and occupational therapists). Nursing and Midwifery (Registered) was 44.2%.

Information from the provider states that all new staff undergo a formal induction programme that lasts for two days (one for non-clinical and two for clinical), with some people having to undergo a further one days 'role specific' training. The induction consists of an introduction to the hospital and senior personnel with a strong focus on the values of the Trust. Essential mandatory training and safeguarding training is also offered. It goes on to say that clinical supervision of staff is achieved by effective rostering so that staff can be observed carrying out their work. Newly qualified nurses undergo a period of 'preceptorship' with an experienced mentor in order to get support. It states that the job descriptions for healthcare professionals employed by the Trust, such as Doctors, Dentists are obliged to 'abide by their relevant professional code of conduct'.

### **Our judgement**

The Trust has a comprehensive induction, ongoing training programme and support mechanisms in place meaning that people are cared for by staff who are appropriately trained.

The Trust has recognised that 'personal development reviews' have not been carried out as often as they should have been and have put systems in place to ensure the uptake is improved and monitored.

- Overall, we found that Royal Cornwall Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

## 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

We spoke to a number of people who felt that their views on the service provided were taken into account. Observation of staff (including nursing, care, catering and cleaning staff) on the 2 wards we visited demonstrated that they worked using safe practices such as using yellow hazard signs, using correct equipment for manual handling and when making a bed ensuring it was at the correct height for the staff member.

##### Other evidence

Information from the provider declares general compliance with this outcome standard. It says that 'flow of information to corporate departments, committees and the Trust Board does happen' it has been recognised that work is needed to further strengthen the flow of information from 'ward to board' as a result of this the Head of Quality and Safety is 'currently reviewing the Trusts Integrated Governance Strategy and a revised version will be implemented by March 2011'.

Information from the provider says that part two (which is confidential) of the monthly board meeting agenda includes reporting on incident trend analysis, serious untoward incidence reports (SUI), claims and inquests.

It goes on to say that 'RCHT has an ongoing local inpatient survey, The Trust

Patient Experience Survey, from which reports are produced each month and shared with each ward area. The surveys asks questions of patients on such topics as: single sex accommodation, noise, staff attitude, hand hygiene, patient information, analgesia, involvement in care, food, cleanliness, environment and transport. Some of the content is designed to mirror the national patient survey so that responses can be monitored throughout the year. The Trust say that this process is relatively new and evidence to support actions taken in response to survey results is not comprehensive. Results from the Patient Experience Survey are reported to the Trust Board every six months, the most recent being June 2010. There are also local patient surveys related to specific departments'.

We were told, by a variety of staff, about the 'productive ward' concept which has been well received by them and has been seen to make a difference to time spent directly looking after patients. Information from the provider describes the initiative as follows: 'The Productive Ward initiative commenced in August 2009 and since then it has been implemented within eleven clinical areas, across the three Trust sites. The core aim of the initiative is to see a tangible return to direct care time provided to patients. The clinical areas which have had the initiative in place for more than three months have been audited and have show an average increase of 10% in patient care time. This is reported back to the divisions via a report that is integrated into the Divisional Quality Quarterly Reports as well as to Trust Board'.

Through discussion with senior staff and from information from the provider it is clear that the Trust feeds information into all the appropriate places such as Commissioning for Quality and Innovation (CQUIN's) and The South West Quality and Patient Safety Improvement Programme (Q&PSIP). They also report incidences as required to the National Patient Safety Agency (NPSA) and alleged safeguarding incidences are reported to the Adult and Child safeguarding leads.

The Trust told us it learns from adverse events and informs those patients to which they relate with full explanation. Quarterly and Monthly Quality Reports are produced and include risks identified, complaints, training figures, serious and critical incidents, safeguarding adults and children. The reports are used as a monitoring tool.

We reviewed a number of care plans whilst visiting the wards and found that they did include information about individual risks and actions required to minimise them during the persons stay in hospital.

During a tour of the hospital we saw health and safety notices displayed throughout and warning notices for instance where there may be cleaners working or near to where ongoing refurbishment was taking place.

## **Our judgement**

The actions the Trust take in regards to monitoring quality and identifying adverse events and incidences means that people who use the services are protected from risks associated with unsafe care, treatment and support.

Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

# 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**

People we spoke to said that knew who to speak to if they needed to make a complaint. They all said that they had had no complaints about their care and support during their stay in or visit to the Royal Cornwall Hospital. Throughout the hospital there were posters and leaflets informing people who use the services how to make a complaint.

**Other evidence**

We visited the Patient Advice and Liaison Service (PALs). This is a service designed to support people who use the services who may wish to complain about care they have received. The PALs office is located in a busy thoroughfare, soon to be relocated nearer to the main reception area. It is clearly signed throughout the hospital.

According to the Trust Board Summary Report (November 2010) the number of complaints received each quarter remains about the same (ranging from 81 – 89). The report shows that top concerns that are taken to PALs are 'waiting lists/ times/ appointments'. The summary goes on to say that 'RCHT's focus is on resolving complaints as efficiently and effectively as possible in an open and transparent manner. The preferred method is by face to face meetings referred to as local resolution meetings (LRM). Staff prefer to meet with complainants to discuss their

concerns openly and frankly. Many complainants state that they wish to receive a written response in the first instance and if they remain unsatisfied they will accept the offer of a meeting. A meeting is offered to every complainant on receipt of a complaint.

In the NHS Acute Inpatient Survey, in the question relating to patients who saw posters or leaflets telling them how they could make a complaint the hospital was rated as 'about the same as expected' (in comparison with other Trusts).

Patients can comment on their care via the NHS Choices website, whether they have made a formal complaint with the hospital themselves or not. The site is monitored by the Trust and they ask people (via the NHS Choices website) to contact PALs or give information about how their concerns will be relayed back to the appropriate departments.

Information from the provider declared full compliance with this outcome standard. It referenced a range of policies and procedures in place to ensure complaints are listened to, investigated properly and outcomes are communicated to the person or their representative who has made the complaint.

Information from the provider references a number of documents that it produces and uses when managing complaints effectively such as 'Department of Health – Listening, Responding, Improving - A Guide to Better Customer Care, 2009' the 'The Human Rights Act 1998' and the 'Data Protection Act 1998'.

It states that 'RCHT Complaints Review Panel monitors the divisions'\* complaints actions plans and supports learning from complaints. The action plans are developed by the investigating officer with the support of the Patient Support Co-ordinator and are managed within the divisional teams by the named divisional complaints lead. Action plans are compiled for every complaint that has been upheld or partially upheld. Divisional staff are able to view the 'live' action plan register and update as part of their governance and assurance procedures'. It adds that 'the panel reviews any emerging themes or trends' and that 'The Complaints Review Panel is chaired by the Director of Nursing, Midwifery and Allied Health Professionals (such as physiotherapists and occupational therapists) and includes a non- executive director and an independent patient ambassador.

\*Divisions are how the Trust divide up their specialities such as medical and surgical.

### **Our judgement**

There are satisfactory systems and processes in place to ensure comments and complaints are listened to and acted upon effectively.

Overall, we found that Royal Cornwall Hospital was meeting this essential standard.

# 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

**Other evidence**

Information from the provider referenced a range of policies and procedures that are in place to ensure patient records and medical records are kept and maintained for each person who uses the service and are updated as soon as practical. The policies and procedures take into account relevant national guidance.

Information from the provider references a number of internal and external audits undertaken in order to ensure that these policies are followed in practice, monitored and reviewed for example 'corporate records management audit plan - January 2010'. It goes on to say that 'RCHT has a three year audit plan for Corporate Records Management for the years 2010/11 – 2012/13. It includes the risk approach to records management, the audit plan and internal audit, selection and samples of audit data, reporting and communication and a three year framework'. The action plan, described in the information from the provider, to ensure ongoing compliance with the outcome standard states that 'the Corporate Records Manager is to carry out spot checks to assess and support implementation of the Information Asset Register and local records management policies'.

It also states that 'the Trust was accredited by CHKS' (provider of healthcare intelligence and quality improvement services) 'for Health Records Management in October 2010 for three years, reflecting the fully compliant status the Trust has

regarding the management of Health Records’.

Prior to starting work at the Trust employees are required to sign as having completed the Mandatory Reading Requirements which uses the NHS leaflet regarding information governance to introduce new staff members to the subject. A member of the Information Governance and Records Management team presents at every Induction for employees entering the Trust. This presentation covers confidentiality, Information Governance, Records Management and Media Handling. The Department of Health Caldicott Guardian Manual has been used to develop Trust policies such as Data Protection and Caldicott Guidelines. All new staff members are informed about the role of the Caldicott Guardian and how to contact him at Corporate Induction via the presentation and a separate handout.

During the site visit we noted that patient’s notes are generally kept in trolleys on the wards. Nurses, Doctors and other health care professionals were observed to put the notes away after using them. In most cases the trolleys were in sight of the ward clerk or staff on duty who note who is accessing the notes. We examined several sets of records on two wards and found all sections generally completed with entries dated and signed by staff.

### **Our judgement**

There are satisfactory systems and processes in place to ensure that records are managed effectively.

Overall, we found that Royal Cornwall Hospital was meeting this essential standard.



## Action we have asked the provider to take

### Improvement actions

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

Regulated activity	Regulation	Outcome
Treatment of disease disorder and injury	<b>13</b>	9
	<p><b>Why we have concerns:</b> Generally there are systems in place to ensure patient safety alerts and reports are actioned and there is an audit trail to show that these are signed off and completed. However there is one outstanding alert that has not been fully actioned yet, and is planned to be completed by April 2011.</p>	
Treatment of disease disorder and injury	<b>23</b>	14
Surgical procedures Diagnostic or screening procedures Management of supply of blood and blood derived products etc. Maternity and midwifery services Termination of pregnancies Family planning.	<p><b>Why we have concerns:</b> The amount of Personal Development Reviews (PDR) undertaken for staff members varies across the Divisions. Systems are in place for monitoring the uptake of PDR's. Staff told us they do have time to carry out ongoing PDR's.</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 Adult 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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## CARE QUALITY COMMISSION

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



