Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Royal Cornwall Hospital

Treliske, Priory Road, Truro, TR1 3LJ

Tel: 01872253051

Date of Inspection: 20 November 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Royal Cornwall Hospitals NHS Trust
Overview of the service	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 Michael's Hospital (Hayle), Penrice Birthing Unit at St Austell Hospital (provision of approximately 750 beds between them), and RCHT Headquarters who manage community services at other sites throughout Cornwall. This is an acute hospital with a 24 hour emergency department.
Type of services	Acute services with overnight beds Blood and Transplant service Long term conditions services
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Family planning Management of supply of blood and blood derived products Maternity and midwifery services Surgical procedures Termination of pregnancies Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about Royal Cornwall Hospital, looked at the personal care or treatment records of people who use the service, carried out a visit on 20 November 2012 and observed how people were being cared for. We talked with people who use the service and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We spoke with people about the service they received when we visited an elderly care ward, a trauma ward, an oncology ward and the emergency department at the Royal Cornwall Hospital.

People told us they had been looked after well and had confidence in the service offered. One person said "everyone is very kind and caring", "nothing is too much trouble for them". One person said the staff "know what they are doing". Another added that the various staff had "explained everything" and all "knew what each other were doing". The staff told us they enjoyed working in their particular departments, and they felt supported, both by their colleagues and the senior management team.

Staff throughout the hospital confirmed that they knew how to report any incidents of perceived abuse. They also told us that they had access to training both mandatory training and training relevant to their particular job role.

All of the wards and departments we visited were clean. They had hand washing facilities available and access to aprons and gloves as required.

We saw that the trust had a number of internal and external audit systems in place to monitor the quality of the service provided. We were reassured that they responded appropriately when they were given information of concern. They reviewed their own processes as a result of concerns raised and made amendments to their systems if required.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with ten people on the wards and departments we visited during the inspection. They all told us they were treated with dignity and their privacy had been maintained. One person said "everyone is very kind and caring and I can have a cup of tea at any time, day or night, nothing is too much trouble for them".
Three people told us if they rang their call bell it was answered promptly.
During the inspection we observed staff interacting with patients and saw them being kind, helpful and polite. On all of the wards and departments we visited we heard staff talking with patients in a respectful and caring way.
We saw people being made comfortable in order that they could eat their meal. Two people told us that although there were set meal times other activities were flexible such as when they were assisted with personal care.
We were told that mealtimes were "protected time". This meant that doctors rounds were discouraged to ensure all staff were free to assist people with their meals should they need help.
The matron on the emergency department (ED) recognised that when they were very busy in the 'trolley bay', where they received patients for assessment privacy could be an issue. People could overhear what was being asked of other people. We were assured that once phase one of the planned improvements were finished this would no longer be an issue. The building work for the planned improvements was already underway.

On the elderly care ward one patient told us about their care and treatment. They said they could not fault it. They added that their son had discussed their treatment with the staff and they were happy to leave the decisions to him.
On the trauma ward two people told us they had been kept informed about their treatment plans and felt fully involved in the whole process. One person said "they all work well as part of a team here".

Records and discussion with ward managers showed if there were concerns about a person's welfare or capacity to make decisions this was then discussed with other relevant

agencies and professionals.
We saw that male and female toilets were clearly marked in all of the wards and departments we visited. On the wards we saw people received care and support in male or female only bays.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with ten people who used the service. They told us they felt their needs had been met. One person said the staff "know what they are doing". Another added that the doctors, nurses and physiotherapists had "explained everything" and all "knew what each other were doing".

We saw in care plans that peoples longer term needs had been identified and discharge planning had started soon after admission to the hospital.

We saw from people's care records that care needs assessments had taken place. Information from the person, their representatives and other social and health care agencies was sought to determine what support and care the person needed. We saw that daily records about a persons progress and welfare were detailed and descriptive.

On the elderly care ward we saw a great deal of thought had gone into changes in the ward to make the stay of patients safer and more interesting.
These included an observational checklist for each patient and we saw staff complete this regularly. Information on each chart covered comfort, pain, fluid intake, accessibility of call bells and anything else the patient might need.
On the same ward we were told of the reminiscence pod/day room that was being introduced so that people did not have to spend all day sitting by their bed and had an alternative space to use on their own or with visitors.
We were told that on the elderly care ward 'finger food' was also going to be available in a fridge in the day room for people who did not want to eat at set mealtimes. The type of food that was to be offered meant that people could eat independently and help themselves as they wished.

We saw 'Life Story Pocket Book' in use on the elderly care ward. It enabled staff to see at a glance the likes and dislikes and brief history of each patient on the ward. We also saw 'This is Me' booklets in use. They contained more comprehensive information about the person. They had often been completed with the help of relatives who could tell staff how the person liked to be cared for and what they were comfortable with.
We were told about the 'Yellow Socks' campaign in use throughout the hospital. Yellow socks with grippers around the foot had been provided to patients who were assessed as not safe to walk unassisted. A trial had been carried out which had been very successful. It had prevented some falls and alerted staff to people who were walking on their own but

should be offered some assistance.
In all wards and departments we visited we saw that risk assessments were completed for patients. Risk assessments are a tool to identify any hazards and the action that staff must take to reduce the risk from the hazard. The risk assessments seen included falls risks, choking risks and pressure area risks.
In the ED we saw that when information about a person who was on their way to the hospital showed they were suspected of having had a stroke for example they would be put on the stroke pathway. This meant the information was used to ensure they were seen straight away and the required treatment could be underway within the appropriate timescales to help improve outcomes for people.
The trust told us they were working hard to minimise the time that ambulances had to wait to formally hand their patients over to the ED staff. They commissioned a 'Patient Flow Review', in association with South West Ambulance Service in August 2012. They hoped to improve ambulance waiting times and therefore patient waiting times using some recommendations from the report and the continued development of the ED.
We were shown the major incident room that contained equipment and up to date policies and procedures to be used should an incident occur. We also saw the rota with the daily information about who was on call if an emergency situation broke out. We saw and were told that throughout the day regular bed state meetings were held to ensure that any additional demands for the service could be managed and people who used the service had all their needs met in a timely fashion.
On the wards and departments we visited we saw that nurse in charge wore a large red badge that said nurse in charge. This meant people knew who to approach if they needed to speak to somebody in authority. We saw on some wards where the multi disciplinary team were working alongside the nurses and health care assistants that there were a lot of different uniforms to get used to. One person told us "some information about what each uniform meant would be useful". The Deputy Director of Nursing told us that an initiative was already underway that would see posters on relevant wards and departments explaining what all the uniforms meant.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because Royal Cornwall Hospital Trust had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Staff throughout the hospital confirmed that they knew how to report any incidents of perceived abuse. Nursing and care staff told us they had access to training relevant to their jobs, including safeguarding training, the Mental Capacity Act, Deprivation of Liberties Safeguards and the Independent Mental Capacity Advocacy Service (IMCA).
We heard one doctor talking to a nurse about concerns for a person's wellbeing on their return home. He was assured his concerns would be discussed with the patient and a best interest meeting set up to discuss the best way forward..

The Royal Cornwall Hospitals NHS Trust employed a full time Safeguarding Adults named nurse who worked with the Safeguarding Adults named doctor and liaised with the Department of Adult Care and Support. We were told that 'out of hours' the on call managers would be contacted if there were any safeguarding concerns and the Safeguarding Adults named nurse would be informed of any actions taken the next day so she could follow them up.

We saw policies and information packages for staff on the wards and departments we visited. They gave guidance on staff roles and responsibilities in respect of safeguarding adults from harm and abuse. The policies reflected national legislation requirements and the local multi-agency policy.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We received no specific comments from people that used the service or from other professionals about cleanliness or infection control at the Royal Cornwall Hospital. The comments made in 2012 on the NHS Choices website rated the hospital as clean or very clean.

The Royal Cornwall Hospitals NHS Trust had a Standard Infection Prevention and Control Policy with the Hand Hygiene and Safe Disposal of Sharps Policies integrated to this. This policy outlined the responsibility of staff and provided guidance to staff on the measures required to prevent the spread of infection in hospitals. Senior Matrons and Departmental Managers were responsible for ensuring that staff were aware of the guidance and that it was implemented. Divisional Directors were responsible for ensuring that medical staff (doctors) complied with this policy.

We were told that infection prevention and control nurses were responsible for the training of all staff on infection prevention and control. This included induction training for new staff and all mandatory training and updates across Royal Cornwall Hospitals NHS Trust.

We were told that the Royal Cornwall Hospitals NHS Trust had systems in place for waste management and they had a contract with a company to ensure pest control was in place. There was a Decontamination Policy and the Royal Cornwall Hospitals NHS Trust had a Decontamination and Sterile Services Manager. This is to ensure that all equipment was thoroughly cleaned, disinfected and sterilised as appropriate to reduce the risk of infection. Infection incidence data showed hospital infections were well controlled across the Royal Cornwall Hospital Trust locations.

The wards and departments seen were clean with sufficient and appropriate hand washing facilities throughout. We saw staff used gloves and aprons appropriately

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke to staff on all of the wards/department we visited. We were told that the nursing and health care assistant numbers were always under review. Staff also told us that if they were short of their expected number of staff on a particular shift an appropriate person would be bought in either from the hospital 'bank' supply or from an agency or staff would be deployed from another area if they could be spared.
We saw the computer system that was used during the daily 'bed state' meetings. This showed how many staff were on duty on each ward/department and if those numbers fell below the expected level. If they did we were told that the ward/department were contacted to check the reason for this and then if required more staff would be asked to work in that area to cover the peak activity period.
We saw the system that showed the availability of 'bank' staff and where those people had been deployed. We saw that the system recorded if staff were on a management day for example. This was the case on one ward we were told the bed manager had asked that person if they were able to work on the ward and move the management day to another day.
Staff we spoke with told us that they did not have to make such changes very often and if they did they were able to book a 'management day' probably within a few days. Staff told us that they were always able to attend their mandatory training when it was due.
Patients we spoke with told us that although staff were busy they did not have to wait long if they needed assistance. They also said that staff had time to explain things to them or answer any questions they had.
Staff in the emergency department (ED) told us that patients were kept waiting often due to there being no spare beds to move people into and the current layout of the ED not because of a lack of staff.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

All of the staff we spoke to confirmed that they had access to the training available throughout the trust. We were told that staffing levels allowed for nursing and care staff to attend their mandatory training. Training recently provided included Mental Capacity Act and Deprivation of Liberties Safeguards training, and we were told of further dates when training had been arranged.
We saw that it was MUST (Malnutrition Universal Screening Tool) awareness week. As part of this initiative we saw dieticians were visiting the wards at various times during the week to update staff on how to use the tool and to answer any questions the staff had. Nursing staff we spoke to said this was really useful as you could discuss particular issues whilst they were fresh in your mind.
One of the emergency department (ED) consultants explained the doctors were subject to "rigorous performance management". He confirmed he supervised and appraised the medical staff who worked in the ED. He told us that the ED medical staff also attended a weekly two hour training session that included interpreting X-rays, discussion of case reports and simulations of incidents they might expect in the department.

Nursing staff and ward managers confirmed 'personal development reviews' (PDR) for staff were taking place. On one ward we saw the list of appointments that had been made for staff. The ward manager explained staff had told her how useful they found their PDR as they felt their opinions were valued and their personal training needs were discussed. We were told that nursing and care staff also had the opportunity for regular one to one meetings with their ward/department managers and team meetings took place regularly.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We received no specific comments from people that used the service about assessing and monitoring the quality of service at the Royal Cornwall Hospital. Nobody we spoke with had any complaints or concerns about the service they had received.
Observation of staff (including nursing staff, care staff, catering staff, and ancillary staff) showed they worked using safe practices and were very aware of their environment and the type of patients they were dealing with.
We were advised by members of the senior management team that they took part in ward 'walkabouts' so that staff could approach them and raise any matters or concerns. If issues were raised a letter was sent to acknowledge and then followed up with a further letter about what actions were to be taken. We were told they also held 'Listening Into Action' sessions where staff could share their concerns and the senior team could tell them of upcoming plans.
We noted that staff across all departments told us that the senior team had "increased visibility" in the hospital. They knew who the members of the team were and told us they found them approachable.
Ward managers told us about their own ward/departments internal audits that were carried out to monitor practice within their own speciality. We were also told of information they had to submit for Royal Cornwall Hospitals Trust audits internal and national audit programmes.
We discussed the current concerns about the obstetrics and gynaecology department. Although we did not inspect the department as part of this inspection we did look at how clinical governance operated in the trust and were assured that the correct course of action was being followed in this case. Action had been taken to ensure people were being looked after appropriately and safely.
The provider may like to note that they have a responsibility as part of its governance, to keep the Care Quality Commission informed of any issues that may affect the running of the service. This has not always happened in a timely fashion.
The Care Quality Commission pharmacist analysed information provided to us from the Chief Pharmacist at Royal Cornwall Hospital. The information was around the management of controlled drugs following an incident of staff misconduct. We saw that they had acted appropriately over the incident. The pharmacy department had amended some of their policies and procedures around the management of controlled drugs and continued to audit and monitor the systems they had in place.
We were told that 20 sets of notes were randomly selected from medical records each

month to be audited, and each department had an annual audit of record keeping. The pharmacy department had Medicines Act compliance audits.
Audits and areas for improvement were detailed in Quality Accounts published in June 2012. These can be found on the trust website: http://www.rcht.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/ChiefExecutive/Reports/QualityAccounts20112012.pdf.

Records ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We received no specific comments from people that used the service or from other professionals about record keeping at the Royal Cornwall Hospital.
There was a range of policies and procedures in place to ensure patient records and medical records were kept and maintained for each person who used the service and were updated as soon as practical. The Information Lifecycle and Corporate Records Management Policy set out how the RCHT manages its Corporate records effectively and ensured procedures in place for the creation, use, storage, availability, audit, retrieval and disposal of corporate records. The policies and procedures took into account relevant national guidance

During our visit to Royal Cornwall Hospital we saw that records such as fluid charts and observational checklists were up to date. We noted staff put records away once they had finished using them and we saw that note trolleys were not left in unattended areas.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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