# Review of compliance

## The Rotherham NHS Foundation Trust

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<tr>
<th>Region:</th>
<th>Yorkshire and Humberside</th>
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| Location address: | Moorgate Road  
Oakwood  
Rotherham  
South Yorkshire  
S60 2UD |
| Type of service: | NHS Healthcare Organisation |
| Date the review was completed: | February 2011 |
| Overview of the service: | The Rotherham NHS Foundation Trust is a large acute hospital situated just 2 miles south of Rotherham town centre. It is within close proximity to the M1 and M18 motorways and has good local transport links to most areas of Rotherham. They provide a wide range of health services for the people of Rotherham. They were awarded Foundation Trust status in 2005, which means they are an independent body. |
and free from government control.
Summary of our findings
for the essential standards of quality and safety

What we found overall

We found that The Rotherham NHS Foundation Trust was meeting all the essential standards of quality and safety we reviewed.

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, surveyed people who use services, carried out a visit on 1 February and 3 February 2011, observed how people were being cared for, talked to people who use services, talked to staff, checked the provider’s records, and looked at records of people who use services. We looked at the information sent to us from the provider (Provider Compliance Assessments) as part of our fact finding exercise.

What people told us

People told us that they were regularly consulted about their care and treatment. People said the consultants spoke to them on the wards and told them about the treatment and how long they may have to stay in hospital. They told us the staff always respected their dignity and ensured their privacy was maintained. People told us “Physiotherapists and Occupational Therapists helped them to get on their feet and made sure they were safe”.

People told us that they had given consent to the care and treatment they received, although some said they had been really poorly and could not remember much about their admission into the hospital.
People told us they were very well looked after and they rated their care as very good. They said they received help with personal care and the nurses were “like angels”. They said that everyone was working to assist them to go home, which included making plans to help them return home.

One person told us that the food was very good, with lots of choice. People said they could choose to have soup and a sandwich instead of a big meal. Another person told us the food is smashing, with lovely roast dinners. “We get lots of drinks including water and choices of tea and coffee”. “The food is nutritional and was always hot”.

What we found about the standards we reviewed and how well The Rotherham NHS Foundation Trust 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

Our review of this service has shown us that people who use the service and their families were respected and involved in their care. They were given opportunities and information in a variety of formats to express their views. They were supported in making decisions about their care and the choices available to them. Care and treatment was planned on the individual needs of people who use the service and their views were encouraged and taken into account when planning and delivering care.

Overall, we found that The Rotherham NHS Foundation Trust 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

Our review of this service has shown us that there were procedures in place for obtaining consent to care and treatment. Where people who use the service lacked capacity to give consent there were procedures in place to ensure that formal assessment was undertaken and best interest meetings were held. Decisions made on behalf of people who use the service were documented.

Overall, we found that The Rotherham NHS Foundation Trust was meeting this essential standard.

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

Our review of this service has shown us that people who use the service were formally assessed and care was planned and reviewed so that their individual needs were met and ensuring their safety and welfare was maintained.
Overall, we found that The Rotherham NHS Foundation Trust was meeting this essential standard.

**Outcome 5: Food and drink should meet people’s individual dietary needs**

Our review of this service shows us that people who use the service were supported to have sufficient nutrition and hydration whilst taking account of their personal choices and incorporating this into their individual planned care. Food intake was monitored to ensure people who use the service were consuming sufficient amounts of nutrition.

Overall, we found that The Rotherham NHS Foundation Trust was meeting this essential standard.

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

Our review of this service has shown us that people who use the service receive coordinated care, treatment and support where more than one provider was involved, or they were moved between services. The service cooperates and shares information with other relevant services involved in meeting individual needs and in line with their records and confidentiality policies.

Overall, we found that The Rotherham NHS Foundation Trust was meeting this essential standard.

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

Our review of this service has shown us that people who use the service were protected from abuse, or the risk of abuse, and their human rights were respected and upheld. The service had policies and procedures in place to protect people who use the service and staff were trained to recognise signs of abuse and how to report them.

Overall, we found that The Rotherham NHS Foundation Trust was meeting this essential standard.

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

Our review of this service has shown us that people who use the service were protected from exposure to identifiable risks of acquiring a health care associated
infection. The service had policies and procedures in place, staff had received training, risk assessments and audit were undertaken. Overall, we found that The Rotherham NHS Foundation Trust was meeting this essential standard.

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

Our review of this service has shown us that medicines were handled and administered appropriately. Policies and procedures were in place and staff had the right skills and competencies to ensure that medicines were handled correctly. Overall, we found that The Rotherham NHS Foundation Trust was meeting this essential standard.

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

Our review of this service has shown us that people who use the service are in accessible surroundings that promote their wellbeing. This was achieved through a planned maintenance programme, risk assessment and review, health and safety policies and staff training. Overall, we found that The Rotherham NHS Foundation Trust was meeting this essential standard.

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

Our review of this service has shown us that equipment is properly maintained, suitable for its purpose and used correctly. This was achieved through policies and procedures for staff to follow, risk assessment where required and staff were trained to use the equipment. Regular servicing and visual checking was undertaken for all equipment used and health and safety audits of equipment were carried out to ensure that it was suitable and safe to use. Overall, we found that The Rotherham NHS Foundation Trust was meeting this essential standard.

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

Our review of this service has shown us that people’s health and welfare needs were met by staff who are fit, appropriately qualified and were physically and mentally able to do their job. This was achieved through recruitment policies and procedures being
in place with appropriate pre employment checks being carried out. Staff undergo an induction programme and regular appraisal of their performance which includes observation of their practice and interaction with people who use the service.

Overall, we found that The Rotherham NHS Foundation Trust 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

Our review of this service has shown us that there were sufficient staff available, with the right competencies and skills to meet the individual needs of people who use the service.

Overall, we found that The Rotherham NHS Foundation Trust was meeting this essential standard.

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

Our review of this service has shown us that the health and welfare needs of people who use the service were met by competent staff. This was achieved through an induction and planned ongoing training plan. Staff undergo regular appraisal of their performance which includes observation of their practice to identify any additional training needs.

Overall, we found that The Rotherham NHS Foundation Trust was meeting this essential standard.

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

Our review of this service has shown us that people who use the service receive individualised care, treatment and support through a planned process of decision making and the management of risk to their health, welfare and safety. This was achieved through monitoring the quality of service that people receive, obtaining professional advice where required and identifying and managing risks to people who use, work in or visit the service. There was a system in place to report adverse events, incidents and raise complaints and these were monitored to identify any areas of poor practice and make improvements.

Overall, we found that The Rotherham NHS Foundation Trust was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly
Our review of this service has shown us that there was a system in place for people who use the service or others acting on their behalf to raise comments or complaints. There were procedures for staff to follow in how these are dealt with. Complaints and comments were monitored and staff received training in dealing with complaints. Overall, we found that The Rotherham NHS Foundation Trust was meeting this essential standard.

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

Our review of this service has shown us that records were held securely and remain confidential. This was achieved through policies and procedures in place for staff to follow, staff training and regular audit of records. Overall, we found that The Rotherham NHS Foundation Trust was meeting this essential standard.
What we foundor 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

People told us that they were regularly consulted about their care and treatment. People said the consultants spoke to them on the wards and told them about the treatment and how long they may have to stay in hospital. They told us the staff always respected their dignity and ensured their privacy was maintained. People told us “Physiotherapists and Occupational Therapists helped them to get on their feet and made sure they were safe”.

Other evidence

In January 2011 the provider submitted a provider compliance assessment (PCA) document to the Care Quality Commission which described in detail how this service was compliant with this outcome and all of the elements that form the outcome. The PCA told us they have policies and procedures that ensure people using the service have their rights and dignity protected.
We reviewed documents that people who were on the ward had access to. An example of this was the chaperone policy which was available to people who felt they needed support to understand the care and treatment they received. Another example of compliance was the Personal Information Diary, (used in relation to people who had a diagnosis of dementia) which accompanied the person throughout their stay in hospital and demonstrated that they were involved in their care and treatment.

We looked at the national inpatient survey and the findings in relation to this trust. This identified upward trends in satisfaction levels, when looking at privacy and dignity. It also confirmed that people were involved in decisions about their treatment, and were provided with sufficient amounts of information about their condition and treatment.

We looked at the trust's action plan which was developed to further improve patient satisfaction which told us they actively listened to what people who use the service were telling them.

Our judgement
Our review of this service has shown us that people who use the service and their families were respected and involved in their care. They were given opportunities and information in a variety of formats to express their views. They were supported in making decisions about their care and the choices available to them. Care and treatment was planned on the individual needs of people who use the service and their views were encouraged and taken into account when planning and delivering care.
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 told us they had given consent to the care and treatment they received, although some said they had been really poorly and could not remember much about their admission into the hospital.

Other evidence
In January 2011 the provider submitted a provider compliance assessment document to the Care Quality Commission which describes in detail how this service was compliant. The PCA provided evidence of the policies and procedures that influence how people’s consent to care and treatment were respected.
An example to confirm this was the use of the Liverpool Care Pathway which was used to focus on the rights and choices of people who are nearing the end of their life. Multi disciplinary team (MDT) meetings were held regularly to discuss people’s care and treatment. They told us best interest meetings and the Mental Capacity Act 2005 influence the decision making process. We observed MDT meetings taking place while we were visiting wards, which confirmed practice on wards.
Our judgement

Our review of this service has shown us that there were procedures in place for obtaining consent to care and treatment. Where people who use the service lacked capacity to give consent there were procedures in place to ensure that formal assessment was undertaken and best interest meetings were held. Decisions made on behalf of people who use the service were documented.
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 told us they were very well looked after and they rated their care as very good. They said they received help with personal care and the nurses were “like angels”. They said that everyone was working to assist them to go home.

Other evidence

In January 2011 the provider submitted a provider compliance assessment document to the Care Quality Commission which described in detail how this service was compliant with this outcome. The PCA provided us with policies and procedures which confirm how the trust coordinate effective, safe and appropriate care and treatment for people who use the service.

We looked at some of the documents used to undertake risk assessments. These included ‘fall care plan triggers, moving and handling risk assessments, nutritional screening tools, and pressure ulcer prevention and management assessments. The staff were able to describe in detail how the assessments were implemented and how they were regularly (3 day care record) reviewed. They told us that the records transfer with the person (if moved to another ward) to ensure continuity of care.

Ward rounds and multi disciplinary meetings are used to ensure the person received the care and treatment they require.
We looked at senior nurse walkabout meeting minutes. The minutes told us that they check the quality of records held on people using the service. The walkabout primarily looks at areas of environment, care and wellbeing and respect and dignity. From the monthly walkabouts they generate action notes. Where standards were not acceptable they report to the patient experience committee who agree and monitor action plans to raise standards. There had been a number of key successes in areas of nutrition and same sex accommodation requirements to ensure privacy and dignity was maintained.

**Our judgement**

Our review of this service has shown us that people who use the service were formally assessed and care was planned and reviewed so that their individual needs were met and ensuring their safety and welfare was maintained.
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

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<th>Our judgement</th>
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<td>The provider is compliant with outcome 5: Meeting nutritional needs</td>
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<td>People told us that the food was very good, with lots of choice. People said they could choose to have soup and a sandwich instead of a big meal. Another person told us the food was smashing, with lovely roast dinners. “We get lots of drinks including water and choices of tea and coffee”. “The food was nutritional and was always hot”.</td>
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**Other evidence**

In January 2011 the provider submitted a provider compliance assessment document to the Care Quality Commission which describes in detail how this service was compliant. The PCA told us that they have a number of quality monitoring systems to demonstrate compliance.

We looked at a number of these systems. These included senior nurse walkabouts that looked at nutrition, particularly prioritising mealtimes guidance (which means relatives should not visit at these times, unless the relative is supporting people in their rehabilitation and/or nutritional needs), charting of food intake and the use of MUST (malnutrition universal screening tool). They told us it had resulted in timely referrals to dietetics.

We interviewed key staff members to understand how food was quality monitored. The food provided at the trust was outsourced, although all food was prepared and served from the onsite kitchen. We looked at the catering quality monitoring audits.
which showed high satisfaction levels. The staff told us they provided specially
prepared food to meet the cultural needs of people using the service and those
arrangements could be put in place quickly. We looked at sample menus which
included a number of choices for all courses. The menus were well balanced and
people spoke highly about the quality and quantity of the food.

The national inpatient survey results told us people were satisfied with the quality of
the food, there was always a choice of food and people were provided with the
support they needed to eat their meal.

Our judgement
Our review of this service shows us that people who use the service were supported
to have sufficient nutrition and hydration whilst taking account of their personal
choices and incorporating this into their individual planned care. Food intake was
monitored to ensure people who use the service were consuming sufficient amounts
of nutrition.
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

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<td>The provider is compliant with outcome 6: Cooperating with other providers</td>
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<td>What people who use the service experienced and told us</td>
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People told us that their care was coordinated with nurses, physiotherapists and occupational therapists. One person told us health professionals talk to one another to ensure they get the best care.

Other evidence
In January 2011 the provider submitted a provider compliance assessment document to the Care Quality Commission which describes in detail how this service was compliant with this outcome.

We found that the trust works well with other providers to ensure people get the right care and treatment they need. They share information with other providers in a confidential manner, when care and treatment was transferred to another location.

We found the trust respond appropriately to major incidents and emergencies. They prepare appropriate responses which includes sharing of information with other providers.

We reviewed minutes of meetings from a serious untoward incident that had been declared by the Rotherham Primary Care Trust. It was identified that Rotherham Foundation Trust was working with the PCT in undertaking the investigation. This incident was ongoing at the time of inspection however we looked at meetings
minutes to review the progress of the investigation from 8 July 2010 to 18 November 2011. The meeting minutes identified the partnership working with other providers in implementing actions identified during the investigation.

**Our judgement**
Our review of this service has shown us that people who use the service receive coordinated care, treatment and support where more than one provider was involved, or they were moved between services. The service cooperates and shares information with other relevant services involved in meeting individual needs and in line with their records and confidentiality policies.
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
We have not spoken directly to people who use services in assessing this outcome.

Other evidence

In January 2011 the provider submitted a provider compliance assessment document to the Care Quality Commission which describes in detail how this service was compliant with this outcome.

We spoke to key members of staff to assess how safeguarding procedures were implemented. We were shown examples of safeguarding protocols that gave staff clear guidance for reporting incidents.

We spoke to key staff who confirmed staff received training to recognise signs of abuse and the actions they would need to take to report an allegation. Staff attended training on the deprivation of liberty safeguards and Mental Capacity Act 2005, so that they can identify when best interest meeting should be initiated.

Our judgement

Our review of this service has shown us that people who use the service were protected from abuse, or the risk of abuse, and their human rights were respected and upheld. The service had policies and procedures in place to protect people who
use the service and staff were trained to recognise signs of abuse and how to report them.
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

We have not spoken directly to people who use services in assessing this outcome.

Other evidence

In January 2011 the provider submitted a provider compliance assessment document to the Care Quality Commission which describes in detail how this service was compliant with this outcome.

We looked at the cleanliness and infection control measures on a number of wards. Key staff explained the systems, policies and content of infection control training for staff, the process for training and monitoring performance.

The general environment was observed to be clean where checked, both high and low surfaces, furnishings, fixtures, patient equipment and bathrooms / toilets. Cleaning schedules were available and these detailed the scope and responsibilities of cleaning.

Two members of the nursing staff could demonstrate their procedure for checking and decontaminating mattresses between patients and during mattress audits. The resuscitation trolley was a sealed unit with equipment sealed inside prior to delivery to the ward. Posters describing the procedure for decontaminating commodes were on display in the sluice room.

There was an infection control notice board with information about the infection control regime of the trust and statistical information from relevant audits and performance. Leaflets on a range of conditions and measures were available for
people who use the service and their visitors.
Side rooms had notices for the door when an infected patient was being cared for. The notices alerted people to the barrier care nature of the room and appropriate precautions to be taken, including differentiating different hand wash requirements for airborne and touch infections.

Personal protective equipment, (gloves and aprons) were available outside rooms such as side rooms and the sluice room.

Staff were able to explain how a root cause analysis for an acquired infection was carried out. The trusts’ system included a process for an internal untoward incident review, including relevant staff and the director for infection prevention and control.

**Our judgement**
Our review of this service has shown us that people who use the service were protected from exposure to identifiable risks of acquiring a health care associated infection. The service had policies and procedures in place, staff had received training, risk assessments and audit were undertaken.
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
People told us that when their medication had been changed nurses told them the reason for the changes. They said nurses explained why new medication was prescribed.

Other evidence
In January 2011 the provider submitted a provider compliance assessment (PCA) document to the Care Quality Commission which describes in detail how this service was compliant with this outcome.

We looked at documents which confirmed systems were in place to ensure they comply with the requirements of the Medicines Act 1968 and the Misuse of Drugs Act 1971, and their associated regulations. We observed medication being administered appropriately to people, in a safe and timely manner. Records were accurate and the medication was stored securely.

We were informed that all wards have immediate access to pharmacists so that people can commence changes to their medication quickly.

A pharmacist was able to explain the process of preferred antibiotics, how prudent prescribing was achieved through review dates forming part of the prescription.
Our judgement
Our review of this service has shown us that medicines were handled and administered appropriately. Policies and procedures were in place and staff had the right skills and competencies to ensure that medicines were handled correctly.
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

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<tr>
<td>The provider is compliant with outcome 10: Safety and suitability of premises</td>
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| **What people who use the service experienced and told us**  
We have not spoken directly to people who use services in assessing this outcome. |
| **Other evidence**  
In January 2011 the provider submitted a provider compliance assessment document to the Care Quality Commission which describes in detail how this service was compliant with this outcome.  
We looked around the premises to assess the suitability and safety of the premises. We found Rotherham Foundation Trust meets Health and Safety at Work Act 1974 regulations and associated regulations. The design and layout of the premises was suitable for people using the service and they had suitable security arrangements. We looked at maintenance records and they were up to date and relevant to the service provided.  
We interviewed key staff who had responsibility for ensuring the health and safety of the premises and they were able to demonstrate effective measures and systems were in place. We discussed security arrangements and they demonstrated compliance in this outcome area. We visited a number of wards. We found that staff met the Control of Substances Hazardous to Health Regulations 2002. They confirmed they had received appropriate training to protect themselves and people who use the service. |
**Our judgement**

Our review of this service has shown us that people who use the service are in accessible surroundings that promote their wellbeing. This was achieved through a planned maintenance programme, risk assessment and review, health and safety policies and staff training.
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

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<tr>
<td>The provider is compliant with outcome 11: Safety, availability and suitability of equipment</td>
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What people who use the service experienced and told us
We have not spoken directly to people who use services in assessing this outcome.

Other evidence
In January 2011 the provider submitted a provider compliance assessment document to the Care Quality Commission which describes in detail how this service was compliant with this outcome.

We looked at maintenance records and they were up to date and relevant to the service provided. Equipment such as hoists, hospital beds and other associated bed equipment were regularly serviced to ensure they were safe to use. The emergency call system was regularly maintained to ensure it was safe to use.

Staff received training to ensure they were able to use the equipment safely. Risk assessments were in place where specific equipment for an individual was in place.

Our judgement
Our review of this service has shown us that equipment is properly maintained, suitable for its purpose and used correctly. This was achieved through policies and procedures for staff to follow, risk assessment where required and staff were trained.
to use the equipment. Regular servicing and visual checking was undertaken for all equipment used and health and safety audits of equipment were carried out to ensure that it was suitable and safe to use.
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

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<td>The provider is compliant with outcome 12: Requirements relating to workers</td>
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<tr>
<td>People told us that the nurses were like angels, they were pleasant, very friendly and professional. One person told us that there could be more nurses, as they always seem to be very busy.</td>
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<td>Other evidence</td>
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<tr>
<td>In January 2011 the provider submitted a provider compliance assessment document to the Care Quality Commission which describes in detail how this service was compliant with this outcome.</td>
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<td>The trust had robust policies and procedures to ensure the right staff were employed to help keep people safe from harm. We were told they always obtain all of the required employment checks (criminal record bureau (CRB) check, references and independent safeguarding authority (ISA) first checks).</td>
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<td>We interviewed key staff who were responsible for the overall training and development and they were able to clearly demonstrate how staff were provided with training specific to their roles and responsibilities. They told us that staff had opportunities to attend external courses and were given an example of specialist staff attending dementia care training.</td>
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<tr>
<td>We were told all staff attend a corporate induction followed by role specific training</td>
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so that they were competent to undertake their responsibilities when their induction was completed.

We looked at records from a typical multi disciplinary team (MDT) as an example to see if recommendations from recent external reviews had been carried out. They were able to demonstrate how the trust had addressed the recommendations in the external reviews, including reviewing the membership of the MDT in the light of a serious untoward incident (SUI) being declared by Rotherham Primary Care Trust. They explained why there were three locum consultant surgeons in the clinical area we looked at, but no substantive posts. One of the locum consultants was on the specialist register but has not been appointed to a consultant post. The reason for one consultant post being in a locum state was explained to us, but nobody was able to explain why there were two other consultant posts that were not being filled. At present there was a locum led service but the trust told us they will be moving to a non-locum led service in the next three months.

**Our judgement**

Our review of this service has shown us that people’s health and welfare needs were met by staff who are fit, appropriately qualified and were physically and mentally able to do their job. This was achieved through recruitment policies and procedures being in place with appropriate pre employment checks being carried out. Staff undergo an induction programme and regular appraisal of their performance which includes observation of their practice and interaction with people who use the service.
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 have not spoken directly to people who use services in assessing this outcome.

Other evidence
In January 2011 the provider submitted a provider compliance assessment document to the Care Quality Commission which describes in detail how this service was compliant with this outcome and all of the elements that form the outcome.
We observed staff delivering care and treatment to people who use the service and found there was sufficient staff to meet their needs. Management structures were in place so that staff had support where required. We looked at the staff training, this confirmed staff had the right skills and competencies to deliver the care and treatment people need.

Our judgement
Our review of this service has shown us that there were sufficient staff available, with the right competencies and skills to meet the individual needs of people who use the service.
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
We have not spoken directly to people who use services in assessing this outcome.

Other evidence
In January 2011 the provider submitted a provider compliance assessment document to the Care Quality Commission which describes in detail how this service was compliant with this outcome.

We interviewed key staff who had responsibility for supporting staff. They told us there was a structured system that ensured staff received supervision and appraisals. We were given examples of training and development plans and told how gaps in staffs knowledge and competencies were addressed. We were told staff work to their professional codes of conduct and they were made aware of the conduct expected by the trust.

We looked at the outcome of a serious untoward incident. The trust told us that training sessions were held for staff to provide feedback on lessons learned. We looked at examples of training sessions and study days to provide feedback for staff on the outcome of incidents. The study day agenda for 1 February 2011 included review of investigation; patient safety legal framework; experience of staff and psychological support for staff. We also saw an example of a training session for staff specifically relating to an incident outcome.

The trust also provided the post graduate medical education centre programme for
the spring term 2011. The programme detailed weekly training sessions on a variety of topics provided by internal and external consultant speakers.

**Our judgement**

Our review of this service has shown us that the health and welfare needs of people who use the service were met by competent staff. This was achieved through an induction and planned ongoing training plan. Staff undergo regular appraisal of their performance which includes observation of their practice to identify any additional training needs.
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

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<th>Our judgement</th>
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<td>The provider is compliant with outcome 16: Assessing and monitoring the quality of service provision</td>
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Other evidence

In January 2011 the provider submitted a provider compliance assessment document to the Care Quality Commission which describes in detail how this service was compliant with this outcome.

We interviewed key staff who had responsibility for monitoring quality of the service. We were given examples of the national patient’s survey results from 2010. The results showed upward trends in satisfaction levels.

We were also given an example of actions taken to improve performance on one of the wards. A performance review was undertaken which had identified shortfalls in communication and leadership. The review highlighted a number of recommendations to improve the quality of service and gave timescales for the action to be taken.

The trust had a policy in place for serious untoward incident reporting which was
included within their ‘Policy for the reporting, investigation, management and analysis of incidents, complaints, concerns and claims, including the management of serious untoward incidents, September 2010’. The policy detailed the procedure for staff to follow with additional flowcharts to follow and identifies roles and responsibilities of staff involved in the process. The policy described the out of hour’s procedure and there was an incident hotline for reporting.

Reporting timescales were identified dependant on the assessment of severity of the incident using a risk matrix. Investigations undertaken were overseen by an executive director chair or facilitator of the trust.

The policy also included reporting mechanisms to outside agencies. Serious untoward incidents were addressed through the quality standards and review group. We reviewed one serious untoward incident and looked at reports from 22 June 2010; 20 July 2010; 24 August 2010; 21 September 2010 and 23 November 2010 which monitored the progress of the incidents and implementation of the action plan.

The patient safety committee produce quarterly patient and staff safety and experience group quarterly reports of incidents and we looked at the report April – June 2010 which related to the incident we reviewed. This report provided a summary of the incident, the progress of the action plan and conclusion.

**Our judgement**

Our review of this service has shown us that people who use the service receive individualised care, treatment and support through a planned process of decision making and the management of risk to their health, welfare and safety. This was achieved through monitoring the quality of service that people receive, obtaining professional advice where required and identifying and managing risks to people who use, work in or visit the service. There was a system in place to report adverse events, incidents and raise complaints and these were monitored to identify any areas of poor practice and make improvements.
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
We have not spoken directly to people who use services in assessing this outcome.

Other evidence
In January 2011 the provider submitted a provider compliance assessment document to the Care Quality Commission which describes in detail how this service was compliant with this outcome.

The trust had clear procedures to enable people to raise concerns/complaints about the services provided. The procedure is available throughout the trust and we saw a copy of this on all the wards visited. We interviewed key people responsible for quality and they were able to demonstrate how they were proactive in dealing with concerns.

We looked at a document (learning from and acting on patient’s experiences in care) dated 1 October to 31 December 2010 which gave an overview of the data. It showed an increase in complaints (this was an expected increase following a targeted campaign as part of the inpatient survey when respondents had said they did not know how to make a complaint) received from the same quarter the previous year, however the more serious complaints had decreased.
Our judgement
Our review of this service has shown us that there was a system in place for people who use the service or others acting on their behalf to raise comments or complaints. There were procedures for staff to follow in how these are dealt with. Complaints and comments were monitored and staff received training in dealing with complaints.
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

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<td>The provider is compliant with outcome 21: Records</td>
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<td>In January 2011 the provider submitted a provider compliance assessment document to the Care Quality Commission which describes in detail how this service was compliant.</td>
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<td>We looked at a number of records during this visit and we were satisfied that they held information securely and confidentially.</td>
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<td>The trust had clear procedures that were followed in practice, monitored and reviewed, to ensure personalised records and medical records were kept and maintained safely for each person who used the service.</td>
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<td>We looked at one example of a serious concern. We found the documentation of the initial incident report was reviewed by the senior manager, an investigation was undertaken and there was a clear audit process which was followed. There was an action plan and conclusion. We identified that the process had followed the trust policy and that documentation was fully completed. Lessons learned were identified</td>
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and the outcome was communicated to staff.

Our judgement
Our review of this service has shown us that records were held securely and remain confidential. This was achieved through policies and procedures in place for staff to follow, staff training and regular audit of records.
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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