The Rotherham NHS Foundation Trust
The Rotherham NHS Foundation Trust

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<tr>
<th>Region:</th>
<th>Yorkshire &amp; Humberside</th>
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<tr>
<td>Location address:</td>
<td>Moorgate Road</td>
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<td>Oakwood</td>
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<td>Rotherham</td>
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<tr>
<td>Type of service:</td>
<td>Acute services with overnight beds</td>
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<tr>
<td>Date of Publication:</td>
<td>September 2012</td>
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<td>Overview of the service:</td>
<td>The Rotherham NHS Foundation Trust is a large acute hospital situated just 2 miles south of Rotherham town centre. They provide a wide range of health services for the people of Rotherham.</td>
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Summary of our findings
for the essential standards of quality and safety

Our current overall judgement
The Rotherham NHS Foundation Trust was meeting all the essential standards of quality and safety inspected.

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

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

How we carried out this review
We reviewed all the information we hold about this provider, carried out a visit on 13 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us
People told us what it was like to be a patient in The Rotherham NHS Foundation Trust Hospital. They described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether older people in hospitals were treated with dignity and respect and whether their nutritional needs were met.

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

We visited four wards during this inspection, the wards primarily provided care and treatment to older people.

We spent a period of time observing staff providing care to patients. This method of observation is called the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed six patients on one of the wards for a period of 45 minutes during lunchtime. We recorded their experiences at regular intervals. This included noting the patient’s mood, and how staff interacted with patients, other patients who used services, and the environment.

We saw patients were given the option to use cleansing wipes prior to the meal. Meals
were well presented and patients were given the assistance they needed.

The patients with whom we spoke told us that they were treated with dignity and respect. They also confirmed that they were asked what name they wished to be called and their wishes were respected. One patient said "Nurses asked me what I liked to be called. They call me Mrs C this is what I want."

Patients told us that they were involved in decisions about their care and treatment, and the nurses took time to explain how treatment was given. One patient said "They explain what, why and how about my treatment and keep me informed of progress."

Patients told us that they were very satisfied with the meals provided while they were in hospital. Patients were provided with a wide choice of food and drink which they selected earlier in the morning. The food was described as "Delicious." "Choice and variety of food is fantastic." "It's substantial when you think of the number and variety of people they cater for."

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

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. Patients' privacy, dignity and independence were respected.

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

The provider was meeting this standard. Patients were protected from the risks of inadequate nutrition and dehydration.

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

The provider was meeting this standard. Patients who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet patient's needs.

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

The provider was meeting this standard. Patients were protected from the risks of unsafe or inappropriate care and treatment.
Other information

Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential
standard and outcome that we reviewed, linked to specific regulated activities where
appropriate.

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

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

Where we judge that a provider is non-compliant with a standard, we make a judgement
about whether the impact on people who use the service (or others) is minor, moderate or
major:

A minor impact means that people who use the service experienced poor care that had an
impact on their health, safety or welfare or there was a risk of this happening. The impact
was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had
a significant effect on their health, safety or welfare or there was a risk of this happening.
The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a
serious current or long term impact on their health, safety and welfare, or there was a risk
of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the
most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the Guidance about
compliance: Essential standards of quality and safety
Outcome 01: Respecting and involving people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement
The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
We observed that many patients required a high level of assistance with personal care tasks but those more able were encouraged to be independent and exercise choice. For example one patient said "I wanted to shower on my own but was concerned as it was a mixed ward, but staff re-assured me that no-one would be able to interrupt and I felt really good doing it myself". Another patient said, "I feel so much better now I can get dressed … Its made all the difference to me," while another patient said, "I get the shakes because of my drugs and spill everything but they've got me a special cup so I can drink myself again."

Other evidence
Is patient's privacy and dignity respected?

We spoke with the deputy chief nurse and the director of quality and safety. They told us they did unannounced walk rounds monthly at various times of the day and night and this had proved to be a useful check that patients' needs were being met.

We spoke with three ward matrons who told us they acted as role models to ensure staff acted professionally, to respect patient's dignity and privacy. They said they did this by challenging practise at all staff levels. They also told us that ward staff at all
levels completed a 'Being with you' programme which involved looking at scenarios about communicating effectively with patients and maintaining the core principles of respecting the privacy and dignity of patients.

We saw that patient's privacy and dignity was respected by staff on all the wards we visited. Staff spoke to patients in a discrete way when discussing their care with them and closed curtains to provide privacy when delivering personal care. One member of staff told us how they would speak to patients in a more private area off the ward if this was more appropriate.

We saw that staff explained to patients what they were doing and why as they did it. For example, one patient on one of the Wards had experienced a stroke necessitating a high level of support with their personal care. Staff spoke to them quietly and calmly and in a re-assuring and unhurried manner.

We observed patients' dignity were maintained by staff. For example, staff checked bedcovers were in place for those patients remaining in bed and provided a blanket to cover one patient's legs while sitting out in a chair in their nightclothes.

The staff we spoke with gave good examples of how they would maintain patient's privacy and dignity. For example, one staff member told us how they protected meal times so patients could eat more privately. They added that if the ward was busy or patients wanted to eat alone they would offer to close the curtains round their bed to offer extra privacy. We saw that staff were calm and took account of patient's individual preferences. They showed patience when assisting patients to eat and gave them the time they needed. They also offered various choices to patients who did not want to eat a large meal.

We saw staff handing out wipes before and after meals to allow patient's to wash their hands. When they could not do this for themselves staff helped them. They also offered patients clothes protection to wear before they ate lunch.

Are patients involved in making decisions about their care?

Although records did not always clearly indicate that patients had been involved in making decisions about their care and treatment the patients we spoke with told us they had been. They described how staff had asked them about their preferences, such as what meals they wanted and we saw staff helping patients to make those decisions.

Three of the nine medical files we looked at recorded meetings between medical staff and the patient's family where they had discussed what was in the patient's best interest. For example decisions about if the patient was fit enough to return home or if alternative accommodation may be required.

The staff we spoke with told us how they involved patients in their care and treatment. They said they gathered as much information as possible on admission so they could provide patients with the care and support they needed. If the patient was not able to communicate with them they said they involved family members and/or friends and other professionals.
**Our judgement**
The provider was meeting this standard. Patients’ privacy, dignity and independence were respected.
Outcome 05:
Meeting nutritional needs

What the outcome says
This is what people who use services should expect.

People who use services:
* Are supported to have adequate nutrition and hydration.

What we found

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<tr>
<td>The provider is compliant with Outcome 05: Meeting nutritional needs</td>
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<th>Our findings</th>
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<td><strong>What people who use the service experienced and told us</strong></td>
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<td>Patients we spoke with told us that the meals were very good. There was always plenty of choice and it was always hot when it arrived and was presented on a tray and looked appetising.</td>
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<td>One patient said &quot;The meals are pretty good they ask us what we want and bring it.&quot; Some patients did comment that they thought some of the meals were rather large but we saw on the menu choices, there was an option to choose a smaller portion</td>
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<td>Our SOFI observations found that patients received an appropriate meal to meet their dietary needs. We saw some patients needed soft diets; these looked appetising as the kitchen had used moulds so they still had the appearance of a portion of meat, potatoes and vegetables. We observed that staff gave assistance to people to cut their meat up into manageable pieces, making it easier for patients to eat.</td>
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<td><strong>Other evidence</strong></td>
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<td>Are patients given a choice of suitable food and drink to meet nutritional needs?</td>
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<td>We saw that menus were used to allow patients to choose what meals they preferred. Where patients were unable to complete these themselves, staff offered support and advice. The patients we spoke with all told us they enjoyed the meals they received and raised no concerns about the choice available or the quality of the food provided. We saw that some patients received pureed meals as they could not eat solid foods and this was reflected in their care plan.</td>
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We spoke with the housekeeper who informed us that the main kitchen could be accessed 24 hours a day and they responded quickly to requests for special diets or different choices for new admissions. They told us as well as choice of main meals there was always an option of poached fish or jacket potatoes. They added that wards also kept bread, jam, yoghourt and ice cream in their kitchenette which patients could have at any time. The housekeeper also said there were two main menus which she described as a blue (normal and diabetic) and a brown (high protein). She said “I juggle them around as I'm always trying to find something that the individual patient will eat”.

We spoke with the specialist dietitian and clinical director for the Trust and they told us each ward used the Malnutrition Universal Screening Tool (MUST) to ensure patients received the required diet to meet their needs. They told us staff on all of the wards we visited had access to dietitians and speech and language specialists (SALTS) which meant patients received the nourishment they needed to assist in their treatment. Our SOFI observations confirmed that nursing staff completed food and fluid charts before leaving the patient that they had assisted with their meal.

We spoke with the catering manager who was contracted to provide meals for the Trust. He told us that his staff visited the wards on a daily basis to seek feedback from patients and staff about the quality of food served.

The Trust also used a ‘Come dine with us’ initiative which encouraged members of the public to periodically try the meals, which are the same as meals served to patients. We were told that the Trust's board members were also encouraged to sample the food provided.

Are patient's religious or cultural backgrounds respected?

We saw that patient's personal preferences as well as their cultural and religious needs had been taken into account. The staff we spoke with demonstrated a good knowledge of the patients on the wards at that time and any particular special dietary needs they had.

We spoke with the specialist dietitian and clinical director for the Trust and they confirmed patients were able to access halal meals and other specialist menus, including a vegetarian option. They told us they were currently accommodating patients during Ramadan by supporting patients who were fasting during the day.

The catering manager told us that when patients of different ethnic backgrounds were admitted into the hospital they are able to react quickly to provide suitable meals to meet their cultural backgrounds. He told us staff just needed to call the catering department and the food was arranged straight away.

We spoke with three matrons who told us they were able to access ‘Big Word’ (A national organisation that uses interpreters to translate information from different languages) if they had patients from different cultures, whose first language was not English. They told us they also used other family members to ensure patient's cultural needs were met.

Are people supported to eat and drink sufficient amounts to meet their needs?
The hospital operated a "Traffic Light System" to indicate the level of support/assistance that individual patients required with eating and drinking. A chart indicating the level of support needed plus any special dietary needs was displayed above each bed. There were also charts which recorded food and fluid intake by some beds.

We observed patients experiences during lunchtime on one ward and saw that staff were allocated to assist and monitor patients while they were eating. We saw staff asking patients if they would like help to cut food up and assisted them to eat if needed. Throughout the meal encouragement was given to patients who had been identified as needing prompting to eat. When one patient did not eat their pudding, alternatives were offered but declined.

We also observed five patients' experiences during lunchtime on a second ward. Staff were very helpful and provided appropriate support to each individual. We saw one patient being offered soup in a bowl, which they could not manage so staff put this into a beaker. This enabled the patient to eat it independently. One member of staff was particularly patient with someone who did not want to eat.

Before lunch we saw that staff went round and ensured that patients were comfortable and positioned so they could eat their food. They explained to individual patients that they were getting them ready for lunch. Back rests and pillows were adjusted and staff checked verbally that patients were okay. Patients were given the opportunity to wash their hands and given serviettes or in several cases full aprons to protect their clothes.

**Our judgement**
The provider was meeting this standard. Patients were protected from the risks of inadequate nutrition and dehydration.
Outcome 07:
Safeguarding people who use services from abuse

What the outcome says
This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

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

**Our findings**

What people who use the service experienced and told us
We spoke with several patients on the four wards that we visited during this inspection. Patients told us that they felt safe on the wards. One patient said, "There is always plenty of staff knocking about, if I am worried I just press my call bell for assistance and the nurses come quickly." Another patient said "Staff told me about the complaints procedure when I came in." "I would be quite happy to ask if I had any concerns or needed anything explaining."

Other evidence
Are steps taken to prevent abuse?
We found that patients were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke with a number of staff on the four wards we visited and they all confirmed they had completed training in how to safeguard patients from abuse. They were able to accurately describe different types of abuse and what they would do if they witnessed poor practice. The trust had policies and procedures in place to guide staff should any allegation of abuse come to their attention. Staff were aware of the policies and procedures.

Staff we spoke with told us about the importance of knowing what patients individual needs were so they were able to meet them. The care and support observed during the
SOFI and other observations assured us training was put into practice.

We spoke with the named nurse for adult safeguarding within the trust. She told us she worked closely with other safeguarding agencies like the police and the local council. This ensured that issues identified had a multi disciplinary approach when investigating referrals.

Do patients know how to raise concerns?

Patients we spoke with told us they felt safe while staying at the hospital. They were clear what they would do if they were concerned about anything. We saw posters on all of the wards we visited which described 'what to do if you suspect abuse is taking place'. Other posters told patients how to make a complaint or raise a concern.

We spoke with the director of quality and safety. She told us that they used a 'Patient feedback tracker' which was used to capture information from patients using the service. This system also covered areas of security and safety.

Are Deprivation of Liberty Safeguards used appropriately?

In three patients files we looked at we saw evidence that best interest meetings had taken place regarding the patient moving to 24 hour care in a care home. However not all the staff we spoke with said they had, had training in this subject. We spoke with the named nurse for adult safeguarding within the trust who told us that she had been involved in delivering training to nursing staff on one of the wards we visited. The training included the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards procedures.

Our judgement
The provider was meeting this standard. Patients who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.
Outcome 13: Staffing

What the outcome says
This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement
The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
We spoke with a number of patients on the four wards we visited. Patients told us that although staff were always very busy they had time to meet their needs. One patient said "I have a lot of respect for these nurses they have a difficult job and do it efficiently. There are a lot of difficult patients here but staff know what to do to make it right for them. They encourage them." Another patient said "Nurses are very good with the older ones; they cajole them into eating something."

We observed that most staff took time to acknowledge and engage with patients as they went about their tasks. Even if they did not stop to talk they would say a few words and call them by their name. A visitor spoke to us about the skills that staff showed in caring for her husband, and the manner in which they also explained what was happening to her and the family in terms of his prognosis.

Other evidence
Are there sufficient numbers of staff?

The patients we spoke with said they felt there was enough nursing staff on duty to meet their needs. However staff told us the planned numbers of staff rostered to be on duty were not always met. They said when staff were on holiday or called in sick they often worked below the planned numbers. They said in those cases they reorganised workloads to make sure people's needs were met.

When we asked one staff member on one of the wards what happened when they...
worked below planned numbers. They told us, "Everyone gets their meals but patients might have to wait a bit longer as you don’t want to rush patients."

On one of the wards staff were very busy throughout the visit but patients did not have to wait long for buzzers to be answered or receive support. However after lunch we saw that staff seemed in a hurry to clear food trays away and were waiting in doorways for patients to finish their meals.

We spoke with three matrons about staffing numbers and skills mix. They told us that making sure sufficient staff were available on all of the wards we visited was challenging. Sickness and maternity leave meant staff were sometimes brought from other areas of the hospital to ensure patients needs were met.

Do staff have the appropriate skills, knowledge and experience?

We saw staff carrying out their work in a competent, professional manner. The patients we spoke with raised no concerns about the staff and praised the care they received.

Staff at all levels who worked on the wards we visited told us they received access to a variety of training including a National Vocational Qualification (NVQ) levels two and three. Specialist training to meet patients dietary needs had been given by the dietitian, and training in safeguarding people from abuse was also available to staff. Specific training was available for the qualified staff which helped them to maintain their professional qualification.

Our judgement
The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet patient’s needs.
Outcome 21: Records

What the outcome says
This is what people who use services should expect.

People who use services can be confident that:
* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement
The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us
The patients we spoke with told us that they had not looked at their records even though they were kept at the end of their bed. They told us that they had been kept informed about their care and they knew what was going to happen next.

Other evidence
Are accurate records of appropriate information kept?

We looked at the records for nine patients during the inspection process. We did this to see what evidence there was about recording nutritional/hydration screening and monitoring of patients needs.

The records we looked at showed evidence of nutritional and hydration assessments being carried out. Clinical nutrition assessments and food and fluid records were in place. This meant staff had the information they required to provide the level of nursing care to meet the needs of patients. Care plans were based upon the clinical needs of the individual. Records indicated patients were involved in care planning, where possible. Records also showed some relatives were involved in the care planning process. We found evidence of relative's involvement in particular when the patient had limited capacity.

In the main records were maintained appropriately and were accurate, however we saw
there were gaps in some files. For example, in one file we looked at some forms did not contain the name of the person or the ward they were on, so if lost the form could not be tracked back to the correct patient. This was addressed by staff immediately. In the same file we saw that although food eaten at each meal had been recorded in detail, there was no record of supplements being offered. We discussed this with the staff and they informed us that supplements were offered but staff had omitted to record the details on the patients file. We observed food and fluid records for patients were completed to a good standard immediately after the patient had finished eating their meal.

We saw that two patients files had a "Do not attempt cardiopulmonary resuscitation" (DNAR) form that had been completed by the doctor. However one of the forms was not dated and the box indicating that a counter signature was required was blank. When we looked at the medical files there was no clear evidence that the DNAR order had been fully discussed with the families concerned. We raised this at the time of the inspection and we received additional information from the ward to confirm the date the form had been completed and the discussion that had taken place with family members. We were satisfied with the evidence provided to us that that consultation with the relative had taken place.

We spoke with three matrons about the accuracy of patient records. They told us they carried out spot checks to monitor quality and ensure accuracy of up to date information. They told us that if the records where not up to standard they would give extra coaching to the indentified staff member until they reached the required levels of accuracy.

Are records stored securely?

Records were kept securely and could be located promptly when needed. We spoke with two nurses in charge of wards who told us that patient's records were stored securely to maintain confidentiality.

We found patients nursing notes were kept near their beds so staff and patients could access them easily. Medical notes were stored in a metal wheeled trolley near the nurse's station. Staff told us that other information would be stored in the ward clerk's office.

Our judgement
The provider was meeting this standard. Patients were protected from the risks of unsafe or inappropriate care and treatment.
What is a review of compliance?

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

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

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

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions**: These are actions a provider must take so that they achieve compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

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

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<td>Author</td>
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## Care Quality Commission

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| Postal address         | Care Quality Commission  
                        | Citygate  
                        | Gallowgate  
                        | Newcastle upon Tyne  
                        | NE1 4PA |