

Review of compliance

Peterborough and Stamford Hospitals NHS
Foundation Trust
Peterborough City Hospital

Region:	East
Location address:	PO Box 404 Bretton Gate Peterborough Cambridgeshire PE3 9GZ
Type of service:	Acute services with overnight beds Hospice services Long term conditions services Community healthcare service
Date of Publication:	March 2012
Overview of the service:	Peterborough and Stamford Hospitals NHS Foundation Trust provides the regulated activities of 'Diagnostic and screening procedures', 'Surgical

	<p>procedures', 'Treatment of disease, disorder or injury', 'Assessment or medical treatment for persons detained under the Mental Health Act 1983', 'Family planning', 'Management of supply of blood and blood derived products', 'Maternity and midwifery services' and 'Termination of pregnancies'.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Peterborough City Hospital was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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 5 October 2011, carried out a visit on 6 October 2011, 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

We were told that staff were polite, courteous and respectful and one person commented, "Staff are kind, gentle and move at my pace". People were involved in decisions about their care and treatment and felt they were listened to by staff. They said staff members were good at explaining what they were going to do and told us that the results of tests were explained in a way that people understood. Tests and scans were carried out and results were provided quickly.

All of the people we spoke with who had suffered pain confirmed that they had received pain relief quickly and that staff monitored whether people were in pain. One person had pain relief that they could control and staff listened to what they wanted. Referrals were made to specialist teams for pain management and different types of pain relief were tried.

People had positive comments regarding meals and one person said that, "The food is very good indeed and a marvellous choice, better than home".

People were seen quickly by the triage nurse but that they did not know how long they would have to wait following this.

Staff members washed their hands before and after attending to people and any used utensils and equipment were cleared away and not left in patient use areas.

Most people were able to find the emergency department easily, although they had

difficulty finding disabled parking and in understanding where to park.

Most people we spoke with said staff responded quickly to their call bells and acknowledged them if they were not able to attend to the person straight away. All but one of the people we spoke with on different wards through the hospital said they felt there were enough staff available.

All of the people we spoke with regarding complaints confirmed that they had no concerns about their care and treatment. They stated they knew who to speak to if they were not happy with any aspect of their care but that they had not needed to do this.

What we found about the standards we reviewed and how well Peterborough City Hospital was meeting them

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

People are usually involved in their care and they are treated with respect and dignity.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

People receive explanations regarding their care and consent is obtained and recorded, which ensures they are able to make informed decisions.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider is compliant with this outcome.

People usually experience safe, effective and appropriate care and treatment that meets their needs. However, in order to maintain compliance, staff members should use task focussed contact opportunities to engage verbally with people in positive exchanges.

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

The trust is compliant with this outcome.

There are adequate systems in place to ensure people are supported with their nutrition and hydration and that they are able to eat and drink safely.

Outcome 06: People should get safe and coordinated care when they move between different services

The provider is compliant with this outcome.

There are systems in place to ensure the trust works with other agencies and responds to concerns when systems do not work as well as they should. However, to maintain compliance the trust should ensure that people waiting in the emergency department for non-emergency treatment have information about waiting times.

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

The provider is compliant with this outcome.

There are procedures in place with understanding by staff about what to do to ensure people are safeguarding from abuse. However, to ensure the provider remains compliant they should ensure all staff must report allegations immediately.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The provider is compliant with this outcome.

There are systems in place to ensure the provider meets the code of practice on the prevention and control of infections.

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

We have assessed that the provider is compliant with this outcome.

The hospital environment provides safe and suitable premises in which to care for and treat people. However, in order to maintain compliance consideration should be given to establishing discussions with people who use the service regularly regarding parking signs.

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

The provider is compliant with this outcome.

There are plans in place to provide adequate staffing levels at the hospital to ensure that people receive the care and attention when they need it. However to ensure compliance is maintained, staffing levels should be determined in line with the provider's own planning guidance so that there are adequate staff for all call bells to be answered promptly.

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

There are systems in place to ensure people are able to make a concern or complaint, although responses are not always provided in a timely manner, which means that changes may not be made quickly enough.

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

Records required to be kept for patient safety and wellbeing are held securely, which ensures confidentiality of people using the service is maintained.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

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.

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 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 spoke with patients in three wards at Peterborough City Hospital and people using the emergency department about their experiences while using the service. Everyone we spoke with said staff were polite, courteous and respectful and most people said they had not been made to feel uncomfortable. One person said, "staff are kind, gentle and move at my pace".

People stated that staff members were helpful and helped people all they could. Most people were involved in decisions about their care and treatment and felt they were listened to by staff. They said staff members were good at explaining what they were going to do and the results of tests in a way that people understood.

One person confirmed they had discussed treatment with medical staff and had refused one course of treatment but decided on another course. Their decision had been respected. However, another person advised us that they had felt that staff did not respect a decision they had made regarding treatment and had persisted in trying to change the person's decision.

Half of the people in the emergency department that we spoke with said they felt personal information could be overheard in other parts of the reception area.

Other evidence

The trust provided us with information to show the actions they had taken to maintain compliance following our reviews in December 2010 and March 2011. For the emergency department, this included actions such as changing where people are asked the reason for their visit to the department and increasing information available to people whose first language is not English. For the hospital in general, action was taken to look at patient involvement in their care and treatment decisions. As can be seen from people's comments above, there was an improvement in how people were involved in decisions.

The emergency department reception area had a dedicated desk for reception and people were able to easily access staff in this area. People were asked about their condition and symptoms by nursing staff in a private room away from reception. However, their concerns were regarding information asked by reception staff to confirm their identity. Staff members confirmed that an intercom system was available that people could use, which would reduce the risk of being overheard. We observed that staff members, including nursing and medical staff, were able to quickly access written information in different languages. They were knowledgeable about the interpreter service used by the hospital and confirmed that this is used when required.

We spent time observing different wards in the hospital over a period of two days and visited the emergency department at different times. The majority of staff were patient with people and spent time with them, and explained what was happening. We spent some time spent during the visit in a four bedded bay on one ward and identified that staff were attentive but that they did not always engage in conversation with people or make the most of the time spent with them. We observed only one interaction during which the staff member was brusque in their manner to the person, although the person's request was carried out.

Our judgement

People are usually involved in their care and they are treated with respect and dignity.

Outcome 02: 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 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

People we spoke with stated staff members had explained procedures to them and they knew what to expect.

Other evidence

Care records that we examined showed a good level of detail in explanations given to people and that consent for procedures had been obtained. These had also included discussions and explanations with people's relatives. Entries explaining consent had been made by staff from different services throughout the trust that had been working with people.

Staff members told us that they explain the risks and benefits of care to people and their relatives. They confirmed that they provide written information where possible and we found that guidance leaflets were easily available to people in the emergency department.

Our judgement

People receive explanations regarding their care and consent is obtained and recorded, which ensures they are able to make informed decisions.

Outcome 04: 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 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us that staff members delivered their care in a calm and unhurried way, making sure that everything was done properly and were not rushed. One person commented that they had not received help on one occasion when they requested it. However, other people said staff members tried to be gentle and one person stated that they had received particularly good care following their operation when they were suffering from a sore, dry mouth.

We spoke with people about their tests and scans, they confirmed they had been given explanations regarding these and the procedures were completed quickly. Only one person we spoke with stated they had received no information about a scan that was performed. People told us that results of tests were also provided quickly and one person confirmed that an explanation was provided by the doctor.

We asked people about their experiences regarding pain management while they were in hospital. All of the people we spoke with who had suffered pain confirmed that they had received pain relief quickly and that staff monitored whether people were in pain. One person stated they had been given pain relief that they could control and that staff had listened to their concerns regarding what they wanted. Other people said they had been referred to specialist teams for pain management and that staff had tried different types of pain relief.

Other evidence

We examined care records during our visit to assess how well risks were assessed and

care was planned. Risk assessments, such as the 'MUST' nutritional tool, were completed to ensure the level of people's individual risk was identified and the appropriate actions were taken. We looked at nutritional risk assessments for people who had suffered a stroke and found that they had been completed in nursing records, but had not always been entered into records specifically for stroke care.

We noted that 'care pathways' and patient notes were used to record the planned care and progress for each person. Information regarding the care provided and the care and treatment planned was not always easy to find, although an audit trail could be established. Records also contained details regarding when people were referred to specialist services within the trust, such as dietician, speech and language therapy, and pain management teams. We noted that visits from these professionals were prompt and people did not have to wait for this advice or treatment. Staff members that we spoke with confirmed they were able to access a range of specialist services and that people were seen quickly.

The trust had a policy for end of life care and 'do not resuscitate' (DNAR) orders that had taken into account national and regional guidance issued by The Resuscitation Council and the Strategic Health Authority. DNAR forms had been completed in some of the records we examined and these showed that where people had not been able to discuss the decisions, the discussion had taken place with the person's next of kin.

We spent time observing different ward areas in the hospital and found that staff were attentive and assisted people when they required help. Interactions between people and staff members were mostly functional, for example, to complete a task, ask a question or to provide the person with information. While this in itself is not an indication of poor care, we noted that there were few interactions between staff and people that were not just clinical, which is significant for people with dementia or other memory loss. We found that staff members did spend time with people: we observed one staff member completing paperwork at the person's bedside for 10 minutes, although they hardly spoke with the person for the 10 minute period. We also observed an exchange between one person and a member of staff that ultimately provided the person with the outcome they requested but was dealt with in a brusque manner by the staff member. This means that staff miss opportunities to engage with some people or simply to provide a positive experience.

Our judgement

The provider is compliant with this outcome.

People usually experience safe, effective and appropriate care and treatment that meets their needs. However, in order to maintain compliance, staff members should use task focussed contact opportunities to engage verbally with people in positive exchanges.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

People we spoke with had mostly positive comments regarding the meals that were served to them. One person commented that, "The food is very good indeed and a marvellous choice, better than home". Although another person stated that diabetic options for desserts were poor and did not taste nice.

Other evidence

An improvement action was made regarding the delivery of meals at our review in March 2011, which was focussed on Dignity and Nutrition. The trust provided us with information to show how they had addressed this and the actions they had taken to improve. These actions included updating training for meal delivery staff, ensuring information was collected about how much of the meal had been eaten and reviewing the system for meal delivery and collection. Staff members we spoke with confirmed there were fewer errors with meal delivery and an additional staff member walks around with the meal delivery trolley to ensure correct meals are provided.

Staff members explained to us how they ensure people received enough to eat and drink, including monitoring people's dietary intake, referring to specialist services such as dieticians and speech and language therapists, and offering high calorie foods and drinks where this was required.

We spent time on all wards observing meal times and how staff assisted people to eat and drink. Generally this period of time was calm and without interruption, for example doctors' rounds did not take place and we did not see people being asked to go for tests away from the wards. Support was given to people in an unhurried way and

people were made comfortable before starting their meal. Staff members worked at people's own pace and stayed with them until they had finished their meal. Additional support was obtained for one person due to a language barrier, to ensure as much as possible had been done to enable the person to eat.

Our judgement

The trust is compliant with this outcome.

There are adequate systems in place to ensure people are supported with their nutrition and hydration and that they are able to eat and drink safely.

Outcome 06: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

* Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with Outcome 06: Cooperating with other providers

Our findings

What people who use the service experienced and told us

We spoke with people during our visit to the emergency department reception area and were told that waiting time were, "Generally not too bad". People said they were seen quickly by the triage nurse but that they did not know how long they would have to wait following this.

Two people we spoke with on wards in the hospital confirmed they had been made aware of test results and referrals to other specialist departments.

Other evidence

The trust sent us information to show how they were addressing concerns from a review we carried out in December 2010 regarding how long people wait to be seen in the emergency department. This included making sure that referring agencies were aware of contact details for the trust and liaising with ambulance services to reduce the amount of time taken before information could be passed on. We were not able to speak with ambulance staff during this visit.

We received information prior to this review regarding delays and changes to planned tests and how this was communicated to people.

Staff members in the emergency department confirmed they were able to obtain test results quickly and rarely had to wait long for specialist teams to see people. Staff in other areas of the hospital also confirmed this and stated there were systems in place to ensure test results and referrals were followed up. These included multi disciplinary

ward rounds that determined the staff member responsible for following up results or referrals and staff on one ward confirmed that a dedicated staff member visits the ward to look only at these.

Our judgement

The provider is compliant with this outcome.

There are systems in place to ensure the trust works with other agencies and responds to concerns when systems do not work as well as they should. However, to maintain compliance the trust should ensure that people waiting in the emergency department for non-emergency treatment have information about waiting times.

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

People we spoke with confirmed they were treated appropriately by staff members and that they had not felt threatened or worried while at the hospital. One person said they had, "Never been in a better hospital".

Other evidence

The trust had a safeguarding policy and procedure for adults and children in place that was available to all staff members for guidance. Both the adult and children's policy and procedure contain clear guidance for staff members about reporting procedures and contact numbers for referral to the local authority safeguarding team.

The trust had designated safeguarding teams working in different areas of the hospital, for example, midwives who specialised in particular areas where women are vulnerable. Systems were in place for referring safeguarding concerns and ensuring staff members were aware of their responsibilities in regard to this.

We spoke to staff members in different areas of the unit about protecting people. They were knowledgeable about safeguarding procedures, they were able to describe how they ensured people were safe and what they would do if they thought abuse had occurred. However, one staff member described waiting to see if the person repeated the allegation before taking any action. This is not in line with the hospital's policy and we spoke with the trust about the staff member's comments.

Training information confirmed that all staff members received safeguarding awareness

training during their induction and as an annual update. More in depth training was provided to staff with reporting responsibilities.

Our judgement

The provider is compliant with this outcome.

There are procedures in place with understanding by staff about what to do to ensure people are safeguarding from abuse. However, to ensure the provider remains compliant they should ensure all staff must report allegations immediately.

Outcome 08: 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 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People we spoke with during our visit confirmed that staff (nurses and doctors) washed their hands before and after attending to them, and usually used sanitising hand gel. They also confirmed that other sources of possible cross infection, such as used bottles and bedpans were cleared away and not left in patient use areas.

Other evidence

We received information prior to this review regarding a concern around infection control caused by poor hand washing techniques.

During our visit to the hospital we spoke with staff about infection control and training they had received. Staff members confirmed they had received training in infection control as part of their annual mandatory training update. They also told us about updates they receive throughout the year regarding infection control around the hospital, new initiatives and areas of concern. Several staff members we spoke with also commented on actions they take to reduce the risk of cross infection.

We spent time observing meal times on wards in the hospital and noted that staff washed their hands before and after attending to people. We also noted that people who could not wash their own hands were provided with this opportunity before they ate their meal.

Information we hold about the trust shows they had similar results to other trusts for this outcome. The trust had a range of policies and procedures on infection prevention and control, including specific policies on hand hygiene and the practice of aseptic technique. They provided evidence of training for all medical and nursing staff and how

the competency of staff was assessed for wound dressing and some other invasive procedures.

Our judgement

The provider is compliant with this outcome.

There are systems in place to ensure the provider meets the code of practice on the prevention and control of infections.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We spoke with people attending the emergency department on the second day of our visit. Most people were able to find the department easily, although one person who had previously visited the hospital stated they continued to find signs to the department inadequate. People were able to use car parking facilities, however, most people stated they had difficulty finding disabled parking and in understanding where to park. One person who had not visited the hospital before stated that they had found the hospital easily and that parking arrangements were clear.

Other evidence

The trust provided us with information to show the actions they had taken to address concerns identified during our review of compliance in December 2010 – January 2011.

We were able to locate the hospital and car parking facilities when we visited, inspectors who had not visited the hospital before felt signs were adequate. Permanent disabled parking spaces were available opposite the emergency department entrance and additional spaces were available in permanent car parks. Staff members we spoke with confirmed that additional signs to the department and within the department had improved how people were able to access the site.

We visited the emergency department during one evening and found actions taken regarding our concern regarding access to clinical equipment and sharps containers had been addressed. Doors throughout the department during this evening visit were secure and accessible only through the use of coded locks or the electronic ID pass

system.

Adjustments had been made to the external doors leading into the reception area of the emergency department, which had resolved the issue of inadequate heating in this area. We visited one evening when the weather was cold, raining and windy and found the area was a comfortable temperature.

We spent time during our visit in different areas throughout the hospital complex and found it to be clean and suitable environment.

Our judgement

We have assessed that the provider is compliant with this outcome.

The hospital environment provides safe and suitable premises in which to care for and treat people. However, in order to maintain compliance consideration should be given to establishing discussions with people who use the service regularly regarding parking signs.

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

Most people we spoke with said staff responded quickly to their call bells and acknowledged them if they were not able to attend to the person straight away. Two people stated they had to wait for longer than a few minutes, for one person this was a significant length of time while they were receiving personal care. All but one of the people we spoke with on different wards through the hospital said they felt there were enough staff available.

Other evidence

We spoke with staff members regarding staffing numbers. Most staff confirmed that the hospital was adequately staffed but that short staffing occurred when there was staff sickness that could not be covered. Staff recognised that there were busy periods and that the configuration of wards meant that observation of all areas could be difficult. One staff member felt there was not enough nursing staff to provide adequate stimulation for people with dementia. Staff on night duty also said that there were usually adequate staff levels; staff on all three wards we visited confirmed they had one health care assistant for the whole shift with one additional health care assistant working until 1am.

The trust provided evidence to show how nursing and health care staffing levels were determined following the move to the Peterborough City Hospital site in November 2010. This showed how staffing levels were determined and the increase that would be required to ensure they were maintained while staff members were on leave. The staff planning tool also considered guidance from professional bodies to establish adequate

staffing levels. Application of the staffing tool indicated that on each ward night duty staffing levels required one health care assistant for the whole night and one health care assistant until 1am. Call bells were answered promptly on two wards we visited in the evening, although we found people had to wait for their call bells to be answered on one ward. When we spoke with one person regarding this they told us that they did not want assistance but wanted information regarding why they were in hospital. Call bells were answered promptly when we visited wards during the day.

Our judgement

The provider is compliant with this outcome.

There are plans in place to provide adequate staffing levels at the hospital to ensure that people receive the care and attention when they need it. However to ensure compliance is maintained, staffing levels should be determined in line with the provider's own planning guidance so that there are adequate staff for all call bells to be answered promptly.

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

All of the people we spoke with regarding complaints confirmed that they had no concerns about their care and treatment. They stated they knew who to speak to if they were not happy with any aspect of their care but that they had not needed to do this.

Other evidence

We received information prior to this review regarding how the trust responds to complaints, particularly at ward level, and that action was not taken quickly enough by staff. Staff members on wards we visited were able to explain the complaints system and that resolution by the ward was sought before using more formal methods. Staff on one ward confirmed they would also speak with relatives to try to resolve the complaint and responded in writing to the person.

A ward manager stated that information obtained from complaints were fed back to staff in ward meetings to enable staff learning and a change in practice where this was required. Patient and relative clinics had been started on the ward to provide people with an opportunity to discuss any issues they had with care.

Complaint information for a one month period in May and June 2011 indicated the trust took an average of 83 days to respond to complaints, with five complaints taking over 100 days to reach a conclusion. We spoke with senior staff at the trust regarding this and they confirmed that the complaints team was without a manager. A review of investigation information showed that complaints had not been addressed in a way that responded to the issue that had been raised. The trust had taken action to address this

by investigating those complaints again and ensuring senior management staff looked at every complaint made, the investigation information and the trust's response. Recruitment for a manager for the complaints department had begun and a senior trust manager was acting in the role until it had been filled.

Our judgement

There are systems in place to ensure people are able to make a concern or complaint, although responses are not always provided in a timely manner, which means that changes may not be made quickly enough.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We did not speak with people about this outcome.

Other evidence

Throughout our visit to the trust we found patient records were stored in closed trolleys or lockable cabinets and we did not see any records that were left in areas where they could be seen by members of the public. Records kept in the emergency department reception area were stored in a secure area behind the reception desk.

Staff members confirmed that archived records were made available within 24 hours and that during an emergency records could be obtained within 1-2 hours.

Our judgement

Records required to be kept for patient safety and wellbeing are held securely, which ensures confidentiality of people using the service is maintained.

Action we have asked the provider to take

Improvement actions

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

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns: People usually experience safe, effective and appropriate care and treatment that meets their needs. However, in order to maintain compliance, staff members should use task focussed contact opportunities to engage verbally with people in positive exchanges.</p>	
Surgical procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns: People usually experience safe, effective and appropriate care and treatment that meets their needs. However, in order to maintain compliance, staff members should use task focussed contact opportunities to engage verbally with people in positive exchanges.</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns: People usually experience safe, effective and appropriate care and treatment that meets their needs. However, in order to maintain compliance, staff members should use task focussed contact opportunities to engage verbally with people in positive</p>	

	exchanges.	
Diagnostic and screening procedures	Regulation 24 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 06: Cooperating with other providers
	<p>Why we have concerns:</p> <p>There are systems in place to ensure the trust works with other agencies and responds to concerns when systems do not work as well as they should. However, to maintain compliance the trust should ensure that people waiting in the emergency department for non-emergency treatment have information about waiting times.</p>	
Surgical procedures	Regulation 24 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 06: Cooperating with other providers
	<p>Why we have concerns:</p> <p>There are systems in place to ensure the trust works with other agencies and responds to concerns when systems do not work as well as they should. However, to maintain compliance the trust should ensure that people waiting in the emergency department for non-emergency treatment have information about waiting times.</p>	
Treatment of disease, disorder or injury	Regulation 24 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 06: Cooperating with other providers
	<p>Why we have concerns:</p> <p>There are systems in place to ensure the trust works with other agencies and responds to concerns when systems do not work as well as they should. However, to maintain compliance the trust should ensure that people waiting in the emergency department for non-emergency treatment have information about waiting times.</p>	
Diagnostic and screening procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns:</p> <p>There are procedures in place with understanding by</p>	

	staff about what to do to ensure people are safeguarding from abuse. However, to ensure the provider remains compliant they should ensure all staff must report allegations immediately.	
Surgical procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns:</p> <p>There are procedures in place with understanding by staff about what to do to ensure people are safeguarding from abuse. However, to ensure the provider remains compliant they should ensure all staff must report allegations immediately.</p>	
Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns:</p> <p>There are procedures in place with understanding by staff about what to do to ensure people are safeguarding from abuse. However, to ensure the provider remains compliant they should ensure all staff must report allegations immediately.</p>	
Diagnostic and screening procedures	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p>Why we have concerns:</p> <p>The hospital environment provides safe and suitable premises in which to care for and treat people. However, in order to maintain compliance consideration should be given to establishing discussions with people who use the service regularly regarding parking signs.</p>	
Surgical procedures	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p>Why we have concerns:</p> <p>The hospital environment provides safe and suitable premises in which to care for and treat people. However, in order to maintain compliance</p>	

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Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>Why we have concerns:</p> <p>There are plans in place to provide adequate staffing levels at the hospital to ensure that people receive the care and attention when they need it. However to ensure compliance is maintained, staffing levels should be determined in line with the provider's own planning guidance so that there are adequate staff for all call bells to be answered promptly.</p>	
Surgical procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
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Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>Why we have concerns:</p>	

	There are plans in place to provide adequate staffing levels at the hospital to ensure that people receive the care and attention when they need it. However to ensure compliance is maintained, staffing levels should be determined in line with the provider's own planning guidance so that there are adequate staff for all call bells to be answered promptly.	
Diagnostic and screening procedures	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 17: Complaints
	Why we have concerns: There are systems in place to ensure people are able to make a concern or complaint, although responses are not always provided in a timely manner, which means that changes may not be made quickly enough.	
Surgical procedures	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 17: Complaints
	Why we have concerns: There are systems in place to ensure people are able to make a concern or complaint, although responses are not always provided in a timely manner, which means that changes may not be made quickly enough.	
Treatment of disease, disorder or injury	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 17: Complaints
	Why we have concerns: There are systems in place to ensure people are able to make a concern or complaint, although responses are not always provided in a timely manner, which means that changes may not be made quickly enough.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

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

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

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

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

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

Information for the reader

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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA