

# Review of compliance

## Cambridge University Hospitals Foundation Trust Addenbrookes Hospital

<b>Region:</b>	East
<b>Location address:</b>	Addenbrooke's and the Rosie Maternity Hospital Hills Road, Cambridge CB2 0QQ
<b>Type of service:</b>	Acute services
<b>Date the review was completed:</b>	01 2011
<b>Overview of the service:</b>	<p>Addenbrookes and the Rosie Maternity Hospital is a large teaching hospital with many specialist departments and over 1000 beds. It is the main location for Cambridge University Hospitals NHS Foundation Trust which has been a foundation trust since 2004. It has a budget of around £550 million and employs over 7000 staff. The hospital also has a biomedical research centre with a world class reputation and is one of five Academic Health Science Centres.</p> <p>The Emergency Department deals solely with emergency health care for people who are referred by their G.P, those who self present</p>

	and those who are brought in by ambulance. It serves the local people in South Cambridgeshire as well as adjoining parts of Essex, Bedfordshire and Hertfordshire.
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# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that the Addenbrookes Accident and Emergency Department 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 to check whether the accident and emergency department at Addenbrookes Hospital were compliant in relation to:

- Care and welfare of people who use services

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 29 December 2010, observed how people were being cared for, talked with people who use services and talked to staff.

### What people told us

We spoke with a total of 31 people during our visit to the accident and emergency department. These people were present because they required treatment or they were there to accompany someone. This includes friends, parents, other relatives and paramedic teams.

Overall people who were being treated in the accident and emergency department told us that their experience was positive. They found that staff were attentive, approachable and informative. Most people were very satisfied with their treatment and the experience of being a patient in the department.

Some people who were waiting realised they had been delayed so that staff could treat people with more immediate needs first.

People told us that staff treated them with respect and dignity and provided them with an appropriate level of information. However, some people in the main waiting areas felt they were not informed about how long they would need to wait before being treated.

Four people who had already been assessed informed us that they were waiting for results of blood tests and they felt this was an unnecessary delay to their treatment or discharge. They indicated tests had been taken between one and four hours previously.

One person commented that plain English could be used by staff as they were not sure of the meaning of some of the terms and language used by clinicians.

## **What we found about the standards we reviewed and how well the accident and emergency department at Addenbrookes Hospital was meeting them**

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

Our judgement has been made based upon the findings of our unannounced visit to the accident and emergency department only. It is not a full and complete assessment of compliance with providing care and welfare for people using services across the hospital.

On the day of our visit, the accident and emergency department, which were compliant with this outcome, provided a service that was well managed and overall met the needs of people who needed treatment.

Most of the people that we spoke to were very positive about the treatment and experience of being a patient in the department. We observed them receiving care and attention that appeared to be safe, effective and met their individual needs.

Staff work in a way to ensure that people are assessed quickly and those with greatest risks to their health and welfare are treated in a safe and timely manner.

- Overall, we found that the Addenbrookes Accident and Emergency Department was meeting this essential standard.

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

We have not asked the provider to take any actions as a result of this review.

### **Other information**

No relevant information

**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 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**

We spoke with a total of 31 people during our visit on 29 December 2010 to the accident and emergency department, including people who required treatment as well as friends, relatives and paramedic teams. Overall people who were being treated in the accident and emergency department told us that their experience was positive. They found that staff were attentive, approachable and informative. Most people were very satisfied with their treatment and the experience of being a patient in the department.

Some people told us they found the triage nurse who took the initial pre-assessment information when they first arrived, to be very attentive and they valued this early interaction. Some people waiting realised they had been delayed so that staff could treat people with more immediate needs first.

When they were shown to an assessment cubicle some people told us that staff asked if they wanted the curtains drawn around them to give additional privacy. As their assessment and treatment progressed staff provided them with an appropriate level of information and were able to answer their questions.

Some people in the main waiting areas felt they were not informed about how long they would need to wait before being treated. One person said that they were not confident in the reception staff who were unable to inform her when she might be assessed by a doctor. Four people who had already been assessed informed us that they were waiting for results of blood tests and they felt this was an unnecessary delay to their treatment or discharge. They indicated tests had commenced between one and four hours previously.

We spoke with five parents attending the department with their children. They had all received a prompt initial assessment. On leaving the unit, one mother said "I am very happy with all they have done".

Another person who was using a wheelchair told us he was assessed quite quickly after arriving there and had been offered tablets to relieve his pain. He knew the reasons why he was waiting for further assessment.

A relative with a person who has special communication needs felt that staff understood those needs and were able to accommodate them.

One person commented that plain English could be used by staff as they were not sure of the meaning of some of the terms and language used by clinicians.

### **Other evidence**

During our visit to the accident and emergency department at Addenbrookes Hospital staff explained the systems they are using to manage the needs of people using the service. We were also able to generally observe how people were being responded to and assisted.

People who had made their own way to the accident and emergency department were directed to a pre- assessment nurse who took brief details and pointed them onto the next stage of the assessment process. We observed that people were seen within 5 minutes of their arrival. Privacy at the nurse's desk was promoted by the use of a semi-screened area and a red privacy line on the floor. Details taken from each person included information regarding potential risk of infection and the person's level of pain. This determined whether they needed an immediate assessment and if not, in which area they should wait. We saw three families with young children being immediately referred to the reception area and then accompanied to the paediatric area by the pre-admission nurse.

People were directed to the reception desk in the waiting area to have their details added to the electronic system. This is used to monitor their pathway through the department and enables staff to identify any delays and respond appropriately. Senior staff use the system to provide additional support on a practical level to ensure that people are seen, treated and progressed through the department in a safe, effective and timely manner. Records on the day of the visit indicated that a high number of people had presented for treatment.

The reception area was warm and comfortable with adequate seating and available wheelchairs. The entrance area had suitable toilet facilities that included accessibility for people using a wheelchair and baby change facilities. They were clearly signed and were clean and well maintained. There were sufficient numbers of small hand basins with gel, soap and hot water sited in appropriate parts of the unit.

There was a room designated for use by people with mental health needs. This was a comfortable and private room that had less of a 'clinical' appearance. We did not see this being used during the visit. Staff informed us that specialist support from the local mental health trust is available at all times. They reported that during weekends and outside core hours, people waiting for a mental health assessment can sometimes experience long delays.

We were informed that a relative's room had been recently designed and refurbished around their specific needs.

There was suitable written information throughout the waiting area about transportation, advocacy and support networks and health information. There was public information available on a computer based touch screen service, for a range of topics including social care, transport services, housing, interpreters, health information and healthcare support networks.

We observed people arriving by ambulance through a separate entrance area. They were met by a nurse who carried out an immediate assessment that included infection risk and pain levels. At one stage of the day there were seven people waiting to be moved into the assessment area.

We spoke to paramedic crews who felt they had good relationships with department staff. They informed us that the ambulance admission area becomes congested at busy times and people waiting for treatment experience delays in being moved to assessment areas. The ambulance crews stated these delays were not usually prolonged and did not have an adverse effect on outcomes for people using the service. We were able to observe both groups of staff working together in the ambulance reception area so that people were made aware of the reasons for any delays. A nurse completed an initial assessment in this area to ensure that care was delivered safely if a person had any urgent health concerns.

There is a separate waiting area for children and their carers/relatives that is suitably decorated and provides activities for children. There are also childrens DVD's available for use in the assessment cubicles. This area was very busy and the assessment cubicles were all being used. There were two isolation rooms, one of which had been vacated and a cleaning team were preparing it for further use.

### **Our judgement**

Our judgement has been made based upon the findings of our unannounced visit to the accident and emergency department only. It is not a full and complete

assessment of compliance with providing care and welfare for people using services across the hospital.

On the day of our visit, the accident and emergency department, which were compliant with this outcome, provided a service that was well managed and overall met the needs of people who needed treatment.

Most of the people that we spoke to were very positive about the treatment and experience of being a patient in the department. We observed them receiving care and attention that appeared to be safe, effective and met their individual needs.

Staff work in a way to ensure that people are assessed quickly and those with greatest risks to their health and welfare are treated in a safe and timely manner.

# What is a review of compliance?

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

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

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

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

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

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

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

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

## Information for the reader

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## Care Quality Commission

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