# Review of compliance

University Hospital Southampton NHS Foundation Trust
Southampton General Hospital

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<th>Region:</th>
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| Location address:| Tremona Road  
                  Southampton  
                  Hampshire  
                  SO16 6YD |
| Type of service: | Acute services with overnight beds |
| Date of Publication: | April 2012 |

**Overview of the service:**

University Hospital Southampton NHS Foundation Trust provides services to 1.3 million people living in Southampton and South Hampshire, plus specialist services to more than 3 million people in central southern England and the Channel Islands. Southampton General Hospital is the trust's largest location, with a number of
| specialist services, including neuroscience, cardiac services, oncology and pathology. |
Our current overall judgement

Southampton General Hospital was not meeting one or more essential standards. Improvements are needed.

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 because concerns were identified in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 05 - Meeting nutritional needs
- Outcome 09 - Management of medicines
- Outcome 13 - Staffing
- Outcome 17 - Complaints

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 2 February 2012, carried out a visit on 12 March 2012, checked the provider’s records, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

During the visits we spoke with fifteen patients on four wards, including wards for older people, a stroke ward and a cardiology ward. We asked patients about the way they were treated by staff, specifically how their privacy and dignity was maintained, and about how they were involved in decisions about their care. Patients told us staff treated them well, in ways that maintained their privacy and dignity. Patients said staff were friendly and treated them with respect. Comments included, "they explain what is happening and are kind and helpful", "I received good care right from the word go" and "the nurses have been out of this world". Most patients said they had been involved in decisions about their care, although one of the fifteen patients we spoke with said they thought their treatment had not always been clearly explained to them.

We received positive comments from patients about the choice and quality of food and of support provided to eat meals where needed. On the stroke ward we spoke with three patients who said they had received assistance to eat and drink when they had needed it. On the wards providing care for older people we were told that staff provided assistance for patients who needed it to eat and drink.

We spoke to several patients about their medicines. All the patients we spoke to said that they were happy for staff to handle medicines for them. Patients told us there were generally enough staff available to provide the care and
assistance they required. Patients gave examples of their call bells being answered quickly and staff responding to requests for assistance. Of the fifteen patients we spoke with, one said there could sometimes be a delay in staff answering the call bell. Patients told us they were aware of the hospital's complaints procedures and how they could raise any concerns they had, for example through the PALS (Patient Advice and Liaison Service). Patients said they had been able to raise issues of concern or questions with the ward staff and were happy with the response they had received. Patients were confident that if they had to make a complaint it would be taken seriously and investigated.

What we found about the standards we reviewed and how well Southampton General 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

The provider had ensured that patients were involved in making decisions about their care and treatment and were treated in a way that maintained their privacy and dignity. On the basis of the information provided and the views of people using the service we found the provider to be compliant with this outcome.

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

The provider had taken action to ensure that arrangements for meeting patients' nutritional needs had been improved and were applied consistently. On the basis of the information provided and the views of people using the service we found the provider to be compliant with this outcome.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The service does not fully protect people against the risks associated with the unsafe use and management of medication by means of not having appropriate arrangements for maintaining secure storage of medicines. On the basis of the information provided and the views of people using the service we identified minor concerns with this outcome.

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

The provider had taken action to assess staffing levels and ensure that there were sufficient staff available to meet patients' needs. On the basis of the information provided and the views of people using the service we found the provider to be compliant with this outcome.

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

The provider had systems in place to respond to concerns and complaints and ensure that action was taken where necessary to address them. On the basis of the information provided and the views of people using the service we found the provider to be compliant with this outcome.
Actions we have asked the service to take

We have asked the provider to send us a report within 14 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 received information from a number of people who had been patients, or relatives of patients, at Southampton General Hospital which raised concerns about the way people were treated by staff. As a result we carried out an unannounced inspection of Southampton General Hospital over two dates.

During the visits we spoke with fifteen patients on four wards, including wards for older people, a stroke ward and a cardiology ward. We asked people about the way they were treated by staff, specifically how their privacy and dignity was maintained, and about how they were involved in decisions about their care. Patients told us staff treated them well, in ways that maintained their privacy and dignity. Patients said staff were friendly and treated them with respect. Comments included, "they explain what is happening and are kind and helpful", "I received good care right from the word go" and "the nurses have been out of this world". Most patients said they had been involved in decisions about their care, although one of the fifteen patients we spoke with said they thought their treatment had not always been clearly explained to them.

Other evidence
During our visits we observed staff interacting with patients in a friendly and respectful manner. We observed patients being offered choices and staff explaining why certain
tasks were being carried out, for example, why a patient needed to be repositioned to relieve pressure on their skin and prevent them getting sores and why assessments of a patient's physical abilities were being carried out. We observed staff ensuring curtains were closed before providing care for patients on all of the wards we inspected. When other staff needed to go through the curtains they were observed to let the patient know what they were doing and to ensure the curtains were opened in a way that maintained patients' privacy.

During the visits we looked at a sample of patients' notes on each of the wards we inspected. We saw that the notes contained information about their preferences and details of consultations to ensure they were aware of their conditions and treatment options. We saw evidence of consultation with patients' representatives where applicable, for example, family members.

During the visits we spoke with a sample of staff on duty at the time, including health care assistants and all levels of nurses. Staff gave examples of how they supported patients to make choices and be involved in decisions about their care. Staff told us there were very clear expectations about how they provided care to patients and none of the staff we spoke with identified any concerns in the way patients were treated.

We were told by staff on the stroke care ward that when people were first admitted they have a patient planning meeting with the family and the patient, where appropriate. This multidisciplinary meeting is used to discuss the type of care patients will receive. Where it is not possible for the patient to be directly involved in the meetings, they have a discussion with them after the meeting. We were also told they have a planning meeting before the patient is discharged. On the rehab part of the ward we were told they carried out nursing rounds in the afternoon/evening as that was when most people had visitors and provided another opportunity to discuss the plan of care with the patient and their relatives.

Our judgement
The provider had ensured that patients were involved in making decisions about their care and treatment and were treated in a way that maintained their privacy and dignity. On the basis of the information provided and the views of people using the service we found the provider to be compliant with this outcome.
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
During the visits we spoke with fifteen patients on four wards, including wards for older people, a stroke ward and a cardiology ward. We received positive comments from patients about the choice and quality of food and of support provided to eat meals where needed. On the stroke ward we spoke with three patients who said they had received the assistance to eat and drink when they had needed it. On the wards providing care for older people we were told that staff provided assistance for patients who needed it to eat and drink.

Other evidence
At the last inspection in April 2011 we identified concerns about the systems in place to ensure people's nutritional needs were met. We also received information from three patients or their representatives, which raised concerns about the way people's needs were met.

During this inspection we observed that the trust's 'protected mealtime' policy was being implemented on the wards we visited. This ensured there was minimal disruption for patients during mealtimes and ward staff concentrated on providing the assistance that patients needed to eat and drink. We saw that patients who needed help to eat and drink were getting it. The food was delivered to the wards plated and each day one of the nursing staff took on the role of meal co-ordinator. They were responsible for ensuring that patients got their meals and the assistance they needed. If they were unhappy with any meal there was a hotline number they could call and staff from the catering company were available from 0730 -1530 on site if they had any problems. They also keep a book at the nurse's station where they recorded any problems.
information was reviewed by the risk manager.

During the visits we looked at a sample of patients' notes on each of the wards we inspected. We saw that notes contained details of nutritional assessments and action plans for patients identified as at risk of malnutrition. Where necessary patients had been referred for a speech and language therapy assessment and we saw details of assessments and action plans in the notes we inspected.

We spoke with a sample of staff on each of the wards, who told us the protected meal times policy was being consistently implemented and was useful in ensuring that patients received the support that they needed. Staff we spoke with were able to say which patients needed help with eating and drinking and which patients had specific nutritional needs.

**Our judgement**

The provider had taken action to ensure that arrangements for meeting patients' nutritional needs had been improved and were applied consistently. On the basis of the information provided and the views of people using the service we found the provider to be compliant with this outcome.
Outcome 09:
Management of medicines

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

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement
There are minor concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
We conducted this review because concerns about the administration of medicines had been brought to the attention of the Commission.

We watched medicines being given and saw one incident of concern. Medicine was prepared by one nurse in the clinical room. She then took this to be checked by a second nurse who was giving medicine to a different person. The first nurse then took the medicine to the person who was due this medicine and administered it.

We spoke to several people about their medicines. All the people we spoke to said that they were happy for staff to handle medicines for them.

People brought their own medicines into the hospital. Two people's own medicines were not kept locked.

Other evidence
To assess the management of medicines, we visited two wards at the hospital, spoke with people who had been admitted to the hospital and met with nurses.

Medicines were not stored securely for the protection of patients. We saw that clinical rooms were unlocked. Within the unlocked clinical room we saw medicines for injection on open shelves and on the bottom of drug trolleys. On one ward all the injections were in a lockable cupboard which was not locked. Additionally the medicines fridge was not
People were given their medicines by nurses. Nursing staff told us that there was induction training and competence assessment at the start of employment and e learning available. There were yearly updates on giving medicine straight into the vein. When asked, nursing staff told us there was a process for managing errors or near misses and there was learning from errors.

Nursing staff on all wards told us that they receive a good service from the pharmacy department. Pharmacy staff visit all wards regularly to review drug charts, order new medicines and discharge medicines, and counsel patients about their medicines. We saw that the pharmacists added supplementary information to the prescription charts to ensure patients were given medicines correctly. Nurses and doctors knew how to obtain emergency medicines out of normal working hours and how to access the on-call service so that delays in receiving medicines could be minimised.

Nurses told us that they or staff from the pharmacy would explain any newly prescribed medicines to people and answer any questions they might have. People we spoke to confirmed this.

Nurses told us that they or the pharmacist would discuss the medicines with patients before they went home.

Patients on a rehabilitation unit were supported to self-administer their medicines independently where they were able and wished to do so. Any risks that this might present had been identified and minimised. The trust's own policy on self administration has three levels, level three being one where the person would have access to secure storage of medicines and fully manage their own medicines. In the rehabilitation ward this was not possible as individually locked storage with individual keys was not available.

Our judgement
The service does not fully protect people against the risks associated with the unsafe use and management of medication by means of not having appropriate arrangements for maintaining secure storage of medicines. On the basis of the information provided and the views of people using the service we identified minor concerns with this outcome.
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
During the visits we spoke with fifteen patients on four wards, including wards for older people, a stroke ward and a cardiology ward. Patients told us there were generally enough staff available to provide the care and assistance they required. Patients gave examples of their call bells being answered quickly and staff responding to requests for assistance. Of the fifteen patients we spoke with, one said there could sometimes be a delay in staff answering the call bell.

Other evidence
At the last inspection, in April 2011, we identified concerns about the systems in place to ensure sufficient staff were available on wards at all times. We also received information from two patients or their representatives, which raised concerns about staffing levels.

We spoke with a sample of staff on each of the four wards that we visited. The general consensus from staff was that staffing levels had improved and were sufficient to meet the needs of patients on the wards. Some staff we spoke with said there were times when staffing was stretched, for example because of sickness absence, however, they said this was well managed and did not have an impact on the care and treatment they provided to patients. One of the ward managers we spoke with said they had raised concerns about previous staffing levels and had secured additional staffing to be able to provide effective care and treatment. Staff told us they were able to submit requests for additional staffing to provide one to one support for patients with additional needs, for example, challenging behaviours due to their dementia or other conditions that can
negatively affect their own wellbeing and that of other patients in the ward. Staff said this process was working well. On the older persons wards we were told that there was sometimes time in the afternoons to sit with patients to have a conversation or play board games. There was a supply of games that could be offered to patients to entertain themselves with.

During the visits we observed that staff were busy, but able to respond to requests for assistance. We saw staff taking the time to have conversations with people and responding to questions in a way that was not rushed or dismissive.

**Our judgement**
The provider had taken action to assess staffing levels and ensure that there were sufficient staff available to meet patients’ needs. On the basis of the information provided and the views of people using the service we found the provider to be compliant with this outcome.
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
During the visits we spoke with fifteen patients on four wards, including wards for older people, a stroke ward and a cardiology ward. Patients told us they were aware of the hospital's complaints procedures and how they could raise any concerns they had, for example through the PALS (Patient Advice and Liaison Service). Patients said they had been able to raise issues of concern or questions with the ward staff and were happy with the response they had received. Patients were confident that if they had to make a complaint it would be taken seriously and investigated.

Other evidence
During the visits we spoke with a sample of staff on each of the four wards we inspected. The staff we spoke with demonstrated a good understanding of the trust's complaints systems and how they could access them. Staff also demonstrated a commitment to resolve issues or concerns with patients before they needed to make a formal complaint. Staff said they received regular updates from the trust about complaints and how they were being managed. Staff also confirmed that action had been taken as a result of complaints that had identified that changes were needed in the way the ward was operating.

We discussed complaints with a matron and the action that had been taken as a result. We saw evidence that investigations had been completed following complaints and action taken to address the concerns. These actions included changes in practice and additional training for staff where identified as necessary.
During the visit we spoke with the trust's associate director of nursing with responsibility for complaints. We saw that there were systems in place to monitor complaints, identify any trends and ensure any actions as a result of complaints were implemented. The trust had created a "dashboard" for wards which included information about complaints, compliments and safety incidents. The ward sister met with the matron on a monthly basis to talk about the dashboard. Ward staff that we spoke with said they regularly saw these reports and confirmed that action was taken as a result of them.

**Our judgement**
The provider had systems in place to respond to concerns and complaints and ensure that action was taken where necessary to address them. On the basis of the information provided and the views of people using the service we found the provider to be compliant with this outcome.
## Compliance actions

The table below shows the essential standards of quality and safety that are not being met. Action must be taken to achieve compliance.

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<th>Regulated activity</th>
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<td>Treatment of disease, disorder or injury</td>
<td>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 09: Management of medicines</td>
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**How the regulation is not being met:**
The service does not fully protect people against the risks associated with the unsafe use and management of medication by means of not having appropriate arrangements for maintaining secure storage of medicines. On the basis of the information provided and the views of people using the service we identified minor concerns with this outcome.

The provider must send CQC a report that says what action they are going to take to achieve 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 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance 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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