### Review of compliance

#### Burton Hospitals NHS Foundation Trust
Queen's Hospital, Burton Upon Trent

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<th>Region:</th>
<th>West Midlands</th>
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| **Location address:** | Queens Hospital  
Belvedere Road  
Burton-on-Trent  
Staffordshire  
DE13 0RB |
| **Type of service:** | Acute services with overnight beds  
Community healthcare service |
| **Date of Publication:** | July 2012 |
| **Overview of the service:** | The Burton Hospitals NHS Foundation Trust is an acute trust in Burton upon Trent. The main site includes 420 inpatient beds as well as a dedicated endoscopy suite; a modern breast care unit; and a newly established stroke facility. The Geoffrey Hodges Wing on the Outwoods site provides a range of services, including both intermediate... |
| care and rehabilitation beds. The trust also provides a range of consultant outreach services into local community settings. |
Our current overall judgement

Queen's Hospital, Burton Upon Trent was not meeting one or more essential standards. Action is 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 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 19 June 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.

We were supported on this review by an expert-by-experience who has personal experience of using or caring for someone who uses this type of care service.

What people told us

We carried out this inspection to check on the care and welfare of people using this service. We visited Queens Hospital to ensure that the needs of people using the service were being met. The visit was unannounced which meant the hospital and the staff did not know we were coming. The visit consisted of a team of five inspectors, an expert by experience, a pharmacist inspector and a regional intelligence and evidence officer from the Care Quality Commission (CQC). We visited four wards providing adult inpatient care across the hospital. We spoke with 31 people who were receiving a service, four visitors, two volunteers and 36 staff from different disciplines.

We involve people who use services and family carers to help us improve the way we inspect. These people have experience of using health and social care services and we call them experts by experience. An expert by experience took part in this inspection and talked to the people who used the service. They took some notes and wrote a report about what they found. Their information is included within this report.

Everyone we spoke with told us that they were getting the care and support they needed. Comments included, "I feel I have been treated in a dignified manner. The care is absolutely fine, and the staff attitude was professional." Another person told us; "I am very satisfied; they have looked after me very well."

People said the staff supported them sensitively and discreetly. When we spoke with the staff they were able to provide good examples of how they promoted people's privacy and
dignity in their work. People who used the service felt they were treated with respect. One person said; "They closed the curtains during the doctor's visit. The care so far has been 100%, very dignified; I am very satisfied with my treatment."

Everyone we spoke with told us that they liked the meals. People said there was always a choice and that food arrived hot. One person told us, "I have been here a week, food is good, four lunch choices, so you cannot fault it." The staff told us protected mealtimes had ensured people were not disturbed when eating their meals, and that staff were able to assist people who required support and supervision with eating and drinking. We evidenced this at lunchtime, and saw people received the support they required from the staff to eat and drink in a calm and relaxed manner.

We looked at medication management and found that medication was not stored securely and not always administered or recorded in a suitable manner. This meant people using the service were placed at risk because the management of medicines was not as safe as it needed to be.

We observed people being cared for in a clean environment. There was evidence available to confirm suitable practices were in place regarding infection control and its management.

Everyone we spoke with told us that the nurses were are always asking them if they were happy with everything. They said that they were able to express their wishes and share their views about how they were feeling and what could be done to make them feel more comfortable. One person said, "I have been in here three months, they have all been so kind and understanding, they have saved my life."

We looked at ways in which the hospital assessed it own quality and safety and saw suitable systems were in place. However, when issues within the hospital had been identified there were not always records to support how these had been dealt with and/or improved upon. This meant the outcome of audits were not always available.

**What we found about the standards we reviewed and how well Queen’s Hospital, Burton Upon Trent was meeting them**

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

The provider was meeting this standard. Before people received care or treatment, they were asked for their consent and the provider acted in accordance with their wishes. Improvements with the recording of these agreements should be considered.

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

The provider was meeting this standard. Care and treatment was planned and delivered to meet people’s needs.

**Outcome 08: People should be cared for in a clean environment and protected from the risk of infection**
The provider was meeting this standard. People were cared for in a clean hygienic environment.

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

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed. People were not protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to manage medicines.

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

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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

The provider was meeting this standard. Ongoing quality monitoring was in place to ensure the service delivered to people was effective and appropriate.

**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. We will check to make sure that this action has been taken.

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.

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

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

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

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

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

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*
Outcome 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
The essential standards of quality and safety states that people who use services receive care, treatment and support that they agree with.

We looked at this outcome on accident and emergency known as the emergency department (ED), the emergency assessment unit (EAU) and Ward 11.

We found different practices on different wards and saw that written consent and treatment plans were not always used or recorded when discussed. When we asked about consent the ED staff said that written consents were not obtained but they always received verbal consent and this was as part of discussion about their treatment.

On ED we spoke with nine people and two people confirmed they had been asked to consent to their treatment. Examples included, "The nurse and doctor introduced themselves; they haven't asked me to consent to any treatment yet. They all asked if I was in pain and I have a drip. I don't think I am nil by mouth but nothing has been said. A treatment plan has not been discussed." Another person said, "I have been here about an hour and I came straight in, I did not have to wait outside. I've got a heart monitor and had my blood pressure taken. The nurse didn't introduce herself; I have not seen a doctor yet. I haven't been asked to give any consent to treatment."
We heard one nurse on ED say to a person using the service, "Hi we really want to do a wee test". Another nurse on ED said to us, "People have consented to treatment by being in the building." These examples meant some of the staff were not obtaining suitable consent from people prior to care or treatment. It also demonstrated the staff were not recording consent from people using the service. The provider should consider ways to improve the formalisation and recording of this.

We used our Short Observational Framework for Inspection (SOFI) tool to help us see what people's experiences were like. The SOFI tool allowed us to spend time watching what was going on in a service and helped us to record how people spend their time and whether they had positive experiences. This included looking at the support that was given by the staff.

We undertook the SOFI on EAU and observed staff taking blood pressure and they explained what was going to happen. The staff were heard asking people how they wanted to be positioned, "Do you want to sit in the chair or would you like to lie down?" We observed the porter bringing one person back to EAU. They were polite, talked to the person throughout and explained what they were doing.

We observed meals being served and people asked what they would like. Two people did not want what was on the menu and therefore staff went to the canteen to fetch individual meals. This meant people were able to make decisions about the meals they would like to eat and were accommodated accordingly.

We saw that staff asked people what assistance they wanted and we heard them explaining what they were doing. We heard staff when using a piece of equipment clearly explain what was happening. We were able to evidence that where people were mobile this mobility was encouraged, one person using the service said, "They are good they ask me how I would like to transfer. They don't take me on a chair they let me walk to the bathroom even though it takes me a long time." Another person said, "They ask me what I want and when I want it."

We spoke with people who were going to have or had had an operation. These people confirmed they had received a treatment plan and had signed to say that they had consented. One person told us, "The surgeon was marvellous he visited me before and after the operation to make sure I knew what was happening." Another person said, "The staff have been wonderful, they are so supportive and helpful and made sure I understand what is happening to me."

We spoke with another person who had been admitted to Ward 11 on Sunday for a planned operation. They had their operation on Monday morning and had spoken with the surgical team. They told us they had been fully informed of what was happening and had met the surgical team both before and after the operation. They said, "The surgeon was very good, they explained everything to me."

Staff we spoke with the staff on EAU who knew the care needs of people and how these were to be met. They understood the need to involve the family and explain treatments and outcomes if a person lacked capacity to understand themselves. People told us and we observed that people using the service experienced a professional but friendly approach from staff.
We spoke with two sets of relatives on Ward 11 and EAU who told us they had been kept well informed. One relative said, "We have been kept informed of our relatives progress and they have explained things so that we understand what is likely to happen." We spoke to a person using the service who had relatives with them and they said, "There was no messing about, I was seen quickly and they've told me what is likely to happen." Another visitor told us, "My relative was admitted yesterday and has had a scan today; we are waiting for the results and have been kept informed of what may happen and the treatment that may be required." This meant people were kept informed of the care received and needed.

**Other evidence**
The deprivation of liberty safeguards (DoLS) apply to adults who lack the capacity to consent to care and treatment. For people in hospital who, for their own safety and in their best interests need to be accommodated under care and treatment regimes this may have the effect of depriving them of their liberty. A DoLS application will then be triggered. This allows a best interest assessor to complete an assessment and record the outcomes. The hospital had completed six of these applications but had not notified the CQC. This information must be shared with the Commission. The hospital has assured us this information will now be provided on a regular basis.

The care records we looked at included mental capacity assessments which were linked to individual care plans. One example we saw included information about future care, this is know as advanced decisions. Information was recorded about how the decision was reached in the person's best interest, and who was involved with the decision making process. Some people do not have the capacity to make decisions, and in these circumstances other people can be authorised to make decisions on their behalf as long as they are in the person's best interests.

We spoke with a number of staff who told us they had received some training for the Mental Capacity Act (2005) and Deprivation of Liberty Safeguarding Legislation. This meant the staff had a clear and up to date understanding however a number of staff still required this training which is planned over the next few months. This Act sets out how people should respond, to ensure they are acting in people's best interest to reach a decision where people do not have capacity. The staff we spoke with were aware that capacity was linked to individual decisions and must be assessed against these. We saw little written evidence to reflect this. The provider should consider ways in which capacity and consent is managed and recorded.

**Our judgement**
The provider was meeting this standard. Before people received care or treatment, they were asked for their consent and the provider acted in accordance with their wishes. Improvements with the recording of these agreements should be considered.
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
The essential standards for quality and safety states that people who use the service experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

During this inspection we visited three wards providing care and treatment to adults. We chose these wards because we had received some information of concern regarding some of them, and we also wanted to pathway track people from ED onto the EAU.

We saw people were triaged within fifteen minutes of arrival to the hospital, this meant peoples needs were assessed promptly. Electronic monitors showed times of arrival, triage and the process through the department, with a countdown showing how long they had been in the department and when the next timescale was to be met. This meant people using the service were kept well informed.

People we spoke with were happy with the care and treatment that had been provided to them. One person said, "The staff are attentive, I get asked six or seven times a day if I want a drink. They change the water twice a day." Another person told us, "It has been marvellous, I cannot fault it."

Through a process called 'pathway tracking,' we looked at four care records and spoke with the staff about the care people received. Pathway tracking helps us understand the outcomes and experiences of selected people, and the information we gather helps
us to make a judgement about the service.

We pathway tracked someone who had arrived at accident and emergency, (ED) at 08.45. The assessment was recorded by ED staff and the decision was made to transfer to Ward 5, which was the emergency assessment unit (EAU) at 12.30. There were no records to show the person had been given drinks or food in ED. Upon arrival in EAU, a drink and sandwich were immediately offered.

The hospital had recorded within their action plan that following other concerns identified with hydration and nutrition, "Nursing quality metrics have been implemented to monitor compliance with indicators namely; nutrition and hydration is assessed for all patients admitted to the Trust."  We could not see evidence of this on ED. The provider should consider ways in which fluid and food intakes are managed on ED when appropriate. This will demonstrate people using the service are being monitored and receiving sufficient food and fluids.

We saw that a separate room for people admitted from prison or had enduring mental health needs was available within ED. This meant a suitable private space could be used when needed. We discussed the use of this area with the ED staff and we were uncertain if the management of risk was sufficient, because we received conflicting information regarding how often in was used. The provider should consider completing risk assessments to protect people placed in this room and to protect other people using the ED.

We carried out a SOFI in the EAU, and observed life for people for approximately one hour. During our observation, we saw some positive interactions to reduce anxiety. We saw staff supported people with discussion or being provided with items they may need. Everyone was asked what they would like to drink and were offered support when required. We heard staff talking in a relaxed and calm manner to people. People were supported throughout lunchtime and assisted at a pace that was suitable. Where people required a soft diet there was a large picture of a red plate and letter S indicating soft diet. This meant the staff were clear on what was required.

We spoke with 31 people who were receiving care and treatment across the three wards we inspected. People spoke very positively about the care and support that they had received. One person said that they couldn't fault the care on their ward. Another commented that the staff were very good. People told us that staff supported them sensitively and discreetly. We saw examples of staff supporting people and their families with kindness and understanding. One person told us, "Excellent care and much better than others we've been to. It is smaller and friendlier here." Another person told us, "The care and treatment I have received has been very good, I am more than satisfied." This meant people using the service felt well looked after.

We saw that people did not always have their call bells within easy reach so they could not call staff for assistance when needed. One person said, "If I needed someone, I guess I would have to shout." Another person told us, "Sometimes I have it and sometimes I don't." The provider should consider ways in which this system is managed and monitored to ensure people can summon help when required.

We saw clinical health observations were carried out and monitored using a system which allowed for early recognition of any deterioration in health. We saw good liaison
with other professionals within the hospital team, such as social workers and occupational therapists. We spoke with these people and their comments included, "Multi disciplinary team assessments work really well. A nurse will come with us and ensure the patient knows what to expect, and they always have a sound knowledge of the person."

Records showed that people were provided with a planned provisional discharge date, so that they could begin to think about what they would need when they went home. This was reflected and confirmed in discussions held with people who used the service. We saw that all staff were able to access this information and there were clear records available so that people knew exactly what was happening with each person and by whom. This meant that suitable care and treatment was offered on an individual basis.

People were supported to remain as independent as they were able. We saw one person being encouraged to eat their meal and one person told us they were being supported to regain independent living skills to enable them to look after themselves when they got home. We saw members of staff arranging bed tables and lockers after attending to people's personal care needs promoting their independence.

We spoke with the two occupational health staff who told us, "The communication with the staff on the ward is very good. They are patient friendly and we all work well together as a team."

Visitors we spoke with shared positive experiences. Their comments included, "My relative was admitted yesterday. I am very happy with the care and support they have had." The person using the service said, "There was no messing about I was seen to quickly."

We visited ward 11 which is a female surgical ward, one bay was being used for males due to the number of men requiring elective surgery. Some of the staff on the ward and two of the gentlemen were unhappy with this arrangement. We were informed this had been in place for the last four weeks. The Department of Health has given a clear public commitment to eliminating mixed-sex accommodation for hospital inpatients. Single-sex accommodation is defined as separate sleeping areas for men and women and segregated bathroom and toilet facilities for men and women.

People using the service said, "There is no privacy or dignity in this ward. There is a shower down there; the ladies don't like us using it. We have to go down at 6.00am before they wake up. I just have a strip wash in gents toilet's it's easier." Another person said, "I have been here nine days in this ward. I can't have a shower, I just have a strip wash in the toilet, I do it on my own, and it's easier that way." This meant the facilities and arrangements did not support people to bathe when the wished.

We spoke with the management team about this. They confirmed they would visit the ward the following day to ensure suitable arrangements were made to improve outcomes for the people on this ward. We received information from the hospital on 28 June 2012 stating; 'Information has been reinforced to the staff and the patients about access to designated bathrooms and toilets. Privacy and dignity of patients is being maintained at all times. Spot checks are taking place by matrons and the head nurse daily. There was already a plan in place to refurbish all of the shower rooms on this ward and this has been expedited by the estates team. Whilst this work takes place the
plan is for this ward to revert back to single sex. This will take place as soon as possible.'

Other evidence
We looked four people's care record during our visit. The information was variable in some instances it was centred clearly on the individual and in other instances the necessary records had not been completed. This meant information was inconsistent. Important information was not always available to support the staff to understand people's needs and to offer the appropriate support.

We saw where pressure area care was required information had been recorded to identify these areas. Fluid and turning charts had been introduced and were completed. We looked at one of these and noted that the person required repositioning on a two to four hourly basis. When we looked at these we saw that this had occurred during the day but that over four nights it had not been implemented at all over three nights, and only once on the other. The meant the person was not receiving the care that had been assessed as required.

If detailed care records are not in place there is no guarantee that people's needs will met consistently and care delivered in the way they like. We found that people's needs were assessed and the care and treatment were planned in a way which would meet individual needs and preferences but these were not available in all the records we looked at. The provider should consider ways to ensure that the practical care delivered is recorded in a consistent manner.

Other care records seen during our inspection demonstrated clear and succinct information. We asked the staff about a particular person and when we checked their care records we saw that the information offered was correct. We also asked the person using the service about their care records. They knew that staff wrote things about them and confirmed that the care delivered was the same as the care recorded. This meant everyone knew what was expected and a consistent approach was in place.

Our judgement
The provider was meeting this standard. Care and treatment was planned and delivered to meet people's needs.
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

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<td>The provider is compliant with Outcome 08: Cleanliness and infection control</td>
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Our findings

What people who use the service experienced and told us
The essential standards for quality and safety states that people are protected against acquiring an infection by means of effective systems and appropriate standards of cleanliness.

There were no issues regarding cleanliness and hygiene on any of the wards we visited. We looked at three wards to ensure they were clean, tidy and suitably managed. We spoke with a member of staff about how they ensured the ward was kept tidy and how their practices supported effective infection control. They told us, "I know exactly what I have to do; I have a schedule and follow that. I have all the products I need and the ward staff will always help me if I ask."

Discussion with staff confirmed they had access to control of substances hazardous to health (COSHH) policies and procedures and had an awareness of COSHH data sheets. This meant that where action needed to be taken, staff knew where to get the information to safely act to protect people.

Staff were confident their practices limited the risk of cross/or acquiring an infection for people, and we observed good control precautions and infection prevention systems around the hospital. This included washing hands regularly, using hand gel and the use of personal protective equipment.

We asked staff who visited the wards on their views on infection control. They said, "If someone is being barrier nursed the information is very good. There will be a notice on the door and there is always a good supply of hand sanitizer." Another person said, "You can always find a domestic, I think two are allocated to each ward, they are
always here and work hard." We checked areas where barrier nursing was required and saw that the necessary information was available to staff and visitors. This meant people were clear on what precautions and measures were needed.

Notices were on display regarding the risk of cross contamination and good standards of hygiene. We saw posters were sited to show good hand washing techniques by the wash hand basins.

Other evidence
We saw records to confirm the staff received infection control training which ensured the staff had a clear understanding and knew how to deliver best practice. The hospital had a copy of the ‘Code of practice for health and adult social care on the prevention and control of infections and related guidance.’ This guide records how the hospital should manage infection control effectively and what systems need to be in place.

The hospital had nominated an infection, prevention and control lead for each ward as required within this guide. The infection control link nurse was responsible for auditing infection control and attending meetings. This meant information could be given to the link nurse who would report any issues to the wider infection control team.

There were recorded cleaning schedules, audits and analysis undertaken regarding infection control. This demonstrated the hospital managed infection control in a way that met the regulations. Examples included, commode pots were cleaned on an individual basis and provided with a label, mattress audits were in place, soiled laundry was stored suitably and sluices were well stocked and well maintained.

The hospital confirmed they were using the updated guidance on the diagnosis and reporting on Clostridium Difficile published by the Department of Health on 6 March 2012. Clostridium Difficile is a type of bacteria that causes severe diarrhoea and other intestinal diseases. This meant the trust were using the recommended and most up to date information available.

They were able to demonstrate that its practices and procedures were meeting the standards of the code of practice, ensuring the safety of people who used the service, staff and others because records, audits and action plans were available.

Our judgement
The provider was meeting this standard. People were cared for in a clean hygienic environment.
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
The provider is non-compliant with Outcome 09: Management of medicines. We have judged that this has a moderate impact on people who use the service. Except in respect of Termination of pregnancies, where the provider is compliant. Except in respect of Maternity and midwifery services, where the provider is compliant. Except in respect of Diagnostic and screening procedures, where the provider is compliant. Except in respect of Family planning, where the provider is compliant. Except in respect of Assessment or medical treatment for persons detained under the Mental Health Act 1983, where the provider is compliant.

Our findings

What people who use the service experienced and told us
The essential standards for quality and safety states that people who use the service must be protected against the risks associated with the unsafe use and management of medicines.

The management of medicines was assessed by a pharmacist inspector. The reason for this visit was to look at the safe and secure handling of medicines. This was in response to the NHS Trusts own internal audit of the safe and secure handling of medicines which the Department of Health had requested by 31 March 2012. CQC used this information in order to asses how the hospital was handling medicines. We visited three wards, the emergency department and the pharmacy department.

A medicine management policy was available to all clinical staff on the hospital intranet. It was dated 15 September 2011 with a review date of August 2014. A member of staff showed us where the policy was located on the intranet which demonstrated the staff were aware of how to locate the necessary information. The policy showed that there
were processes for all aspects of medicines management including medicine storage and security.

Systems and processes for the safe storage of people's medicines were not being followed. We found medicines were not always stored securely in locked medicine cupboards. On two wards we saw medicines stored on the open shelf on the medicine trolley. One member of staff told us there was not enough storage provided for the amount of medicines required on the ward. Refrigerators which stored medicines were not locked on two wards. We also saw one refrigerator with the key left in the lock. One refrigerator stored food items which meant it was not being used appropriately.

On all three wards and the emergency department we saw that there were limited or no refrigerator temperatures recorded to ensure medicines were stored within the safe temperature range. One refrigerator had no thermometer in order to monitor the temperatures. We spoke with three staff who did not know that the temperatures should be monitored or how this was to be done. This meant that there was poor compliance for the safe and secure storage of medicines.

When we arrived on Ward 11 we saw one tablet in a pot on a table. We highlighted this with person using the service who said, "Oh it's there, I didn't know it was there. They don't make sure you take them do they?"

Another person who was diabetic, insulin controlled, told us their medication was in a carrier bag and they had brought in with them from home. This person said, "I'm not confused, I know what to do. I have my insulin but everything else is kept in the trolley. I'm not allowed to help myself."

We asked staff to check where the insulin that was stored. There were two insulin pens in the person's handbag. One cartridge was empty. Staff explained this to the person using the service and took the other item for safe storage.

We spoke to the staff about checks that had been made to ensure the integrity of the medicine. Staff told us that no checks had been recorded but the person's notes said they self administered. The staff told us a referral to the diabetic nurse would normally be made to ensure the person was safe but this had not been done. This meant that the staff had not followed the necessary procedures.

We looked at the records for this person and saw the electronic records did not match the paper medication administration record sheet. This meant that the records offered conflicting information and staff would not know which was correct.

We asked the staff about the electronic entry that had no comment, the staff told us it was, "Likely that staff had administered this." There were no risk assessments completed for self administration. These should be available to confirm the person was able to self administer. The ward manager told us they had observed the person administering medication and was satisfied they could do this, but this was not recorded.

On EAU we observed staff administering medication and saw some boxes of medication were kept on the open bottom shelf of the trolley. This meant the medication was not stored securely. Medication was administered by computer and checked against people's wristbands. We heard people being asked if they had any
pain and wanted any pain relief medication.

We observed staff handle the medication from the strips for two people and dispense into a medicine pot. This meant medication may have been compromised because it had been touched.

**Other evidence**
Audits for the safe and secure handling of medicines were available. This task was undertaken by the pharmacy department annually for each ward and department. We were shown paper copies of these audits, which identified that many wards and departments were not complying with the safe storage of refrigerated medicines. We looked specifically at the audits for the three wards and the emergency department we had visited. The audits for one ward were dated 25 May 2010 and 8 June 2011 which identified the same failings in refrigerator storage each time. No remedial action had taken place to ensure that the recommendations and actions were followed and safe systems put into place. This meant the hospital were not effectively managing identified problems or concerns.

**Our judgement**
The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed. People were not protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to manage medicines.
Outcome 14: Supporting staff

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

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement
The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
The essential standards for quality and safety states that people who use the service must be supported by staff who are suitably trained and supervised.

Staff we spoke with confirmed they were able to go on training courses. This meant that staff were able to discuss their practice and professional development on a regular basis and keep their training up to date. The staff also confirmed e learning was made available to them on the computer.

One nurse told us they had completed training relevant to their role. This included understanding life support, paediatrics and electrocardiogram (ECG) this is a test that records the rhythm and electrical activity of the heart. They confirmed they received training in venipuncture, which is the process of obtaining intravenous access for blood sampling, moving and handling and safeguarding vulnerable adults and child protection. This meant the staff had the skills necessary to do their job.

The staff told us they had appraisals but they had not received supervision or attended a meeting because, "We don't get any time to do so." Another staff member said, "It's our responsibility to ensure that we know what's going on and are up to date, but there are no formal debrief arrangements." A number of staff stated there were no debrief systems following particularly serious incidents or events. Another staff member said, "We usually talk among ourselves but there is no formal arrangement."

Discussion with a head nurse confirmed that supervision of staff tended to happen when there was a problem or incident. They told us, "Meetings have happened and
senior meetings do take place but due to recent changes they had not been prioritised."
The provider should consider ways to ensure the staff receive supervision and support
as and when required.

Staff told us they worked well as a team, examples included, "I can go to anyone on the
ward and know they would support me." "We have good working relationships here.
"And "I think everyone is well supported."

Discussion with other nurses on differing wards verified they had an appraisal from the
ward sister once a year. One nurse said, "If there were concerns I know I could bring
this forward." Staff confirmed they had to complete e-learning. A staff member told us,
"Two sisters overlook the training and if anything is missing or not completed they
would approach you." They said, "Training includes basic lifesaving, health and safety,
moving and handling, and infection control."

Staff identified a lack of supervision, staff meetings and professional development
although annual appraisals were reported to be carried out. The consensus from the
staff spoken with was that they supported one another as a team but felt they weren't
fully supported by the management team. When we checked staff surveys we saw that
staff morale had decreased over the last 12 months. Having effective staff supervision
means the staff have the self awareness and motivation to effectively accomplish the
job in hand. The provider should consider ways to ensure the staff feel fully supported.

Other evidence
We asked the regional evidence and intelligence officer for CQC to analyse the hospital
training records. Their findings were as follows. Evidence provided showed there were
issues with safeguarding training with respect to the ED. The hospitals action plan
confirmed these low levels in respect to both safeguarding adults and children. We
asked for more information regarding managing this shortfall and we received further
detail which confirmed improvements were being made. Essentially this showed 91% compliance by end of September 2012.

On ward 11 the levels of staff meeting the hospitals requirements for the range of
training we chose to look at were satisfactory. The records showed up to date infection
control training, information governance training and adverse incident reporting for all
staff. However, there was no evidence of training in DoLS, MCA or dementia care for
any staff on ward 11. We were informed the trust induction pack included sections of
written information on each of safeguarding adults, child protection and dementia.

Information we asked for and that was provided by the hospital indicated that MCA and
DoLS training was identified as an action under care of vulnerable adults. There was a
plan in place to roll out mandatory training across the hospital for in August 2012 and
we saw a number of staff had already received this.

Our judgement
The provider was meeting this standard. People were cared for by staff who were
supported to deliver care and treatment safely and to an appropriate standard.
Outcome 16: Assessing and monitoring the quality of service provision

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

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

<table>
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<tr>
<th>Our judgement</th>
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<td>The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision</td>
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<th>Our findings</th>
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<tr>
<td><strong>What people who use the service experienced and told us</strong></td>
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<tr>
<td>The essential standards of quality and safety states that people who use services should be protected by means of regular assessment of the quality of the service.</td>
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Volunteers spoken with confirmed they supported the hospital by undertaking a variety of tasks. One volunteer was observed supporting a day clinic during our visit. They told us, "My role today is to meet and greet patients who have arrived for appointments and ensure that they are called for them and know where they need to go."

Another volunteer confirmed that they had been a volunteer for a number of years and commented, "We feel that the hospital includes us in quite a bit of activity and as a voluntary group we are able to comment on the things we feel we could help to improve for the patients."

A senior consultant told us there were regular meetings with nursing and other staff. They confirmed there were monthly medical and nursing meetings that included the medical staff and senior nurses. We were informed they discussed and reviewed matters such as risk, performance indicators and personnel.

There were quarterly clinical governance meetings. Clinical governance is the term used to describe a systematic approach to maintaining and improving the quality of patient care within a health system.

We saw a range of reports and audits were presented for review and approval. This
meant that information was discussed and dealt with at suitable levels within the hospital.

We were informed there were monthly consultants meeting and quarterly meetings where emergency medicine audits were reported upon and discussed. The staff informed us these were useful because they were an opportunity to share information.

The information CQC requested regarding auditing and monitoring of care, treatment, training or management was provided to us on the day it was requested. This meant the hospital had up to date information to hand.

**Other evidence**

We visited the hospital in March 2012 to undertake a responsive review in relation to termination of pregnancy (TOP). Following that inspection the hospital were compliant but we had asked them to consider including TOP information in their quality audit systems as records were not always fully completed. During this inspection we saw evidence to confirm this had been considered and implemented. This meant the hospital had ensured that quality monitoring covered all their disciplines.

We had also asked the hospital to ensure two signatures were available on their records and clearer evidence as to why the termination had taken place. We checked 50% of the TOP records that had taken place since March 2012. We saw all of these had clear concise information available. This meant there was good evidence available to confirm satisfactory information was available.

**Our judgement**

The provider was meeting this standard. Ongoing quality monitoring was in place to ensure the service delivered to people was effective and appropriate.
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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<tr>
<th>Regulated activity</th>
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<th>Outcome</th>
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<tr>
<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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<td><strong>How the regulation is not being met:</strong></td>
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<td>The provider was not meeting this standard.</td>
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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.

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

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

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

<table>
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<tr>
<th>Document purpose</th>
<th>Review of compliance report</th>
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<tbody>
<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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