Review of compliance

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
Diana Princess of Wales Hospital

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<th>Region:</th>
<th>Yorkshire &amp; Humberside</th>
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<td>Location address:</td>
<td>Scartho Road</td>
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<td></td>
<td>Grimsby</td>
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<td>Lincolnshire</td>
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<td>DN33 2BA</td>
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<tr>
<td>Type of service:</td>
<td>Acute services with overnight beds</td>
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<td>Rehabilitation services</td>
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<td>Community healthcare service</td>
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<td>Date of Publication:</td>
<td>August 2011</td>
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<td>Overview of the service:</td>
<td>Diana Princess of Wales Hospital is part of Northern Lincolnshire and Goole NHS Foundation Trust serving the population of North East Lincolnshire and its surrounding area. The hospital has around 430 beds with an accident and emergency department and provides</td>
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<td>acute hospital services.</td>
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Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Diana Princess of Wales Hospital was meeting all the essential standards of quality and safety.

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 21 June 2011, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We undertook a simultaneous review of all three hospitals managed by Northern Lincolnshire and Goole NHS Foundation Trust. As part of our review we conducted an unannounced inspection of Diana, Princess of Wales Hospital and Scunthorpe General Hospital.

During our inspection we spoke to a number of people who use the service. People we talked to were generally positive about their care and experience in hospital. They told us that they were treated with respect and received sufficient information about the hospital and the proposed treatment or procedure. The options for their treatment or procedure were explained to them in a way that they could understand and they were given opportunities to ask questions. They were told about the risk and benefits of the treatment or procedure, they felt included in decisions made about their care and were given time to consider their decision about the proposed treatment or procedure.

People told us that they felt the hospital staff communicated effectively with them, they received their test results in a timely manner and were kept up to date of their progress.

People we spoke to told us that they received pain medication when they asked for it although one person at Diana, Princess of Wales Hospital described a particular incident when they had to wait a long time however when they reminded the nurse they received it immediately.

From our inspection of Diana, Princess of Wales Hospital we received comments such as "the doctors told me what was happening at every stage"; "I couldn't fault the care", "I
wasn't sure about the surgery so the doctor gave me more time to think about it which was really good", "I was offered a date for my treatment that was convenient to me, as well as having the whole procedure discussed with me" and "the staff are really good".

Two patients commented that during their stay on the medical admissions unit their sleep was interrupted by noise and activity at night which was due to emergency admissions. One patient told us that the only improvement they could make would be for the doctors to routinely provide more technical detail about the treatment or procedure they had carried out. The person did go on to say that not everyone may want the technical detail and there were opportunities to ask questions.

From our inspection of Scunthorpe General Hospital we received comments such as "The ward is very clean and tidy", "they clean every morning, dust and clean the chairs and everywhere", "I've been given lots of information from the doctors and nurses, I'm waiting for the results from a test yesterday and the doctor is coming today to discuss the results and what happens next", "They have informed me about everything, I understand about the treatment", "The staff are very good with the ones who are confused, I lie here and watch them, they are very patient and always polite and kind".

The trust carries out short patient experience surveys themed around a number of quality indicators identified by the trust which are attached to inpatients' menu cards to enable them to obtain a real time view of the patient perspective. Between April 2010 and March 2011 the majority of patients who completed the surveys indicated they were treated with respect and dignity and satisfied with their care whilst in hospital.

The majority of responses from the Care Quality Commission 2010 in-patient survey were similar to expected which is comparative to other trusts and also some positive comments were made on the NHS Choices website.

What we found about the standards we reviewed and how well Diana Princess of Wales 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

Our review of this hospital has shown us that people who use the service are respected and involved in their care. They are given information about the treatment and the options available with opportunities to express their views and are supported in making decisions about their care and treatment.

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

Our review of this hospital has shown us that there are procedures in place for obtaining consent to care and treatment including the process should a person refuse to give consent. Staff are trained in obtaining valid consent and people who use the service are informed of the risk and benefits of the proposed treatment or procedure and are supported in consenting to care and treatment. Where people who use the service lack capacity to give consent there are procedures in place to ensure that formal assessment is undertaken and best interest meetings are held.
Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Our review of this hospital has shown us that people who use the service are formally assessed and care is planned and reviewed so that their individual needs are met ensuring their safety and welfare is maintained.

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

Our review of this hospital has shown us that the health and welfare needs of people who use the service are met by trained staff. This is achieved through an induction and planned ongoing training plan. Staff undergo regular appraisal of their performance which includes identifying any additional professional or personal training requirements they would like to undertake.

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
As part of our inspection we spoke to a number of people who use the service. People we talked to were generally positive about their care and experience in hospital. They told us that they were treated with respect and received sufficient information about the hospital and the proposed treatment or procedure. The options for their treatment or procedure were explained to them in a way that they could understand and they were given opportunities to ask questions. They were told about the risk and benefits of the treatment or procedure and felt included in decisions made about their care.

One person did tell us that the only improvement they could make would be for the doctors to routinely provide more technical detail about the treatment or procedure they had carried out. The person did go on to say that not everyone may want the technical detail and there were opportunities to ask questions. Another person told us that they were unsure about going ahead with the treatment once the risks had been explained to them. The consultant advised them to "go away and think about it and then come back to him", which they did. They told us that "It was such a relief to have the time to consider my options".

We received comments such as "the doctors told me what was happening at every stage"; "I couldn't fault the care"; "I wasn't sure about the surgery so the doctor gave me
more time to think about it which was really good", "I was offered a date for my treatment that was convenient to me, as well as having the whole procedure discussed with me", "The staff have been great keeping me up to date with what to expect, what tests were for and the results of these once they came in" and "the staff are really good here".

The majority of responses from the Care Quality Commission 2010 in-patient survey were similar to expected which is comparative to other NHS Trusts' and also some positive comments were made through the NHS Choices website.

The trust carries out short patient experience surveys themed around a number of quality indicators identified by the trust which are attached to inpatients' menu cards to enable them to obtain a real time view of the patient perspective. Between April 2010 and March 2011 the majority of patients who completed the surveys indicated they were treated with respect and dignity and satisfied with their care whilst in hospital.

**Other evidence**
As part of our assessment of this service we asked the provider for further information about how they comply with this outcome. The provider submitted this information in the form of a Provider Assessment of Compliance which described in detail how they comply with this outcome. The trust declared they are compliant with this outcome and have told us that that they promote and respect the privacy, dignity, independence and human rights of people who use the service by placing their needs, wishes, preferences and decisions at the centre of assessment, planning and delivery of care, treatment and support. They explain and discuss the care, treatment and support options with people who use the service and that there are policies and procedures in place for staff to follow.

The trust has told us that following a trust wide audit of documentation across the three hospital sites to ensure that the nursing records of each patient included evidence that an initial assessment of care needs had been carried out an action plan was produced. A further audit was carried out in March 2011 and the trust is waiting for the results to be published.

The trust told us that they respect the rights of people who use the service to take informed risks, while balancing the need for preference and choice with safety and effectiveness. The trust provides a range of information for patients to help them understand their treatment and assist them in making decisions about their care.

The trust told us that there is a policy in place for producing information to patients which includes an audit of the essential content of the information. Best practice checklists and equality impact assessment forms are completed for new and reviewed patient information leaflets. The trust provided a report following a trust wide audit of Patient Information Leaflets undertaken in April 2011 to ensure that they conform to trust policy and provide accurate and up to date information. Where information was found to be out of date the leaflets were updated or removed from circulation. Information for patients about the hospital, services provided and care is contained within individual bedside folders. Information contained within the folder directs patients to where they can ask questions or obtain any further information.

The patient experience is a measure of quality and safety which is monitored through
various audits and reported to the Board. An example of how this is monitored is in that the trust carries out short patient experience surveys which are attached to inpatients' menu cards across all three of their hospital sites to enable them to obtain a real time view of the patient perspective. Between April 2010 and March 2011 the majority of patients who completed the surveys indicated they were treated with respect and dignity whilst in hospital. The trust provided examples of detailed patient survey results undertaken within specific areas of the trust. The results of a 2010 survey undertaken on two wards at Diana, Princess of Wales Hospital ward A1 and McMillan Suite showed that overall feedback from people who use the service was positive to the questions asked. The survey included questions relating to privacy, dignity, communication, information and support. The trust also provided a Patient Experience report to the Board dated 26 April 2011 following analysis of feedback from patients including complaints. The purposes of the report was to set out how the trust can better respond to information received and develop other ways of capturing information and feedback from people who use the service, their families and carers including working with stakeholders to achieve this.

The trust analysis of complaints found that the number of complaints received had fallen from the previous year and they have identified the main themes of these to enable improvements to be made.

The trust has an action plan in place to deliver single sex accommodation and data from the trust's incident reporting system show low rates of mixed sex accommodation.

As part of the trust's quality monitoring systems they undertake a programme of ward reviews and quarterly reports are produced which incorporates the three hospital sites. A representative from the Council of Governors is included in the review team and they have provided the last three quarterly reports up to April 2011. Each ward is reviewed against 27 standards which involves reviewing documentation, observation, speaking to patients, relatives and staff. Each standard is graded using a four point score which ranges between outstanding to poor. The reports provided showed a high level between satisfactory to outstanding was achieved. The standards include patient involvement, dignity, respect and privacy.

We conducted an unannounced inspection of this hospital on 21 June 2011 and as part of our inspection we looked at nursing and medical records and spoke to patients. The patient records that we looked at on the three wards we visited we found that an initial assessment of their care needs had been undertaken and was documented within their records. The records included an assessment of their current health and social circumstances. Within the medical records we looked out we found that the risks and benefits for the proposed treatment or procedure had been documented with confirmation that these had been discussed with the patient.

We also spoke to a number of patients within the three wards we visited who confirmed that the risks and benefits of the proposed treatment had been discussed with them and that they felt they were involved in the decision making process about their care and treatment. The majority of patients that we spoke to during our inspection told us that they felt that they were involved in making decisions about their treatment and were treated with respect. During our inspection we observed that staff treated patients with respect.
During our inspection we saw examples of information available within the hospital reception area and on the ward areas. Patients that we spoke to told us that they had received sufficient information verbally and about their treatment and were given opportunities to ask questions. Some people also told us that they had received additional written information specific to the treatment they were receiving.

The trust provided examples of audits undertaken between April 2010 and March 2011 over the three hospital sites in which the majority of patients reported that they were given appropriate information and that this was easy to understand.

The national inpatient survey, which collects data from patients across the trust, also found a high proportion of patients felt they had received enough information about their condition or illness and they were treated with dignity and respect whilst in hospital.

We saw examples of patients who had been assessed to self administer their own medication. The medicines were held in the locked cabinet within their room and a daily checklist was retained within their medical records to confirm that they had taken their medication. One patient that we spoke to who was administering their own medication told us that they preferred to do this and it helped them feel more in control of their treatment. They told us that staff regularly checked that they had taken their medication.

We saw that a patient information booklet was available at every bedside which provided essential information about the hospital including how to make suggestions or raise concerns.

During our inspection we observed that patients' dignity was preserved during the delivery of care. Privacy curtains were closed around the bed within the four bedded bays when staff were delivering care to the patient. We also observed staff asking if a patient would like to have the privacy curtain opened or kept closed around the bed after they had finished delivering care. The single rooms have a window on the door and we observed that the privacy curtains were closed when staff were in the room.

The trust has told us that staff receive training in privacy, dignity, equality and diversity which are incorporated within the trust wide training programme. During our inspection we spoke to staff who confirmed these were included within the mandatory training programme and they had received this.

As part of our assessment we asked other stakeholders for information about the trust. There were no concerns raised from the Council of Governors and they told us that "the trust takes its responsibilities around safety and quality very seriously and is very transparent in its review and analysis programmes around these agendas." The Local Intelligence Network (LINk) had no concerns about the trust's compliance on the essential standards of quality and safely and told us that "the trust is working closely with LINk to strengthen patient experience through a forthcoming series of enter and view visits to outpatient departments, and a return visit to the Emergency Care Centre. LINk members are actively involved with Northern Lincolnshire and Goole Hospitals NHS Foundation Trust with members representing LINk on the Council Of Governors, Nutritional Strategy Group Meetings, the Falls Group, and regular attendance from the Customer Services Manager at our monthly LINk meetings".
Our judgement

Our review of this hospital has shown us that people who use the service are respected and involved in their care. They are given information about the treatment and the options available with opportunities to express their views and are supported in making decisions about their care and treatment.
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
As part of our inspection we spoke to a number of people who use the service. People we talked to were generally positive about their care and experience in hospital. They told us that they received sufficient information about the proposed treatment or procedure. The options for their treatment or procedure were explained to them in a way that they could understand and they were given opportunities to ask questions. They were told about the risk and benefits of the treatment or procedure and felt included in decisions made about their care.

We received comments such as "the doctors told me what was happening at every stage"; "I couldn't fault the care"; "I wasn't sure about the surgery so the doctor gave me more time to think about it which was really good", "I have been fully consulted and kept up to date from all angles" and "the staff are really good".

The majority of responses from the Care Quality Commission 2010 in-patient survey were similar to expected which is comparative to other trusts and also some positive comments were made on the NHS Choices website.

The trust carries out short patient experience surveys themed around a number of quality indicators identified by the trust which are attached to inpatients' menu cards to enable them to obtain a real time view of the patient perspective. Between April 2010
and March 2011 the majority of patients who completed the surveys indicated they were treated with respect and dignity and satisfied with their care whilst in hospital.

**Other evidence**

As part of our assessment of this service we asked the provider for further information about how they comply with this outcome. The provider submitted this information in the form of a Provider Assessment of Compliance which described in detail how they comply with this outcome. The trust declared they are compliant with this outcome and have told us that consent is sought by a person who has sufficient knowledge about the person who uses the service and the care, treatment and support options they are considering so that the person who uses the service can make an informed decision. There are policies and procedures in place for obtaining patients’ consent to examination or treatment including children, those who do not have capacity and those who refuse to give consent.

The trust has told us that there is a policy in place for advanced decisions (living wills) and ensure a decision made in line with the Mental Capacity Act 2005 to refuse or withdraw consent is taken into account and respected. The policy includes the circumstances in which an advance directive or advance decision regarding the refusal of treatment by a person using service may be lawfully over-ruled.

We conducted an unannounced inspection of this hospital on 21 June 2011 and as part of our inspection we looked at nursing and medical records, spoke to patients and staff. Staff we spoke to on three wards that we visited were clear on the procedure to obtain consent including what they would do in the event that the patient did not have capacity to provide consent or refused the proposed treatment or procedure.

Patients that we spoke to during our inspection confirmed that the risks and benefits of the proposed treatment or procedure were explained to them in a way that they understood. They told us that they had received sufficient information verbally and about their treatment and were given opportunities to ask questions. Some people also told us that they had received additional written information specific to the treatment they were receiving.

During our inspection we looked at completed consent forms and found that these had been fully completed and the risks and benefits detailed. These had been signed by both the healthcare professional obtaining the consent and by the patient. The consent form has two copies, one to be retained within the medical notes and one for the patient to keep.

**Our judgement**

Our review of this hospital has shown us that there are procedures in place for obtaining consent to care and treatment including the process should a person refuse to give consent. Staff are trained in obtaining valid consent and people who use the service are informed of the risk and benefits of the proposed treatment or procedure and are supported in consenting to care and treatment. Where people who use the service lack capacity to give consent there are procedures in place to ensure that formal assessment is undertaken and best interest meetings are held.
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
As part of our inspection we spoke to a number of people who use the service. People we talked to were generally positive about their care and experience in hospital. People told us that they felt the hospital staff communicated effectively with them, they received their test results in a timely manner and were kept up to date of their progress.

People we spoke to told us that they received pain medication when they asked for it however one person described a particular incident when they had to wait a long time but when they reminded the nurse they received it immediately.

We received comments such as "the doctors told me what was happening at every stage"; "I couldn't fault the care"; "I wasn't sure about the surgery so the doctor gave me more time to think about it which was really good" and "the staff are really good here".

Two patients commented that during their stay on the medical admissions unit their sleep was interrupted by noise and activity at night which was due to emergency admissions to the unit.

The majority of responses from the Care Quality Commission 2010 in-patient survey were similar to expected which is comparative to other trusts and also some positive comments were made on the NHS Choices website.

The trust carries out short patient experience surveys themed around a number of quality indicators identified by the trust which are attached to inpatients' menu cards to
enable them to obtain a real time view of the patient perspective. Between April 2010 and March 2011 the majority of patients who completed the surveys indicated they were treated with respect and dignity and satisfied with their care whilst in hospital.

Other evidence
As part of our assessment of this service we asked the provider for further information about how they comply with this outcome. The provider submitted this information in the form of a Provider Assessment of Compliance which described in detail how they comply with this outcome. The trust declared they are compliant with this outcome and have told us that they ensure the assessment, planning and delivery of care, treatment and support provided to people who use the service is centred on them as an individual and considers all aspects of their individual circumstances, and their immediate and longer-term needs.

The trust has told us that there are policies and procedures in place for assessment and planning care to ensure that people who use the service have safe and appropriate care, treatment and support because their individual needs are established from when they are referred or begin to use the service. A nursing care planning assessment tool is used to identify all of the care plans required to be utilised to meet the individual needs of the patient. Patients are assessed to identify any risks and care is planned to manage these risks.

The trust has told us that there is a policy and procedure in place for reporting and investigating incidents, errors, near misses and accidents. They have systems in place to ensure that the organisation learns from these so that the risk of these being repeated is reduced to a minimum and information is disseminated to relevant stakeholders.

Incidents are reported regularly though the Governance Committee with a quarterly incident analysis report to the trust Board. The trust provided the last three quarterly Board reports up to December 2010 which provide a strategic overview position with a summary of findings, identification of any trends and details of remedial actions. The report also details serious untoward incidents reported within that timeframe and incidents reported by the Primary Care Trust Commissioners that relate to the trust.

We carried out an unannounced inspection of this hospital on 21 June 2011. As part of our inspection we looked at medical and nursing records, talked to patients and staff. We specifically looked at tissue viability, falls and discharge arrangements and the nursing records we looked at had been well completed.

Within the nursing records we looked at we found that risk assessments had been undertaken to identify and manage risks that may affect the patients health. Where issues or interventions were identified care plans were in place to direct the delivery of care required. We found that care had been evaluated and reviewed as necessary in response to the patients' changing needs. On three wards we visited, there was only one patient who had an active pressure sore which they had developed prior to their admission to the ward. We found that the Tissue Viability Nurse had assessed and planned the patient's care and had regularly reviewed their progress making any changes to the planned care as necessary.

Within all of the nursing records we looked at we found that a falls assessment had
been carried out and care had been planned to minimise the risk where necessary. The trust use an escalating falls risk assessment document which directs staff to the action required to be taken after each fall including reporting.

The Primary Care Trust Commissioners told us that they had a performance concern regarding the Trust's administration and timeliness of discharge arrangements. The number of incidents reported by the PCT detailed within the trust Board Incident Reports over the last three quarters equated to small number. Although the numbers did not trigger a regulatory response we incorporated looking at discharge arrangements into our inspection.

We looked at the discharge arrangements for a number of patients and talked to staff about the process. We found that discharge assessments and arrangements had begun to be put in place from the time the patients had been admitted. All of the records we looked at for patients that were being prepared for discharge had undergone an assessment of their home circumstances and social care needs. A checklist had been completed which enables staff to identify if the patient has complex needs and in this case the nurse manager will be involved in the discharge planning to ensure that all required services are accessed. We spoke to a number of staff who demonstrated their understanding of the discharge arrangements in place.

Patients that we spoke to confirmed that staff had asked them about their home circumstances and support available for when they were discharged. We visited two orthopaedic wards and they provide additional support for patients after discharge. Patients are able to contact the ward directly if they have any concerns about their treatment. Staff provided examples of where patients who have been fitted with an orthopaedic wire frame are able to take photographs of the pins and send them to the ward if they have concerns about infection.

**Our judgement**

Our review of this hospital has shown us that people who use the service are formally assessed and care is planned and reviewed so that their individual needs are met ensuring their safety and welfare is maintained.
## 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

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<td>The provider is compliant with Outcome 14: Supporting staff</td>
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### Our findings

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<th>What people who use the service experienced and told us</th>
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The majority of responses from the Care Quality Commission 2010 in-patient survey were similar to expected which is comparative to other trusts and also some positive comments were made on the NHS Choices website.

### Other evidence
As part of our assessment of this service we asked the provider for further information about how they comply with this outcome. The provider submitted this information in the form of a Provider Assessment of Compliance which described in detail how they comply with this outcome. The trust declared they are not fully compliant with this outcome as they have identified that staffing numbers for nurses are required to be reviewed which is currently underway and this has been entered onto the trust Risk Register. The trust has implemented an action plan which is being led by the Chief Nurse and incidents are being scrutinised to determine if there is any rise in incidents relating to staffing levels.

The trust has told us that there are policies and procedures in place to support staff
which includes induction, learning and development and appraisal. There are various policies and procedures in place to protect staff and the trust has provided examples of these which include lone workers, management of violent and aggressive behaviour, and use of personal protective equipment, bullying and harassment. Staff are able to raise concerns though a variety of mechanisms and there is a policy in place to support this. There is also a planned programme of ward visits by directors which is intended to provide opportunities for staff to directly raise concerns with visiting directors.

The trust advertises information about the occupational health service and how staff can access this on the intranet. The trust also provides healthy living support for staff including providing information and a workplace health trainer. The role of the health trainer is to promote, maintain and improve the physical and mental well being of all employees and to advise staff on fitness, lifestyle and wellness issues. Exercise classes are available for staff run by the trust. Policies and procedures are in place to manage sickness absence.

The trust has a range of systems in place to provide support to staff following a traumatic incident at work. The Traumatic Incident Management Protocol enables the trust to respond and effectively manage potentially traumatic incidents for staff. The protocol includes guidance and support to managers to enable them to support their staff. There is training available for line managers to support them in their role in dealing with work related stress. This course, "Work-Related stress – the Line Managers role" commenced in February 2010 and 281 managers have attended to date. There is a "Stress and the individual" course which commenced in November 2010. Confidential Care is a telephone support and advice line which operates at all times to provide professional help to deal with work-related or personal issues. Staff who access this service are able to speak to a trained advisor who may refer them to a range of appropriate resources which may include face to face counselling. There is no charge to staff for this service.

We carried out an unannounced inspection of the hospital on 21 June 2011. We spoke to a range of different grades of staff across three wards and they all confirmed that they had received mandatory training. Comments we received from staff indicated that they were satisfied with the training provided by the trust and they told us that opportunities for further training for personal and professional development were available. The trust reported that 77% of all staff have received mandatory training in the last year however they are currently reviewing their mandatory training arrangements which will include method of provision, duration and frequency of updates.

All staff we spoke to had undergone an appraisal of their performance within the last year and any training requirements including personal or professional development were identified and evaluated through this process. Staff told us that they felt that they worked well as a team providing a good standard of care to patients. They did tell us there were times when the wards were short staffed due to sickness or absence however they said that they felt that care continued to be delivered safely during these periods.

Staff spoke positively about their role and their managers and they told us that they felt confident if they raised a concern it would be acted on. Staff we spoke to were clear on the process to follow if they had concerns about a staff member, patient care or
reporting an incident. Staff we spoke to told us that they felt that they were supported by their line managers. The staff survey from 2010 showed that the majority of responses were similar to other trusts although in some areas the scores were worse, some areas were much better in comparison.

Our judgement
Our review of this hospital has shown us that the health and welfare needs of people who use the service are met by trained staff. This is achieved through an induction and planned ongoing training plan. Staff undergo regular appraisal of their performance which includes identifying any additional professional or personal training requirements they would like to undertake.
What is a review of compliance?

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

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

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

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

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

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

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

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

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## Care Quality Commission

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## Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
### Scunthorpe General Hospital

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<tr>
<th>Region:</th>
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| Location address: | Scunthorpe General Hospital  
|                | Cliff Gardens  
|                | Scunthorpe  
|                | Lincolnshire  
|                | DN15 7BH |
| Type of service: | Acute services with overnight beds  
|                | Rehabilitation services  
|                | Community healthcare service |
| Date of Publication: | August 2011 |
| Overview of the service: | Scunthorpe General Hospital is part of Northern Lincolnshire and Goole NHS Foundation Trust serving the population of North Lincolnshire and its surrounding area. The hospital has around 380 beds with an accident and emergency |
department and provides acute hospital services.
Our current overall judgement

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

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

Why we carried out this review

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

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 21 June
2011, checked the provider's records, observed how people were being cared for, looked
at records of people who use services, talked to staff, reviewed information from
stakeholders and talked to people who use services.

What people told us

We undertook a simultaneous review of all three hospitals managed by Northern
Lincolnshire and Goole NHS Foundation Trust. As part of our review we conducted an
unannounced inspection of Diana, Princess of Wales Hospital and Scunthorpe General
Hospital.

During our inspection we spoke to a number of people who use the service. People we
talked to were generally positive about their care and experience in hospital. They told us
that they were treated with respect and received sufficient information about the hospital
and the proposed treatment or procedure. The options for their treatment or procedure
were explained to them in a way that they could understand and they were given
opportunities to ask questions. They were told about the risk and benefits of the treatment
or procedure, they felt included in decisions made about their care and were given time to
consider their decision about the proposed treatment or procedure.

People told us that they felt the hospital staff communicated effectively with them, they
received their test results in a timely manner and were kept up to date of their progress.

People we spoke to told us that they received pain medication when they asked for it
although one person at Diana, Princess of Wales Hospital described a particular incident
when they had to wait a long time however when they reminded the nurse they received it
immediately.
From our inspection of Diana, Princess of Wales Hospital we received comments such as "the doctors told me what was happening at every stage"; "I couldn't fault the care", "I wasn't sure about the surgery so the doctor gave me more time to think about it which was really good", "I was offered a date for my treatment that was convenient to me, as well as having the whole procedure discussed with me" and "the staff are really good".

Two patients commented that during their stay on the medical admissions unit their sleep was interrupted by noise and activity at night which was due to emergency admissions. One patient told us that the only improvement they could make would be for the doctors to routinely provide more technical detail about the treatment or procedure they had carried out. The person did go on to say that not everyone may want the technical detail and there were opportunities to ask questions.

From our inspection of Scunthorpe General Hospital we received comments such as "The ward is very clean and tidy", "they clean every morning, dust and clean the chairs and everywhere", "I've been given lots of information from the doctors and nurses, I'm waiting for the results from a test yesterday and the doctor is coming today to discuss the results and what happens next", "They have informed me about everything, I understand about the treatment", "The staff are very good with the ones who are confused, I lie here and watch them, they are very patient and always polite and kind".

The trust carries out short patient experience surveys themed around a number of quality indicators identified by the trust which are attached to inpatients' menu cards to enable them to obtain a real time view of the patient perspective. Between April 2010 and March 2011 the majority of patients who completed the surveys indicated they were treated with respect and dignity and satisfied with their care whilst in hospital.

The majority of responses from the Care Quality Commission 2010 in-patient survey were similar to expected which is comparative to other trusts and also some positive comments were made on the NHS Choices website.

What we found about the standards we reviewed and how well Scunthorpe 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

Our review of this hospital has shown us that people who use the service are respected and involved in their care. They are given information about the treatment and the options available with opportunities to express their views and are supported in making decisions about their care and treatment.

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

Our review of this hospital has shown us that there are procedures in place for obtaining consent to care and treatment including the process should a person refuse to give consent. Staff are trained in obtaining valid consent and people who use the service are informed of the risk and benefits of the proposed treatment or procedure and are supported in consenting to care and treatment. Where people who use the service lack
capacity to give consent there are procedures in place to ensure that formal assessment is undertaken and best interest meetings are held.

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

Our review of this hospital has shown us that people who use the service are formally assessed and care is planned and reviewed so that their individual needs are met ensuring their safety and welfare is maintained.

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

Staffing levels are regularly reviewed and monitored to ensure there are sufficient numbers on duty at all times to meet the needs of people who use the service. However, we saw that whilst generally the standard of documentation and hand hygiene practices complied with the standard required, on one ward during periods of high patient dependency there were omissions in the documentation of care and some staff did not always clean their hands before and after delivering care.

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

Our review of this hospital has shown us that the health and welfare needs of people who use the service are met by trained staff. This is achieved through an induction and planned ongoing training plan. Staff undergo regular appraisal of their performance which includes identifying any additional professional or personal training requirements they would like to undertake.

**Actions we have asked the service to take**

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

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes 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
As part of our inspection we spoke to a number of people who use the service. People we talked to spoke positively about their care and experience in hospital. They told us that they were treated with respect and received sufficient information about the hospital and the proposed treatment or procedure. The options for their treatment or procedure were explained to them in a way that they could understand and they were given opportunities to ask questions. They told us that the risk and benefits of the treatment or procedure had been explained to them and they felt included in decisions made about their care. One person told us that they were given time to consider the treatment options and the surgeon arranged for them to speak to another patient who had received the proposed operation.

We received comments such as "I've been given lots of information from the doctors and nurses, I'm waiting for the results from a test yesterday and the doctor is coming today to discuss the results and what happens next", "They have informed me about everything, I understand about the treatment and dressings" and "the staff are very good with the ones who are confused, I lie here and watch them, they are very patient and always polite and kind".

The majority of responses from the Care Quality Commission 2010 in-patient survey
were similar to expected which is comparative to other NHS Trusts and also some positive comments were made through the NHS Choices website.

The trust carries out short patient experience surveys themed around a number of quality indicators identified by the trust which are attached to inpatients' menu cards to enable them to obtain a real time view of the patient perspective. Between April 2010 and March 2011 the majority of patients who completed the surveys indicated they were treated with respect and dignity and satisfied with their care whilst in hospital.

**Other evidence**

As part of our assessment of this service we asked the provider for further information about how they comply with this outcome. The provider submitted this information in the form of a Provider Assessment of Compliance which described in detail how they comply with this outcome. The trust declared they are compliant with this outcome and have told us that that they promote and respect the privacy, dignity, independence and human rights of people who use the service by placing their needs, wishes, preferences and decisions at the centre of assessment, planning and delivery of care, treatment and support. They explain and discuss the care, treatment and support options with people who use the service and that there are policies and procedures in place for staff to follow.

The trust has told us that following a trust wide audit of documentation across the three hospital sites to ensure that the nursing records of each patient included evidence that an initial assessment of care needs had been carried out an action plan was produced. A further audit was carried out in March 2011 and the trust is waiting for the results to be published.

The trust told us that they respect the rights of people who use the service to take informed risks, while balancing the need for preference and choice with safety and effectiveness. The trust provides a range of information for patients to help them understand their treatment and assist them in making decisions about their care.

The trust told us that there is a policy in place for producing information to patients which includes an audit of the essential content of the information. Best practice checklists and equality impact assessment forms are completed for new and reviewed patient information leaflets. The trust provided a report following a trust wide audit of Patient Information Leaflets undertaken across the three hospital sites in April 2011 to ensure that they conform to trust policy and provide accurate and up to date information. Where information was found to be out of date the leaflets were updated or removed from circulation. Information for patients about the hospital, services provided and care is contained within individual bedside folders. Information contained within the folder directs patients to where they can ask questions or obtain any further information.

The patient experience is a measure of quality and safety which is monitored through various audits and reported to the Board. An example of how this is monitored is in that the trust carries out short patient experience surveys which are attached to inpatients’ menu cards across all three of their hospital sites to enable them to obtain a real time view of the patient perspective. Between April 2010 and March 2011 the majority of patients who completed the surveys indicated they were treated with respect and dignity whilst in hospital. The trust also provided a Patient Experience report to the Board dated 26 April 2011 following analysis of feedback from patients including
complaints. The purposes of the report was to set out how the trust can better respond to information received and develop other ways of capturing information and feedback from people who use the service, their families and carers including working with stakeholders to achieve this.

The trust analysis of complaints found that the number of complaints received had fallen from the previous year and they have identified the main themes of these to enable improvements to be made.

The trust has an action plan in place to deliver single sex accommodation and data from the trust's incident reporting system show low rates of mixed sex accommodation.

As part of the trust's quality monitoring systems they undertake a programme of ward reviews and quarterly reports are produced which incorporates the three hospital sites. A representative from the Council of Governors is included in the review team and they have provided the last three quarterly reports up to April 2011. Each ward is reviewed against 27 standards which involves reviewing documentation, observation, speaking to patients, relatives and staff. Each standard is graded using a four point score which ranges between outstanding to poor. The reports provided showed a high level between satisfactory to outstanding was achieved. The standards include patient involvement, dignity, respect and privacy.

We conducted an unannounced inspection of this hospital on 21 June 2011 and as part of our inspection we looked at nursing and medical records and spoke to patients. The patient records that we looked at on the two wards we visited we found that an initial assessment of their care needs had been undertaken and was documented within their records. The records included an assessment of their current health and social circumstances. Within the medical records we looked out we found that the risks and benefits for the proposed treatment or procedure had been documented with confirmation that these had been discussed with the patient.

We also spoke to a number of patients within the two wards we visited who confirmed that the risks and benefits of the proposed treatment had been discussed with them and that they felt they were involved in the decision making process about their care and treatment.

The majority of patients that we spoke to during our inspection told us that they felt that they were involved in making decisions about their treatment and were treated with respect.

During our inspection we saw examples of information available on the ward areas. Patients that we spoke to told us that they had received sufficient information about their treatment and were given opportunities to ask questions.

The trust provided examples of audits undertaken over the three hospital sites between April 2010 and March 2011 in which the majority of patients reported that they were given appropriate information and that this was easy to understand.

The national inpatient survey, which collects data from patients across the trust, also found a high proportion of patients felt they had received enough information about their condition or illness and they were treated with dignity and respect whilst in hospital.
During our inspection we observed that patients’ dignity was preserved during the delivery of care and that staff treated patients with respect.

The trust has told us that staff receive training in privacy, dignity, equality and diversity which are incorporated within the trust wide training programme. During our inspection we spoke to staff who confirmed these were included within the mandatory training programme and they had received this.

As part of our assessment we asked other stakeholders for information about the trust. There were no concerns raised from the Council of Governors and they told us that “the trust takes its responsibilities around safety and quality very seriously and is very transparent in its review and analysis programmes around these agendas.” The Local Intelligence Network (LINk) had no concerns about the trust's compliance on the essential standards of quality and safely and told us that “the trust is working closely with LINk to strengthen patient experience through a forthcoming series of enter and view visits to outpatient departments, and a return visit to the Emergency Care Centre. LINk members are actively involved with Northern Lincolnshire and Goole Hospitals NHS Foundation Trust with members representing LINk on the Council Of Governors, Nutritional Strategy Group Meetings, the Falls Group, and regular attendance from the Customer Services Manager at our monthly LINk meetings”.

Our judgement
Our review of this hospital has shown us that people who use the service are respected and involved in their care. They are given information about the treatment and the options available with opportunities to express their views and are supported in making decisions about their care and treatment.
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
As part of our inspection we spoke to a number of people who use the service. People we talked to spoke positively about their care and experience in hospital. They told us that they were given sufficient information about the proposed treatment or procedure. The options for their treatment or procedure were explained to them in a way that they could understand and they were given opportunities to ask questions. They were told about the risk and benefits of the treatment or procedure and felt included in decisions made about their care.

We received comments such as "I signed consent forms for procedures and my surgery, they explained everything to me and I understood what I was signing", "They gave me time to consider the options" and "they have been really good and explained everything".

The majority of responses from the Care Quality Commission 2010 in-patient survey were similar to expected which is comparative to other NHS Trusts' and also some positive comments were made through the NHS Choices website.

The trust carries out short patient experience surveys themed around a number of quality indicators identified by the trust which are attached to inpatients' menu cards to enable them to obtain a real time view of the patient perspective. Between April 2010
and March 2011 the majority of patients who completed the surveys indicated they were treated with respect and dignity and satisfied with their care whilst in hospital.

**Other evidence**

As part of our assessment of this service we asked the provider for further information about how they comply with this outcome. The provider submitted this information in the form of a Provider Assessment of Compliance which described in detail how they comply with this outcome. The trust declared they are compliant with this outcome and have told us that consent is sought by a person who has sufficient knowledge about the person who uses the service and the care, treatment and support options they are considering so that the person who uses the service can make an informed decision. There are policies and procedures in place for obtaining patients’ consent to examination or treatment including children, those who do not have capacity and those who refuse to give consent.

The trust has told us that there is a policy in place for advanced decisions (living wills) and ensure a decision made in line with the Mental Capacity Act 2005 to refuse or withdraw consent is taken into account and respected. The policy includes the circumstances in which an advance directive or advance decision regarding the refusal of treatment by a person using service may be lawfully over-ruled.

We conducted an unannounced inspection of this hospital on 21 June 2011 and as part of our inspection we looked at nursing and medical records, spoke to patients and staff. Staff we spoke to on two wards were clear on the procedure to obtain consent including what they would do in the event that the patient did not have capacity to provide consent or refused the proposed treatment or procedure. Patients that we spoke to during our inspection confirmed that the risks and benefits of the proposed treatment or procedure were explained to them in a way that they understood.

Patients that we spoke to during our inspection confirmed that the risks and benefits of the proposed treatment or procedure were explained to them in a way that they understood. They told us that they had received sufficient information verbally and about their treatment and were given opportunities to ask questions.

During our inspection we looked at completed consent forms and found that these had been fully completed and the risks and benefits detailed. These had been signed by both the healthcare professional obtaining the consent and by the patient. The consent form has two copies, one to be retained within the medical notes and one for the patient to keep.

**Our judgement**

Our review of this hospital has shown us that there are procedures in place for obtaining consent to care and treatment including the process should a person refuse to give consent. Staff are trained in obtaining valid consent and people who use the service are informed of the risk and benefits of the proposed treatment or procedure and are supported in consenting to care and treatment. Where people who use the service lack capacity to give consent there are procedures in place to ensure that formal assessment is undertaken and best interest meetings are held.
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

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| **What people who use the service experienced and told us**  
As part of our inspection we spoke to a number of people who use the service. People we talked to were generally positive about their care and experience in hospital. People told us that they felt the hospital staff communicated effectively with them, they received their test results in a timely manner and were kept up to date of their progress. People confirmed that they were consulted and given choices about their care.  

We received comments such as "They look after me very well"; "No concerns, the care is very good"; "I always know they are here if I need help" and "The care has been very good, excellent".

The majority of responses from the Care Quality Commission 2010 in-patient survey were similar to expected which is comparative to other NHS Trusts' and also some positive comments were made through the NHS Choices website.

The trust carries out short patient experience surveys themed around a number of quality indicators identified by the trust which are attached to inpatients' menu cards to enable them to obtain a real time view of the patient perspective. Between April 2010 and March 2011 the majority of patients who completed the surveys indicated they were treated with respect and dignity and satisfied with their care whilst in hospital. |

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form of a Provider Assessment of Compliance which described in detail how they comply with this outcome. The trust declared they are compliant with this outcome and have told us that they ensure the assessment, planning and delivery of care, treatment and support provided to people who use the service is centred on them as an individual and considers all aspects of their individual circumstances, and their immediate and longer-term needs.

The trust has told us that there are policies and procedures in place for assessment and planning care to ensure that people who use the service have safe and appropriate care, treatment and support because their individual needs are established from when they are referred or begin to use the service. A nursing care planning assessment tool is used to identify all of the care plans required to be utilised to meet the individual needs of the patient. Patients are assessed to identify any risks and care is planned to manage these risks.

The trust has told us that there is a policy and procedure in place for reporting and investigating incidents, errors, near misses and accidents. They have systems in place to ensure that the organisation learns from these so that the risk of these being repeated is reduced to a minimum and information is disseminated to relevant stakeholders.

Incidents are reported regularly though the Governance Committee with a quarterly incident analysis report to the trust Board. The trust provided the last three quarterly Board reports up to December 2010 which provide a strategic overview position with a summary of findings, identification of any trends and details of remedial actions. The report also details serious untoward incidents reported within that timeframe and incidents reported by the Primary Care Trust Commissioners that relate to the trust.

We carried out an unannounced inspection of this hospital on 21 June 2011. As part of our inspection we looked at medical and nursing records, talked to patients and staff. We specifically looked at tissue viability, falls and discharge arrangements and the nursing records we looked at on Ward 24 had been well completed. Within the nursing records we looked at we found that the patients had been assessed for tissue viability and falls with care planned to prevent pressure sores and falls. Their care had been evaluated and reviewed as necessary in response to the patients’ changing needs.

Within the nursing records on Ward 28 although we found that assessments had been carried out for tissue viability and falls, in three of the five records that we looked at the risk assessments had not always been fully completed and care plans did not fully reflect the individual needs of the patients. A falls risk assessment for one person identified six positive triggers which directs the staff to undertake a full falls risk assessment however in this case it had not been completed. Although fall triggers had been identified the patient did not suffer any falls whilst in hospital. Within another care plan we found that not all of the patients needs had been incorporated into the plan. On admission to the hospital a patient was receiving oxygen therapy, had a catheter in place and an intravenous drip sited. The catheter was not included within the planned care and the nursing notes did not reflect when the oxygen therapy and intravenous drip were discontinued. The medical notes did however detail all of the treatment and any changes made. In three of the records we found that an evaluation of the care to determine if this was effective had not always been recorded daily however we did find evaluation of nursing care had on occasions been recorded within the multi-
Staff reported that there were no patients on the wards that we visited with an active pressure sore. Staff we spoke to demonstrated their understanding of the trust policy to prevent and manage pressure sores including how to report these.

The Primary Care Trust Commissioners told us that they had a performance concern regarding the Trust's administration and timeliness of discharge arrangements. The number of incidents reported by the PCT detailed within the trust Board Incident Reports over the last three quarters equated to small number. Although the numbers did not trigger a regulatory response we incorporated looking at discharge arrangements into our inspection.

We looked at the discharge arrangements for a number of patients and talked to staff about the process. We found that discharge assessments and arrangements had begun to be put in place from the time the patients had been admitted. We spoke to a number of staff who demonstrated their understanding of the discharge arrangements in place. Patients that we spoke to confirmed that staff had discussed the arrangements that had been planned for their discharge from hospital and they indicated that they were satisfied with the arrangements.

**Our judgement**
Our review of this hospital has shown us that people who use the service are formally assessed and care is planned and reviewed so that their individual needs are met ensuring their safety and welfare is maintained.
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
There are minor concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
As part of our inspection we spoke to a number of people who use the service. People we talked to were generally positive about their care and experience in hospital. People told us that they felt the hospital staff communicated effectively with them, they received their test results in a timely manner and were kept up to date of their progress. People confirmed that they were consulted and given choices about their care.

We received comments such as "They look after me very well"," No concerns, the care is very good", "I always know they are here if I need help" and "The care has been very good, excellent".

The majority of responses from the Care Quality Commission 2010 in-patient survey were similar to expected which is comparative to other NHS Trusts' and also some positive comments were made through the NHS Choices website.

The trust carries out short patient experience surveys themed around a number of quality indicators identified by the trust which are attached to inpatients' menu cards to enable them to obtain a real time view of the patient perspective. Between April 2010 and March 2011 the majority of patients who completed the surveys indicated they were satisfied with their care whilst in hospital.

Other evidence
We carried out an unannounced inspection of the hospital on 21 June 2011 and although we did not specifically look at this standard during our inspection we spoke to...
a number of staff, patients and looked at nursing and medical records. Staff told us there were times when the wards were short staffed due to sickness or absence particularly on Ward 28 which is a busy acute surgical ward. Staff we spoke to on this ward told us that staffing levels had recently been reviewed and some staff told us there were times when they felt that there was not enough staff to provide a high standard of care particularly when there were a lot of patients requiring higher levels of nursing care.

Some comments we received from staff included "We all try to do our best", "Generally happy with the care we give, but this depends on staffing levels, we don't get a staff increase to manage dependency" and "Usually we manage but it does get very busy and you worry you might miss something".

Within the nursing records we looked out on this ward we found that some of the planned care did not fully reflect the needs of the individual, risk assessments had not all been fully completed and care had not always been evaluated daily. On other wards we visited within the trust we found that the nursing documentation had been well completed. Although the majority of staff told us that they were satisfied with the standard of care they delivered and patients that we talked to spoke positively about the care and treatment they received we observed that the staff on this ward were extremely busy. On other wards we visited within the trust we saw good hand cleaning practice of staff however on this ward we observed that not all staff washed their hands or used hand gel following physical contact with patients and when they moved between the ward bays. The wards were clean and hand gel dispensers were available around the ward and outside of every room.

The staff survey from 2010 showed that the majority of responses were similar to other trusts although in some areas the scores were worse, some areas were much better in comparison.

Our judgement
Staffing levels are regularly reviewed and monitored to ensure there are sufficient numbers on duty at all times to meet the needs of people who use the service. However, we saw that whilst generally the standard of documentation and hand hygiene practices complied with the standard required, on one ward during periods of high patient dependency there were omissions in the documentation of care and some staff did not always clean their hands before and after delivering care.
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

<table>
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| **What people who use the service experienced and told us**
As part of our inspection we spoke to a number of people who use the service. People we talked to were generally positive about their care and experience in hospital. People told us that they felt the hospital staff communicated effectively with them, they received their test results in a timely manner and were kept up to date of their progress. People confirmed that they were consulted and given choices about their care.

We received comments such as "They look after me very well"," No concerns, the care is very good", "I always know they are here if I need help" and "The care has been very good, excellent".

The majority of responses from the Care Quality Commission 2010 in-patient survey were similar to expected which is comparative to other NHS Trusts' and also some positive comments were made through the NHS Choices website.

The trust carries out short patient experience surveys themed around a number of quality indicators identified by the trust which are attached to inpatients' menu cards to enable them to obtain a real time view of the patient perspective. Between April 2010 and March 2011 the majority of patients who completed the surveys indicated they were satisfied with their care whilst in hospital.

**Other evidence**
As part of our assessment of this service we asked the provider for further information about how they comply with this outcome. The provider submitted this information in the form of a Provider Assessment of Compliance which described in detail how they
comply with this outcome. The trust declared they are compliant with this outcome.

The trust has told us that there are policies and procedures in place to support staff which includes induction, learning and development and appraisal. There are various policies and procedures in place to protect staff and the trust has provided examples of these which include lone workers, management of violent and aggressive behaviour, and use of personal protective equipment, bullying and harassment. Staff are able to raise concerns though a variety of mechanisms and there is a policy in place to support this. There is also a planned programme of ward visits by directors which is intended to provide opportunities for staff to directly raise concerns with visiting directors.

The trust advertises information about the occupational health service and how staff can access this on the intranet. The trust also provides healthy living support for staff including providing information and a workplace health trainer. The role of the health trainer is to promote, maintain and improve the physical and mental well being of all employees and to advise staff on fitness, lifestyle and wellness issues. Exercise classes are available for staff run by the trust. Policies and procedures are in place to manage sickness absence.

The trust has a range of systems in place to provide support to staff following a traumatic incident at work. The Traumatic Incident Management Protocol enables the trust to respond and effectively manage potentially traumatic incidents for staff. The protocol includes guidance and support to managers to enable them to support their staff. There is training available for line managers to support them in their role in dealing with work related stress. This course, "Work-Related stress – the Line Managers role" commenced in February 2010 and 281 managers have attended to date. There is a "Stress and the individual" course which commenced in November 2010. Confidential Care is a telephone support and advice line which operates at all times to provide professional help to deal with work-related or personal issues. Staff who access this service are able to speak to a trained advisor who may refer them to a range of appropriate resources which may include face to face counselling. There is no charge to staff for this service.

We carried out an unannounced inspection of the hospital on 21 June 2011. We spoke to a range of different grades of staff across two wards and they all confirmed that they had received mandatory training. Comments we received from staff indicated that they were satisfied with the training provided by the trust and they told us that there were opportunities for further training for personal and professional development available. We saw evidence of training programmes available for staff advertised on the staff notice board. All staff we spoke to had undergone an appraisal of their performance within the last year or had one scheduled. Any training requirements including personal or professional development were identified and evaluated through this process. The hospital provided examples of induction training programmes that had been undertaken which included mandatory training. The trust reported that 77% of all staff have received mandatory training in the last year however they are currently reviewing their mandatory training arrangements which will include method of provision, duration and frequency of updates.

Staff spoke positively about their role and their managers and they told us that they felt supported and confident if they raised a concern it would be acted on. Staff we spoke to were clear on the process to follow if they had concerns about a staff member, patient
care and reporting incidents. Staff we spoke to told us that they felt that they were supported by their line managers. The staff survey from 2010 showed that the majority of responses were similar to other trusts although in some areas the scores were worse, some areas were much better in comparison.

**Our judgement**
Our review of this hospital has shown us that the health and welfare needs of people who use the service are met by trained staff. This is achieved through an induction and planned ongoing training plan. Staff undergo regular appraisal of their performance which includes identifying any additional professional or personal training requirements they would like to undertake.
Improvement actions

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

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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 22 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 13: Staffing</td>
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**Why we have concerns:**
Staffing levels are regularly reviewed and monitored to ensure there are sufficient numbers on duty at all times to meet the needs of people who use the service. However, we saw that whilst generally the standard of documentation and hand hygiene practices complied with the standard required, on one ward during periods of high patient dependency there were omissions in the documentation of care and some staff did not always clean their hands before and after delivering care.

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

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

The provider’s report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.
What is a review of compliance?

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

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

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

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

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

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

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

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

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