## Review of compliance

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

<table>
<thead>
<tr>
<th>Region:</th>
<th>Yorkshire &amp; Humberside</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:** | March 2012 |
| **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.

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 27 February 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We undertook a simultaneous review of two children's wards managed by Northern Lincolnshire and Goole NHS Foundation Trust. We visited wards at Scunthorpe General Hospital and Diana Princess of Wales Hospital.

During our inspection we spoke with a number of people who use the service. People we talked with were generally positive about their care and experience in hospital. They told us they 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 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.

From our inspection across both sites we received comments such as: "The doctor explained everything to me in detail", "Staff always talk things through with us" and "I felt happy about what was happening with the tests, the doctor explained everything in lay terms. I had to sign the care plan."

The people we spoke with felt they could raise any concerns with staff and these would be acted upon. People we spoke with were complimentary about the staff who looked after them. They told us staff supported them in a friendly and supportive manner. Comments we received included:" Nurses have been fantastic, really helpful", "Staff are very nice" and "Staff are really good."

We received mixed comments about staffing levels on the wards. Some people felt that
during certain shifts staff were very busy however they told us care continued to be good during these periods. Comments we received included: "Staffing levels are good" and "Staff were very busy one night, though the care was good."

What we found about the standards we reviewed and how well Scunthorpe General Hospital was meeting them

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 there are procedures in place for obtaining consent to care and treatment. Staff are trained in obtaining valid consent and people who use the service are informed of the risks and benefits of the proposed treatment or procedure and are supported in consenting to care and treatment.

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

Our review of this hospital has shown there are systems in place to ensure that children and young people who use the service are protected from abuse, or risk of abuse.

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

Our review of this hospital has shown there are systems in place to plan and co-ordinate medical and nursing staff on a day to day basis to meet people's needs.

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.

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

Our review of this hospital has shown there are systems in place to identify, monitor and manage the quality and safety of services that people receive so that appropriate action can be taken and improvements implemented.

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 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 with children, young people and parents who use the service. Parents spoke positively about their child's care and experience in hospital. They told us 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 they could understand and they were given opportunities to ask questions. They were told about the risks and benefits of the treatment or procedure and felt included in decisions made about their care.

The comments we received included: “The doctor explained everything to me in detail”, "Staff always talk things through with us” and "I felt able to ask questions, staff gave me time."

Other evidence
We carried out an unannounced inspection on 27 February 2012. As part of our inspection we spoke with children, young people, parents and staff. We looked at nursing and medical records and observed care.

Our review of this outcome was in response to information we had received following an incident. The focus of our inspection was to assess whether the trust was meeting the needs of patients with regards to consent to care and treatment.
The trust had a consent policy which followed Department of Health guidelines. The policy was in date and available to staff. The policy contained guidance on consent and treatment of children, including the process for best interest assessments and decisions.

There was a range of training available on consent; this included a trust wide e-learning package, legal briefings and an assessment of staff competence to obtain consent for specific procedures. Training sessions also included education on communicating with and obtaining consent from those patients whose first language was not English or where race, culture, and religion had implications for the consent process.

Some of the staff we spoke with said they had not recently received formal training in consent but had gained experience 'on the job' and were aware of trust policy. The staff we spoke with were clear about the process for obtaining consent and the importance of ensuring parents and children were involved in discussions about their treatment. Where best interest decisions were required, the medical staff we spoke with said they would consider the views of the child or their parents before proceeding with the treatment or procedure.

The department had a variety of patient information leaflets for surgical and nonsurgical procedures. Examples included: sedation, general anaesthetic for dental extraction and insertion of catheters and peripheral lines. All leaflets included the risks, benefits and alternatives of the procedure and details of who to contact if patient's had any concerns or queries.

We looked at three care records to see how consent was documented. Consent was obtained in the pre-assessment clinic prior to surgery. All three records showed advice and information had been given to patients and fasting instructions explained. The correct consent forms for children were completed and detailed the risks and benefits of the procedure. These had been signed by both the healthcare professional obtaining the consent and by the person with parental responsibility. The consent form had two copies, one to be retained within the medical notes and one for the patient to keep.

We observed good interaction between staff, children and parents. We saw staff informing them of the care being provided. Although staff were busy we saw that staff took time with children and parents on the ward.

Our judgement
Our review of this hospital has shown us there are procedures in place for obtaining consent to care and treatment. Staff are trained in obtaining valid consent and people who use the service are informed of the risks and benefits of the proposed treatment or procedure and are supported in consenting to care and treatment.
Outcome 07: Safeguarding people who use services from abuse

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

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement
The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
As part of our inspection we spoke with children, young people and parents who use the service. Parents spoke positively about their child’s care and experience in hospital. Parents told us they were comfortable in raising any concerns with staff and were confident that staff would listen. One of the parents told us: "Staff are available to talk to; I haven't had any complaints or concerns." Another parent said: "Staff always talk things through with us, my son doesn't like having a cannula in the nurse holds his arm and the doctor puts it in. It's always done well; they (the staff) don't upset him."

Other evidence
We carried out an unannounced inspection on 27 February 2012. As part of our inspection we spoke with children, young people, parents and staff. We looked at nursing and medical records and observed care.

Our review of this outcome was in response to information we had received following an incident. The focus of our inspection was to assess whether the trust was meeting the needs of patients with regards to safeguarding children.

The trust had internal procedures in place to guide staff in managing potential safeguarding incidents. There was also easy access to the trust's safeguarding team if staff needed to report an incident of abuse or suspected abuse.

Safeguarding was included within the ongoing programme of mandatory training. Various levels of training was provided depending on staff roles and responsibilities.
The staff we spoke with told us they had received training about safeguarding issues and this was reflected in the staff training records. From our discussions with staff, they had a good understanding of safeguarding arrangements that were in place.

The trust had guidelines for the physical restraint of children and young people. We spoke with senior managers who told us following an incident the policy was currently being reviewed.

The staff we spoke with told us they had not received specific training on restraint. However staff were aware of trust guidance and could describe the techniques used when restraint was required. This included involving parents to hold their child and the use of distraction techniques. The ward manager also told us equipment such as splints for use in restraint procedures were available on the ward. Staff confirmed decisions to undertake any procedures would be taken following consent and involvement of patient's or their parents.

**Our judgement**

Our review of this hospital has shown there are systems in place to ensure that children and young people who use the service are protected from abuse, or risk of abuse.
Outcome 13: Staffing

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

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement
The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
Some of the parents we spoke with said that although staff were busy, care needs were being met. The comments we received included: "Staffing levels are good" and "Staff were very busy one night, though the care was good."

Other evidence
We carried out an unannounced inspection on 27 February 2012. As part of our inspection we spoke with children, young people, parents and staff. We looked at records and observed care.

Our review of this outcome was in response to information we had received following an incident. The focus of our inspection was to assess whether the trust was meeting the needs of patients with regards to staffing levels.

There were systems in place to ensure staffing needs were planned and managed to maintain safe services. The trust had electronic rostering on the wards to support planning of nursing staff numbers and skill mix on each shift. Managers told us there were contingency plans in place to enable staffing levels to be flexible and adapted to respond to the changing needs of the service. We were told that during a number of staff absences staffing had been maintained and no surgical lists were cancelled ensuring care needs were met. There was also a ‘bank’ of staff trained in paediatrics that could be called upon at times of unexpected demand. Managers told us there was always senior medical staff on the ward and staff who were trained to carry out advanced paediatric support in case of an emergency. The trust was currently
reviewing staffing levels and skill mix within children's services.

Staff we spoke with told us there were times when the ward was short staffed due to sickness or absence however they felt care continued to be delivered safely during these periods. They told us staffing issues were reported to managers and staff confirmed these were acted upon and additional staff provided.

**Our judgement**
Our review of this hospital has shown there are systems in place to plan and coordinate medical and nursing staff on a day to day basis to meet people's needs.
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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| **What people who use the service experienced and told us**  
The children, young people and parents we spoke with were complimentary about the staff who looked after them. They told us staff supported them in a friendly and supportive manner.  

Comments we received included: "Nurses have been fantastic, really helpful", "Staff are very nice" and "Staff are really good." |

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| We carried out an unannounced inspection on 27 February 2012. As part of our inspection we spoke with children, young people, parents and staff. We looked at nursing and medical records and observed care.  

Nursing staff we spoke with told us they received a yearly appraisal of their performance and any training requirements including personal or professional development was identified and evaluated through this process. The doctors we spoke with confirmed they had received induction when joining the trust; they also had regular clinical supervision and a yearly assessment of their progress and competencies.  

Staff told us they had received mandatory training and we saw records which confirmed this. Comments we received from staff indicated they were satisfied with the training provided by the trust and they told us that opportunities for personal and professional development were available.  

Staff told us they received good support from their manager and felt they worked well |
as a team providing a good standard of care to patients.

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.
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

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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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<td><strong>What people who use the service experienced and told us</strong></td>
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<tr>
<td>We spoke with senior managers who provided us with details of arrangements they had in place to identify, monitor and manage the risks to children and young people.</td>
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<td>We found there were comprehensive risk management and clinical governance processes in place. Clinical governance meetings were held on a regular basis and attended by senior medical and nursing staff. Nursing staff told us outcomes from incidents and complaints were discussed at ward level however some of the doctors we spoke with said they didn't receive information from incidents and complaints. We discussed this with the matron who said they would make this information available to medical staff.</td>
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The quality of care provided was reviewed through regular audit. The audit plan for 2012 included a variety of topics relating to children's services. Audit meetings were held on a monthly basis.

We saw feedback from two 'quality walkabouts' on the ward by a trust director. The visits looked at areas such as patient experience, staffing and environment. Reports for August and October 2011 showed positive outcomes.

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<th>Our judgement</th>
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<td>Our review of this hospital has shown there are systems in place to identify, monitor and manage the quality and safety of services that people receive so that appropriate</td>
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action can be taken and improvements implemented.
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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<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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<td>Audience</td>
<td>The general public</td>
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Care Quality Commission

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<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
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| Postal address           | Care Quality Commission  
                          | Citygate       |
                          | Gallowgate      |
                          | Newcastle upon Tyne |
                          | NE1 4PA         |
### Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
#### Diana Princess of Wales Hospital

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<tr>
<th>Region:</th>
<th>Yorkshire &amp; Humberside</th>
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<tr>
<td>Location address:</td>
<td>Scartho Road&lt;br&gt;Grimsby&lt;br&gt;Lincolnshire&lt;br&gt;DN33 2BA</td>
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<tr>
<td>Type of service:</td>
<td>Acute services with overnight beds&lt;br&gt;Rehabilitation services&lt;br&gt;Community healthcare service</td>
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<td>Date of Publication:</td>
<td>March 2012</td>
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<tr>
<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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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 27 February 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We undertook a simultaneous review of two children's wards managed by Northern Lincolnshire and Goole NHS Foundation Trust. We visited wards at Scunthorpe General Hospital and Diana Princess of Wales Hospital.

During our inspection we spoke with a number of people who use the service. People we talked with were generally positive about their care and experience in hospital. They told us they 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 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.

From our inspection across both sites we received comments such as: "The doctor explained everything to me in detail", "Staff always talk things through with us" and "I felt happy about what was happening with the tests, the doctor explained everything in lay terms. I had to sign the care plan."

The people we spoke with felt they could raise any concerns with staff and these would be acted upon. People we spoke with were complimentary about the staff who looked after them. They told us staff supported them in a friendly and supportive manner. Comments we received included: "Nurses have been fantastic, really helpful", "Staff are very nice" and "Staff are really good."

We received mixed comments about staffing levels on the wards. Some people felt that
during certain shifts staff were very busy however they told us care continued to be good during these periods. Comments we received included: "Staffing levels are good" and "Staff were very busy one night, though the care was good."

**What we found about the standards we reviewed and how well Diana Princess of Wales Hospital was meeting them**

**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 there are procedures in place for obtaining consent to care and treatment. Staff are trained in obtaining valid consent and people who use the service are informed of the risks and benefits of the proposed treatment or procedure and are supported in consenting to care and treatment.

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

Our review of this hospital has shown there are systems in place to ensure that children and young people who use the service are protected from abuse, or risk of abuse.

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

Our review of this hospital has shown there are systems in place to plan and co-ordinate medical and nursing staff on a day to day basis to meet people's needs.

**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 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.

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

Our review of this hospital has shown there are systems in place to identify, monitor and manage the quality and safety of services that people receive so that appropriate action can be taken and improvements implemented.

**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 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 with children, young people and parents who use the service. Parents spoke positively about their child's care and experience in hospital. They told us 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 they could understand and they were given opportunities to ask questions. They were told about the risks and benefits of the treatment or procedure and felt included in decisions made about their care.

The comments we received included: "I was given lots of information about the operation by the doctor and possible outcomes. They explained everything very well and I signed a consent form for the operation" and "I felt happy about what was happening with the tests, the doctor explained everything in lay terms. I had to sign the care plan."

Other evidence
We carried out an unannounced inspection on 27 February 2012. As part of our inspection we spoke with children, young people, parents and staff. We looked at nursing and medical records and observed care.

Our review of this outcome was in response to information we had received following an
incident. The focus of our inspection was to assess whether the trust was meeting the needs of patients with regards to consent to care and treatment.

The trust had a consent policy which followed Department of Health guidelines. The policy was in date and available to staff. The policy contained guidance on consent and treatment of children, including the process for best interest assessments and decisions.

There was a range of training available on consent; this included a trust wide e-learning package, legal briefings and an assessment of staff competence to obtain consent for specific procedures. Training sessions also included education on communicating with and obtaining consent from those patients whose first language was not English or where race, culture, and religion had implications for the consent process.

We looked at five care records. These included clinical admission assessments, records of continuous monitoring and review of health status. The records seen were all signed and dated. A nursing care plan was in place which was reviewed as needs changed. One care record had been signed by the parent.

We found consent was obtained for procedures. The consultant had recorded discussions which had taken place with parents; this included the plan of treatment and possible outcomes. We spoke with parents who confirmed this discussion had taken place and they were satisfied with the information provided.

Staff told us consent was discussed regularly during training updates and the expectation was that staff requested consent for all day to day care which they were involved in.

We saw patient information leaflets relating to consent were displayed in the corridor and communal areas of the ward.

We observed one member of staff undertaking daily observations and they informed the patient of the procedure, asking for their permission during each stage of the process.

**Our judgement**

Our review of this hospital has shown us there are procedures in place for obtaining consent to care and treatment. Staff are trained in obtaining valid consent and people who use the service are informed of the risks and benefits of the proposed treatment or procedure and are supported in consenting to care and treatment.
Outcome 07:
Safeguarding people who use services from abuse

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

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement
The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings
What people who use the service experienced and told us
As part of our inspection we spoke with children, young people and parents who use the service. Parents spoke positively about their child's care and experience in hospital. Parents felt comfortable in raising any concerns with staff and they were confident that staff would listen and act appropriately.

Other evidence
We carried out an unannounced inspection on 27 February 2012. As part of our inspection we spoke with children, young people, parents and staff. We looked at nursing and medical records and observed care.

Our review of this outcome was in response to information we had received following an incident. The focus of our inspection was to assess whether the trust was meeting the needs of patients with regards to safeguarding children.

The trust had internal procedures in place to guide staff in managing potential safeguarding incidents. There was also easy access to the trust's safeguarding team if staff needed to report an incident of abuse or suspected abuse.

During our visit the staff we spoke with said they had received safeguarding training. We asked whether there was specific training relating to restraint procedures. The ward manager told us although there was no specific training for restraint the use of safe techniques was discussed at induction. Staff described safe techniques as the use of play specialists to distract the child, topical applications of creams to numb the areas
ready for cannulation, parents to hold children were possible and the use of sedation for treatments such as suture removal.

Staff we spoke with told us restraint was discussed as part of safeguarding training. Staff confirmed there were occasions where splints, socks and double bandages were used to prevent cannulas being pulled out. Staff would in these situations have a full discussion with the patient or their parent. The ward manager told us following a recent incident the guidelines for physical restraint of children and young people had been given to all staff.

The ward had leaflets on how to make a complaint and these were displayed in communal areas.

Our judgement
Our review of this hospital has shown there are systems in place to ensure that children and young people who use the service are protected from abuse, or risk of abuse.
Outcome 13: 
Staffing

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

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement
The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
We received mixed comments about levels of staffing on the ward. Some of the parents we spoke with felt at times staff were very busy and there was not enough staff. However other parents told us there was plenty of staff about and they didn't have to wait for anyone.

Some of the comments we received from parents included: "There are plenty of staff about", "They brought an extra member of staff when they were busy" and "The care was really good when he was poorly but since he’s got better staff rarely come in."

Other evidence
We carried out an unannounced inspection on 27 February 2012. As part of our inspection we spoke with children, young people, parents and staff. We looked at nursing and medical records and observed care.

Our review of this outcome was in response to information we had received following an incident. The focus of our inspection was to assess whether the trust was meeting the needs of patients with regards to staffing levels.

We received some mixed comments about the level of staff support once a patient's condition had improved. One parent told us that staff rarely came in once her son was feeling better. We discussed this with the ward manager who told us medical and nursing interventions would reflect the clinical needs of the patient. They told us parents were encouraged to stay on the ward and care for their child and staff input was
We found that there were systems in place to ensure staffing needs were planned and managed to maintain safe services. The trust had electronic rostering on the wards to support planning of nursing staff numbers and skill mix on each shift. Managers told us there were contingency plans in place to enable staffing levels to be flexible and adapted to respond to the changing needs of the service. We were told that during a number of staff absences staffing had been maintained and no surgical lists were cancelled ensuring care needs were met. There was also a ‘bank’ of staff trained in paediatrics that could be called upon at times of unexpected demand. Managers told us there was always senior medical staff on the ward and staff who were trained to carry out advanced paediatric support in case of an emergency. The trust was currently reviewing staffing levels and skill mix within children's services.

The staff we spoke with told us that on the whole staffing levels were sufficient to meet patient needs. However, there were occasions when the ward was very busy and they felt understaffed. Staff told us when this occurred they completed incident forms outlining their concerns which were acted upon by managers and additional staff were brought in.

A review of the duty rota for nurses on the ward showed where shortages had occurred during the week, these had been covered by bank or agency staff.

**Our judgement**

Our review of this hospital has shown there are systems in place to plan and coordinate medical and nursing staff on a day to day basis to meet people's needs.
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
Children, young people and parents we spoke with were generally positive about the care and their experience in hospital. They felt staff explained care and treatment in a way which they could understand and gave opportunities for them to raise any questions or concerns.

Some of the comments we received included: "The nurses have looked after me" and "The quality of care is good."

Other evidence
We carried out an unannounced inspection on 27 February 2012. As part of our inspection we spoke with children, young people, parents and staff. We looked at nursing and medical records and observed care.

The ward manager told us nursing staff had a clinical supervisor who they could access when required. Our review of clinical supervision records showed these were not regularly kept up to date with some records dating back to 2006. However when we spoke with both permanent and agency staff they confirmed clinical supervision was available to them, they had a named mentor and were also able to go to any of the team for support or advice. Staff told us they were involved in regular team meetings where practice issues were discussed.

The ward manager told us staff received an annual appraisal although the information on the ward did not clearly show when appraisals were last completed or when these were due. The three staff members we spoke with told us they had received regular
appraisals where training updates were identified and planned, this also included any specialist training they had requested.

**Our judgement**

Our review of this hospital has shown us 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.
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

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| **What people who use the service experienced and told us**
| We spoke with senior managers who provided us with details of arrangements they had in place to identify, monitor and manage risks to children and young people. |
| **Other evidence**
| We found there were comprehensive risk management and clinical governance processes in place. |
| Staff we spoke with told us they felt confident to raise any concerns with their manager and these would be acted upon. They were also clear of the process to follow if they had concerns about a staff member, patient care or reporting an incident. The trust told us there was a policy and procedure in place for reporting and investigating incidents, accidents and complaints. The staff we spoke with confirmed any outcomes or actions made as a result of this were shared with the team and implemented. Copies of minutes from clinical governance meetings were available in the nurse's office and these were discussed during team meetings. |
| The ward manager told us surveys were sent to patients and comment forms were available on the ward for people to use during their stay. |
| **Our judgement**
| Our review of this hospital has shown there are systems in place to identify, monitor and manage the quality and safety of services that people receive so that appropriate action can be taken and improvements implemented. |
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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