### Review of compliance

**Norfolk and Norwich University Hospitals NHS Foundation Trust**  
Colney Lane Norwich Norfolk NR4 7UY

<table>
<thead>
<tr>
<th>Region:</th>
<th>Eastern</th>
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| **Location address:** | Colney Lane  
Colney  
Norwich  
Norfolk NR4 7UY |
| **Type of service:** | ACS                  |
| **Regulated activities provided:** | Treatment of disease disorder or injury  
Assessment or medical treatment of persons detained under the Mental Health Act 1983  
Surgical procedures  
Diagnostic or screening procedures  
Management of supply of blood and blood derived products etc  
Maternity and midwife services  
Termination of pregnancies |
| **Type of review:** | Responsive Review    |
**Review of compliance**

<table>
<thead>
<tr>
<th>Date of site visit (where applicable):</th>
<th>04/08/2010</th>
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<tbody>
<tr>
<td>Name of site visited:</td>
<td>Colney Lane</td>
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<td>Colney</td>
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<td>Norwich</td>
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<td>Norfolk NR4 7UY</td>
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<td>Date of publication:</td>
<td>September 2010</td>
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Information for the reader

<table>
<thead>
<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>
</tr>
<tr>
<td>Audience</td>
<td>The general public</td>
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<tr>
<td>Further copies from</td>
<td>03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
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Care Quality Commission

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<th>Internet address</th>
<th><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></th>
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<td>03000 616161</td>
</tr>
<tr>
<td>Email address</td>
<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 |
Introduction to our 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 that 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. This is called Guidance about compliance: Essential standards of quality and safety.

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

When we make our judgements about whether services are meeting essential standards, we will 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, 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 actions | These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people. |
How this report is presented

On page 5 below, there is a summary that shows whether the essential standards about quality and safety that were checked during this review of compliance are being met. The section on each outcome is set out in this way:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Judgement</th>
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<tbody>
<tr>
<td>XX: The outcome number and title</td>
<td>Whether the service provider is compliant, or whether we have minor, moderate or major concerns about their compliance</td>
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Following the summary, there is a detailed section on the outcomes for each of the essential standards that we looked at. The evidence that we used when making our judgements for each one is set out in the following way:

**Outcome XX (number):**

**Outcome title**

Details of the outcome, taken from our *Guidance about compliance: Essential standards of quality and safety*.

**What we found for the Outcome**

**Our judgement**

Our judgement about whether the <service/provider> meets the outcome described in the *Guidance about compliance: Essential standards of quality and safety*, or whether there are minor, moderate, or major concerns in relation to compliance.

**Our findings**

A summary of the evidence and findings used to reach our judgement, related to regulated activities as appropriate.

At the end of the report you will find details of:

- Any improvement and/or compliance action(s) that the service provider should make to maintain or achieve compliance with the essential standards of quality and safety.
- Any formal enforcement action that we are taking against the service provider.
Summary of findings for the essential standards of quality and safety

The table below shows the judgement that we reached for each of the essential standard outcomes that we reviewed.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Judgement</th>
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<tr>
<td>Outcome 8</td>
<td>Compliant</td>
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Summary of key findings:

- The trust reported an increase in patients confirmed as having Clostridium difficile in June 2010 via their external reporting mechanisms to Monitor (the Foundation Trust regulator) and the East of England Strategic Health Authority. The trust had drawn up an action plan and undertaken a root cause analysis (RCA) of all these cases. This information was shared with the Care Quality Commission (CQC) and this unannounced responsive review visit was carried out to monitor progress with this action plan and to review the trust's compliance with outcome 8 regulation 12 of the Health and Social care Act 2008.

- During the visit we met the trust's chief executive officer and the assistant director of nursing and discussed the evidence provided by the trust to demonstrate compliance. The trust was able to demonstrate progress by their updated action plan and the provision of supporting evidence.

- Further evidence was gathered during visits to three wards and discussions held with people who were using the service and front line staff including cleaning operatives. The opportunity was taken to review patient care pathways in relation to the infection prevention and control safeguards in place. During the visit the trust confirmed that the rate for Clostridium difficile cases had decreased from 18 in June 2010 to 5 in July 2010.

- Following this visit a feedback meeting was held with the trust’s chief executive and other senior trust managers including the director for infection prevention and control. It was agreed that the trust had provided sufficient assurance of compliance with outcome 8 regulation 12.

- The Care Quality Commission would like to thank people who use the services visited front line staff and senior managers of the trust for all their assistance during this unannounced visit to the hospital.
What we found for each essential standard of quality and safety

The section below details the findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

Further detail about each of the outcomes described below can be found in the Guidance about compliance: Essential standards of quality and safety.
Outcome 8:
Cleanliness and infection control

- Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance.*
### What we found for Outcome 8

#### Our judgement

The provider is compliant with Outcome 8: cleanliness and infection control

#### Our findings

The trust reported an increase in patients confirmed as having Clostridium difficile in June 2010 via their external reporting mechanisms to Monitor and the East of England Strategic Health Authority. The trust had drawn up an action plan and undertaken a root cause analysis (RCA) of all these cases. This information was shared with the Care Quality Commission (CQC) and this unannounced responsive review visit was carried out to monitor progress with this action plan and to review the trust’s compliance with outcome 8 regulation 12 of the Health and Social care Act 2008.

The trust was able to demonstrate progress by their updated action plan and the provision of supporting evidence. Further evidence was gathered during visits to three wards and discussions held with people who were using the service and front line staff including cleaning operatives. The opportunity was taken to review patient care pathways in relation to infection control and prevention safeguards in place. During the visit the trust confirmed that the rate for Clostridium difficile cases had decreased from 18 in June 2010 to 5 in July 2010.

The trust were noted to have appropriate management and monitoring arrangements in place including comprehensive trust guidelines for the management of patients with Clostridium difficile associated diarrhoea. This included an antimicrobial treatment algorithm for medical staff to follow.

Clear patient care pathways were noted and these included the facility to directly admit patients who were clinically assessed as being potentially at risk into isolation side rooms within wards. This assisted in the prevention of possible cross infection risk and avoided unnecessary delay in patient treatment. Front line staff were able to give a full and detailed account of the screening process used on admission. A blank copy of the diarrhoea assessment and management tool and the ongoing recording process form were provided to evidence the systems in place. The trust is now reviewing the use of swabs for obtaining specimens to enable quicker diagnosis and treatment.

The trust have recently appointed a consultant microbiologist as the new director of infection prevention and control (DIPC) with additional expertise and support provided by the recently retired DIPC, other consultant microbiologists and identified infection control nurse specialists.

Frontline staff access the relevant policies and protocols via the trust’s intranet system and were able to identify sources of infection control expertise within the trust including the DIPC and the other members of the infection control team.

Reporting systems were in place to provide trust and board assurance and these included weekly updates from the DIPC to the chief executive, director of nursing and the medical director. The DIPC also submits monthly reports to the clinical governance committee and
the trust board. Frontline staff confirmed that the trust had provided additional resources including nursing staff and enhanced cleaning regimes to those wards affected by this Clostridium difficile cluster (or spike). The hospital had also embarked on a communication exercise with an awareness week at the beginning of July with information being delivered to all staff via the intranet and the weekly staff bulletin.

Frontline staff including cleaning operatives were able to confirm that they had attended mandatory training in infection prevention and control. This is also part of induction for all new staff. As part of the trust's action plan to urgently address the identified problem a ‘Saving Lives’ training day including a session on Clostridium difficile awareness and attended by approximately 170 nursing staff was held. The trust reported positive feedback from frontline staff about how this met identified individual learning needs.

Environmental and clinical risk assessments were noted on the wards visited and these were supported by ongoing audits of cleanliness compliance carried out at ward level. Recent ward audit results dated July 2010 identified average scores of 95% and above. The trust's last PEAT (patient environmental action team) report dated 22nd February 2010 identified an excellent score for the trust with the remedial actions listed and these were confirmed as having been actioned in partnership with their contracted private cleaning provider.

All the ward areas visited and equipment seen including that used by patients were observed to be clean and well maintained. Cleaning operatives spoken to were able to outline their duties and responsibilities. Records seen demonstrated adequate dedicated cleaning hours per day and additional resources provided when cases of Clostridium difficile were identified. Clear guidelines are in place for the standards of cleaning and nursing staff confirmed that they were involved in the monitoring of these and if concerns were identified were able to access additional cleaning resources.

Sluice areas seen were clean and those commodes inspected were visibly clean and well maintained. The process for cleaning commodes was observed and noted to be thorough.

One patient questioned told us that the ‘cleaners do a good job’ and ‘appear thorough in the tasks they carry out’.

All staff including medical staff were noted to be compliant with the trust's uniform policy and were "bare below the elbow". Staff were wearing protective personal equipment (PPE) including aprons and gloves and those uniforms seen were clean and tidy.

Hand sanitizers were available at the entrance to each ward with signs requesting their use by all who entered. These were also in place throughout each ward and at the foot of each bed. Each one tested was noted to contain sanitizer and staff in all areas were seen to be using these appropriately.

Side rooms were available on all the wards visited and these are used as the first option to nurse patients who require isolation. Equipment including PPE was retained for sole use in this room. A system of cohort nursing was used to address the needs of this patient group. The trust confirmed that where side rooms were not available then patients would be cohort nursed in bays to try and minimise the risks of cross infection.

The trust reported and it was confirmed by front line staff that they had purchased and installed 500 new mattresses in 2009 with a further 250 purchased and being installed this year. Contractual arrangements are in place for the separate maintenance and installation of pressure relieving beds and other specialised mattresses.

Information was available on each ward area for ward visitors and this included requesting that all visitors use the hand sanitizers and refrain from visiting if they were unwell.

Information on the prevention and control of infection was also available in each patient
admission pack. The trust reported that the procedure for people who may wish to take home personal laundry that could be contaminated includes the provision of a special coloured bag with instructions provided to the families/visitors on how to launder the items appropriately.

The trust confirmed the involvement of their local involvement network (LINk) and their foundation trust board of governors in PEAT inspections and other cleanliness reviews.

The commitment of all trust staff to address these concerns was noted. It was clear that the concerns and action that needed to be taken following the concerns identified by the trust had been cascaded well to all frontline staff including cleaning operatives and other support staff. This had led to trust progress with their initial action plan and was reflected in outcomes for patients as the trust rate for Clostridium difficile cases had decreased by 13 cases in one month.

Senior trust managers whilst recognising that progress had been made acknowledged that further work is necessary to build on these improved outcomes and agreed to keep the Care Quality Commission informed of progress with their action plan.
What we found for Outcome 8

The provider is compliant with outcome 8 cleanliness and infection control

Our findings

• During the visit we met the trust's chief executive officer and the assistant director of nursing and discussed the evidence provided by the trust to demonstrate compliance. The trust was able to demonstrate progress by their updated action plan and the provision of supporting evidence.

• Further evidence was gathered during visits to three wards and discussions held with people who were using the service and front line staff including cleaning operatives. The opportunity was taken to review patient care pathways in relation to the infection prevention and control safeguards in place.

• The commitment of all trust staff to address these concerns was noted. It was clear that the concerns and action that needed to be taken following the concerns identified by the trust had been cascaded well to all frontline staff including cleaning operatives and other support staff. This had led to trust progress with their initial action plan and was reflected in outcomes for patients as the trust rate for Clostridium difficile cases had decreased from 18 in June 2010 to 5 in July 2010.

• Senior trust managers whilst recognising that progress had been made acknowledged that further work is necessary to build on these improved outcomes and agreed to keep the Care Quality Commission informed of progress with their action plan.