

# Review of compliance

Tameside Hospital NHS Foundation Trust  
Tameside General Hospital

<b>Region:</b>	North West
<b>Location address:</b>	Tameside General Hospital Fountain Street Ashton-under-Lyne Lancashire OL6 9RW
<b>Type of service:</b>	ACS Acute services
<b>Regulated activities provided:</b>	Treatment of disease, disorder or injury Surgical procedures Diagnostic and screening procedures Maternity and midwifery services Termination of pregnancies Nursing care Family planning services
<b>Type of review:</b>	Responsive Review

# Review of compliance

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<b>Name of site(s) visited (where applicable):</b>	Tameside General Hospital
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## Information for the reader

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# 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:

<b>Improvement actions</b>	These are actions a provider should take so that they <b>maintain</b> 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.
<b>Compliance actions</b>	These are actions a provider must take so that they <b>achieve</b> 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.
<b>Enforcement actions</b>	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:

Outcome	Judgement
<b>XX:</b> The outcome number and title	<b>Whether the service provider is compliant, or whether we have minor, moderate or major concerns about their compliance</b>

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:

<p><b>Outcome XX (number):</b> <b>Outcome title</b></p> <p>Details of the outcome, taken from our <i>Guidance about compliance: Essential standards of quality and safety</i>.</p> <p><b>What we found for the Outcome</b></p> <p><b>Our judgement</b></p> <p>Our judgement about whether the &lt;service/provider&gt; meets the outcome described in the <i>Guidance about compliance: Essential standards of quality and safety</i>, or whether there are minor, moderate, or major concerns in relation to compliance.</p> <p><b>Our findings</b></p> <p>A summary of the evidence and findings used to reach our judgement, related to regulated activities as appropriate.</p>
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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.

Outcome	Judgement
4: Care and welfare of people who use services	<b>Moderate concern</b>
5: Meeting nutritional needs	<b>Minor concern</b>
13: Staffing	<b>Minor concern</b>
14: Supporting workers	<b>Compliant</b>
21: Records	<b>Minor concern</b>

## Summary of key findings:

- In January 2010, Tameside Hospital NHS Foundation Trust applied to the Care Quality Commission to be registered as a health care provider under the Health and Social Care Act 2008. We assessed the trust application and, following a site visit to Tameside General Hospital in March 2010 to collect information and evidence to inform our judgement about trust compliance with the essential standards of quality and safety, found the trust to be in breach of regulation 9 ('care and welfare of service users') and regulation 22 ('staffing'). Therefore, we imposed conditions on the trust registration that required it to make improvements by the 30th April 2010, and to provide us with information about this by the 31st May 2010.
- This responsive review of compliance was triggered by the requirement for us to follow up the improvement action undertaken by the trust, and the impact of this on the experiences of patients using Tameside General Hospital, after the expiry of the deadlines prescribed in the compliance conditions we imposed on the trust registration.
- In performing this review of compliance, we have looked at the information sent to us by the trust as evidence of the improvement work it has undertaken in response to the conditions we imposed at registration. We have considered relevant information we hold

about the trust received from other sources. We also visited four adult medicine wards at Tameside General Hospital on the 16th June 2010 unannounced to observe care, treatment and support, talk with patients and their visitors about their current experience of the hospital, and speak with the staff who work there.

- We found that staffing at Tameside General Hospital has improved compared to our findings from the first site visit in March 2010, and this has begun to impact favourably on the experiences of patients using the hospital. The trust was working proficiently in order to deliver all planned improvements from its investment in additional staffing, and we will continue to monitor its progress and follow up where required (see what we found for Outcome 13).
- We found that the quality and safety of the care, treatment and support received by patients at Tameside General Hospital has improved compared to our findings from the first site visit in March 2010. We still have some moderate concerns about specific aspects of the care provided, and therefore have clarified what improvements are required and why, so that the trust sustains the progress it has made since March 2010 and maintains compliance with the essential standards of quality and safety (see what we found for Outcomes 4 and 5).
- Our findings provide us with sufficient evidence to allow the removal of the compliance conditions that were originally imposed when the trust was initially registered.

## 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 4:**

### **Care and welfare of people who use services**

#### **People who use services:**

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

#### **This is because providers who comply with the regulations will:**

- Reduce the risk of people receiving unsafe or inappropriate care treatment and support by:
  - assessing the needs of people who use services
  - planning and delivering care, treatment and support so that people are safe, their welfare is protected and their needs are met
  - taking account of published research and guidance
  - making reasonable adjustments to reflect people's needs, values and diversity
  - having arrangements for dealing with foreseeable emergencies.

## What we found for Outcome 4

### Our judgement

There are moderate concerns with Outcome 4: Care and welfare of people who use services

### Our findings

We visited Tameside General Hospital in March 2010 in order to follow up a concern about the numbers of staff working on wards, and the impact of this on the quality and safety of care, treatment and support received by patients. We found that the trust was in breach of regulation 9 ('care and welfare of service users'), and imposed a condition that required the trust to take action to meet the needs of patients by the end of April 2010, and to provide us with information about this by the end of May 2010.

The trust sent us their information on the 28th May 2010, and as part of our assessment of this, we noted that it has made plans to evaluate the impact of changes to nurse staffing on wards on the experiences of patients, and it expects to report on this in August 2010. To ensure that we had sufficient evidence to make a judgement about compliance for this review, we visited four adult medicine wards at Tameside General Hospital on the 16th June 2010 unannounced to observe care, treatment and support, talk with patients and their visitors about their current experience of the hospital, and speak with the staff who work there.

Overall we found that the quality and safety of the care, treatment and support given to patients was better compared to the findings from our previous site visit in March 2010. The trust must ensure that its continuing work to sustain improvement and maintain compliance with the essential standards of quality and safety addresses outstanding issues for some aspects of care, which we have detailed below.

We found that each ward we visited functioned well. Staff worked as a team in a structured and professional manner and all areas were clean and well organised. We also observed the environment in 3 of the wards to be calm and quiet, and whilst the other ward was extremely busy, work was undertaken in an orderly manner.

All of the patients we saw received their care, treatment and support in single sex accommodation, and we observed that staff spoke to patients, their visitors and colleagues in a polite and appropriate manner.

We spoke to 9 patients and 2 visitors, and we also observed a further 2 patients unable to communicate directly with us. All the people that we spoke to told us they were satisfied with the overall care, treatment and support they or their relative had received, and most patients were very complimentary about their experience in the hospital.

The people we spoke to made 6 comments about specific aspects of their care which they felt could be improved: information about when they might be discharged (2 comments); who their named nurse was (2 comments); information provided by their doctor (1 comment); consistency in quality of care from different staff (1 comment); and risk assessment for pressure care (1 comment).

We also tracked the care of 11 patients, including the 2 patients we were unable to speak to. From our tracking work, we found some issues with specific aspects of the quality and safety of care, treatment and support provided to these patients. We could not find evidence to demonstrate that all required screening or assessment was performed for every patient we tracked.

We also found that some of the care plans for patients we tracked were either incomplete, did not reflect the individual needs of the patient or were not evaluated and updated.

Therefore we have a concern that some patients may not have all of their care needs identified and assessed or have all of their care delivered in a safe way.

We spoke to staff with responsibility for the timely discharge of patients from the hospital, who told us the trust has strengthened procedures to monitor each patient who is medically fit, and the progress of action necessary before the patient can be safely discharged.

The trust has provided information to show the effect the measures have had on patients, and we have noted that this indicates that the numbers of medically fit patients remaining in hospital has reduced since the start of 2010.

The trust also has confirmed that it invited advisors from the Department of Health to visit Tameside in May 2010 to perform a local health economy review with a focus on the issue of delayed discharge. The trust has told us that all parties have agreed the recommendations contained in the advisors' report, and implementation of these has commenced, with a view to ensuring the trust is supported by partner agencies to achieve timely discharge of all patients.

From our tracking work, we found that some patients had no discharge plan (2 instances) or no planned date for discharge (2 instances) but we saw evidence to confirm that action was being taken to arrange for their discharge.

Therefore we still retain a concern that some patients may remain in hospital longer than is necessary and we will continue to monitor progress and follow up as required.

## **Outcome 5: Meeting nutritional needs**

### **People who use services:**

- Are supported to have adequate nutrition and hydration.

### **This is because providers who comply with the regulations will:**

- Reduce the risk of poor nutrition and dehydration by encouraging and supporting people to receive adequate nutrition and hydration.
- Provide choices of food and drink for people to meet their diverse needs making sure the food and drink they provide is nutritionally balanced and supports their health.

## What we found for Outcome 5

### Our judgement

There are minor concerns with Outcome 5: Meeting nutritional needs

### Our findings

When we visited four adult medicine wards at Tameside General Hospital on the 16th June 2010, we also assessed the support given to patients to ensure they have adequate nutrition and hydration.

The people we spoke to told us they were satisfied with the choice of food and drinks provided except for one patient who was diabetic, and said the choice was not good taking into account their secondary condition. They told us that they were seen by a diabetic nurse but had not been visited by a dietician.

Therefore we have a minor concern that some patients who have special dietary requirements may not be properly supported to have appropriate nutrition.

Patients also told us that staff provided assistance with meals. We found that people who required support were clearly and consistently identified, and assistance rendered.

However, on one ward we visited, we noted that many people required support and observed that some patients experienced a delay in taking their meal and a deterioration in the condition of the food.

From our tracking work, we confirmed that staff had completed nutritional assessments for each patient, and that referrals made to a specialist were followed up and completed.

However, we found that the records maintained for ongoing assessment and care of some patients were not completed satisfactorily. We noted long intervals between weighing patients (2 instances) and inadequate details of recording food and fluids intake (5 instances).

Therefore we have a minor concern that some patients who are at risk of poor nutrition and hydration may not be properly monitored.

## Outcome 13: Staffing

### **People who use services:**

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### **This is because providers who comply with the regulations will:**

- Make sure that there are sufficient staff with the right knowledge, experience, qualifications and skills to support people.

## What we found for Outcome 13

### Our judgement

There are minor concerns with Outcome 13: Staffing

### Our findings

We visited Tameside General Hospital in March 2010 in order to follow up a concern about the numbers of staff working on wards, and the impact of this on the quality and safety of care, treatment and support received by patients. We found that the trust was in breach of regulation 22 ('staffing'), and imposed a condition that required the trust to take action to achieve improvements in staffing by the end of April 2010, and to provide us with information about this by the end of May 2010.

The trust has submitted information to show that it has agreed to increase the number of permanent nursing staff employed on adult medicine wards at Tameside General Hospital by the equivalent of 54 full time staff: it has confirmed that 33 of the new staff are required to operate ward 43, which has been made into a permanent ward, and the remaining new staff are to facilitate the manager of each ward in the adult medicine service becoming supernumerary ie maintenance of adequate staffing levels on the ward does not rely on counting the ward manager, who is then released to focus on clinical leadership and ward management including staff rostering, managing sickness absence, care issues and complaints, infection control and audit / performance monitoring.

The trust also has provided information to show that it had recruited most of these new staff by the end of May 2010, and we visited four adult medicine wards at Tameside General Hospital on the 16th June 2010 unannounced to confirm the actual numbers of nursing staff working on the wards, and the impact of this on the quality and safety of care, treatment and support received by patients.

Overall we found that the staffing of wards had improved compared to the findings from our previous site visit in March 2010, and this has begun to improve the quality and safety of care, treatment and support received by patients (see what we found for Outcomes 4 and 5). We found that the trust was working proficiently in order to deliver all planned improvements from its investment in additional staffing, and we will continue to monitor its progress and follow up where required.

We found that there were sufficient numbers of staff with the skills to meet most of the needs of the patients on the wards we visited, and confirmed that the trust was not relying on any new nurses undergoing induction to meet adequate staffing levels. Our findings were consistent with updated information from the trust confirming the actual number of nursing staff working in the adult medicine service in the week of our site visit.

The patients we spoke to told us that when they required assistance, staff were available to help. No patients or their visitors complained to us about the response of staff to calls for assistance.

We also found that for most of the wards we visited, rosters still relied on counting the ward manager for some shifts, and that only one ward was currently planning staff rosters based

on the enhanced staffing levels the trust plans to implement as a result of its investment in additional nursing staff. The trust told us that it expected this to change over the next 1 or 2 months and we will monitor and follow up the allocation of ward managers on staff rosters, and the achievement of enhanced staffing levels.

We observed that there were enough staff who knew the needs of the patients on the wards visited. There was a permanent team of nurses for each ward, it was rare that a team member was asked to work with a different team on another ward, and achievement of adequate staffing levels normally does not rely on the use of external or agency nursing staff.

Some of the patients we spoke to told us that they were looked after by the same staff. No patients or their visitors complained to us about a lack of continuity in the care team.

From the information provided by the trust and our site visit, we found that the trust has improved its arrangements to enable effective maintenance of staffing levels and / or respond to changes in circumstances: the staff rosters were planned, reviewed and maintained many weeks in advance, unplanned staff deployments and / or movements between wards were monitored and followed up effectively, and the trust had established a pool of experienced nursing staff which is available on a planned basis to provide cover for day-to-day staffing issues. We confirmed that these arrangements were operating effectively based on our specific findings above relating to staffing levels and the continuity of teams.

From the information submitted by the trust, we also found that it has put in place measures to enable the effective maintenance of staffing levels in response to the expected additional demand on adult medicine services during winter 2010/11 and we will monitor and follow up how effectively the trust implements these plans.

## Outcome 14: Supporting workers

### **People who use services:**

- Are safe and their health and welfare needs are met by competent staff.

### **This is because providers who comply with the regulations will:**

- Ensure that staff are properly supported to provide care and treatment to people who use services.
- Ensure that staff are properly trained, supervised and appraised.
- Enable staff to acquire further skills and qualifications that are relevant to the work they undertake.

## What we found for Outcome 14

### Our judgement

The provider is compliant with Outcome 14: Supporting workers

### Our findings

When we visited four adult medicine wards at Tameside General Hospital on the 16th June 2010, the recently recruited members of nursing staff we spoke to told us they had been given, or were receiving induction training, had been appointed a mentor (an experienced nurse who works on the same ward), and were receiving support from the ward manager and the other members of the ward nurse team.

They also told us they were supernumerary during their induction period, so they were able to go off the ward for training where required, and we looked at the ward staff rosters to confirm this.

We found no evidence that patients had received unsafe care from new nursing staff.

## Outcome 21: Records

### **People who use services can be confident that:**

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### **This is because providers who comply with the regulations will:**

- Keep accurate personalised care, treatment and support records secure and confidential for each person who uses the service.
- Keep those records for the correct amount of time.
- Keep any other records the Care Quality Commission asks them to in relation to the management of the regulated activity.
- Store records in a secure, accessible way that allows them to be located quickly.
- Securely destroy records taking into account any relevant retention schedules.

## What we found for Outcome 21

### Our judgement

There are minor concerns with Outcome 21: Records

### Our findings

When we visited four adult medicine wards at Tameside General Hospital on the 16th June 2010 we found that some of the care plans for patients that we tracked were either incomplete or were not evaluated and updated (see what we found for Outcome 4).

We also found that the records for the ongoing assessment and care of some patients relating to their nutritional needs were not completed satisfactorily in a number of instances (see what we found for Outcome 5).

Therefore we have a concern that records maintained for some patients may not be accurate or fit for purpose.

## 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.

Regulated activity	Regulation	Outcome
<p>Treatment of disease, disorder or injury</p> <p>Surgical procedures</p> <p>Diagnostic and screening procedures</p>	<p>9</p> <p><b>Why we have concerns</b></p> <p>Our site visit to Tameside General Hospital on the 16th June 2010 found that the quality and safety of the care, treatment and support given to patients was variable.</p> <p>We could not find evidence to demonstrate that all required screening or assessment was performed for every patient.</p> <p>We found that some of the care plans for patients were incomplete, did not reflect the individual needs of the patient or were not evaluated and updated.</p>	<p>4</p> <p><b>The outcome for people that should be achieved</b></p> <p>The trust should ensure that patients in Tameside General Hospital:</p> <ul style="list-style-type: none"> <li>• have all of their needs properly and fully assessed, including identifying risks and how these will be managed</li> <li>• have complete and up-to-date care plans, which are regularly evaluated and reflect the person's individual needs</li> </ul> <p>This improvement action is required so that all patients admitted to Tameside General Hospital experience effective, safe and appropriate care, treatment and support that meets their individual needs.</p>
<p>Treatment of disease, disorder or injury</p> <p>Surgical procedures</p> <p>Diagnostic and screening procedures</p>	<p>14</p> <p><b>Why we have concerns</b></p> <p>Our site visit to Tameside General Hospital on the 16th June 2010 found that the quality and safety of support for nutrition and hydration given to patients was variable:</p> <p>A diabetic patient told us that the choice of food did not take account of their secondary condition.</p> <p>We found that records for nutrition and hydration for some patients were not completed satisfactorily, so that the effectiveness of care and support for nutritional needs</p>	<p>5</p> <p><b>The outcome for people that should be achieved</b></p> <p>The trust should ensure that patients in Tameside General Hospital:</p> <ul style="list-style-type: none"> <li>• have any special diets that their needs require arranged in a timely manner on the advice of an appropriately qualified or experienced person</li> <li>• have their food and drink intake monitored accurately and completely when they are at risk of poor nutrition or dehydration and action is taken as</li> </ul>

Regulated activity	Regulation	Outcome
	could not be properly assessed.	<p>necessary</p> <p>This improvement action is required so that all patients admitted to Tameside General Hospital are protected from the risks of inadequate or inappropriate nutrition and dehydration, and the food and drink they receive supports their health.</p>

The provider must send CQC a report about how they are going to maintain their 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 report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.