

Review of compliance

Tameside Hospital NHS Foundation Trust Tameside General Hospital

Region:	North West
Location address:	Fountain Street Ashton-under-Lyne Lancashire OL6 9RW
Type of service:	Acute services with overnight beds
Date of Publication:	July 2012
Overview of the service:	Tameside General Hospital is an acute general hospital which is eight miles to the east of Manchester and serves a population of approximately 250,000. The hospital has 541 beds 61 of which are used for day case admissions. It provides a number of services including: accident and emergency, medicine, surgery, paediatrics, maternity, intensive care, high dependency and critical care.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Tameside General Hospital was not meeting one or more essential standards. Action is needed.

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

Why we carried out this review

We carried out this review to check whether Tameside General Hospital had taken action in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 05 - Meeting nutritional needs

Outcome 09 - Management of medicines

Outcome 13 - Staffing

Outcome 16 - Assessing and monitoring the quality of service provision

Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 20 April 2012.

What people told us

People we spoke with were very happy with the care that they were receiving at the hospital. They told us that they were well looked after and that they didn't have to wait for staff to help. Comments included, "The staff are lovely", "My care here has been excellent", "They've been very good; they get things for you right away when you ask", "The food is really good - lots of choices and there is more than enough", "The food has been excellent", and "We are regularly supplied with refreshments". People we spoke with were happy with the time taken to see a doctor following admission to the hospital.

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

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

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 05: Food and drink should meet people's individual dietary needs

The provider was meeting this standard. People were protected from the risks of inadequate nutrition and dehydration.

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

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

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

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

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

The provider was not meeting this standard. The trust's systems to assess and monitor the quality of services were improving but needed to be further developed to ensure that all risks were identified and managed. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was not meeting this standard. People were not protected from the risks of unsafe or inappropriate care and treatment. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

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

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

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

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

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

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke to seven patients who were very positive about their experiences at the hospital and the care delivered. All the people we spoke with said that they were happy with the care they were receiving. Comments included, "The staff are lovely", "My care here has been excellent", "They've been very good; they get things for you right away when you ask". People we spoke with were happy with the time it had taken to see a doctor following their admission to the hospital.

Other evidence

We visited four wards and departments in the hospital, spoke with patients and staff and reviewed case notes. We observed care being delivered at the hospital. All the nurses and support workers we observed talked to patients in a kind and professional manner. We noted spontaneous interaction occurring between staff and patients. All of the patients we saw were well groomed and their clothing was clean and appropriate.

The CQC's monitoring of the trust's risks in relation to outcome 4 shows it performs slightly worse than expected in this area.

The trust had implemented a 'back to basics' education programme for all ward managers to improve standards of effective patient assessment and care planning. This was supported by a review of nursing practice at the trust carried out by senior nurses from a neighbouring trust.

During our visit we looked at the care plans of eleven patients across four wards and

departments. Most assessments and care plans had been completed and transfer documentation from the trusts accident and emergency department was of a high standard. Some case notes we reviewed had a number of inconsistencies and inaccuracies in the assessment records.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

We spoke with seven patients who were very positive about the quality of the meals provided. Comments included, "The food is really good - lots of choices and there is more than enough", "The food has been excellent", and "We are regularly supplied with refreshments".

Other evidence

The information we held about Tameside Hospital prior to our visit showed that there was a low risk that they were not meeting this outcome. The trust has a specialist nutritional nurse in post and a standard nutritional assessment form.

From information supplied by the trust, and from what staff told us, we saw that the trust carried out unannounced audits of nutritional screening tools across all wards.

We visited two wards at lunchtime to see how people were supported to eat and drink. Staff were seen to assist those who needed help. Staff wore aprons and washed their hands before serving meals. The trust operated a 'red tray' system for people who need additional support with eating or drinking. This means meals were served on red coloured trays that come on the food trolleys. Hot drinks were served throughout the meal time in appropriate containers and staff assisted and monitored people in a calm and well organised manner.

We looked at people's records and saw that nutrition screening tools were completed on admission. Accurate and up to date records of how much people ate and drank were kept. Nutrition screening tools had been used to determine what sort of additional

support or assistance a person might need. All of the staff that we spoke with had received training in nutritional screening and monitoring.

Records confirmed that appropriate action was being taken in response to weight loss or poor appetite. A diabetic care plan had not been completed in the nursing care plan for one patient, although blood sugar testing had been carried out.

People had a file in their bedside locker that provided information about the rotating menu and the choices available.

Our judgement

The provider was meeting this standard. People were protected from the risks of inadequate nutrition and dehydration.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is non-compliant with Outcome 09: Management of medicines. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke with people who use services when we visited. They did not make a comment on this outcome.

Other evidence

The trust had completed a medicines management audit in January 2012. Actions to address areas of non compliance had been documented as completed.

We visited four wards and departments and observed that all medicine trolleys were self locking and appropriately secured. Current copies of the British National Formulary (BNF) were available at nurse stations. The BNF is published biannually and provides updated information about the use and selection of medicines.

We observed that the medicines room in the accident and emergency department was accessed by a swipe card system. Only trained staff had swipe cards and an electronic monitoring system logged who had accessed the room. Only controlled drugs were kept locked up in the room, other drugs were kept on open shelves. Staff told us that domestic staff were given access to this room. Domestic services staff confirmed that they were given access to this room without supervision. The risk on non compliance with safe storage of medicines in this area had not been identified during audit processes. We raised this matter with the trust management during our inspection. The trust agreed changes to its domestic service contract arrangements to control the identified risk.

During our visit we reviewed medicine charts in case records. We saw a number of inconsistencies and inaccuracies in the records. We looked at medicine charts and saw that doses of painkillers had not been recorded. There was nothing written in the nursing or medical notes to show why these medicines may have been omitted. Doses of antibiotics had been changed from 500mg three times a day to 250 mg twice a day. The changes had not been signed to indicate who had changed the prescription. A dose of ferrous sulphate had not been given to one patient as the prescribing doctor had failed to circle the time of administration.

We reviewed the case records of three people who had been recently discharged from the hospital. We found that the medicine management discharge information was incomplete. For example discharge letters either did not detail medication or wrongly stated that there had been no changes to medication.

Our judgement

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

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 spoke with people who use services when we visited. They did not make a comment on this outcome.

Other evidence

During our inspection in October 2011 we observed that one ward had a staffing establishment of 39 beds. This establishment did not take into account two additional four bed bays or attending to up to eight patients accommodated in sit out areas. Staff also told us that it was difficult to identify any time for team meetings to discuss and share learning from incidents. We observed staff to be very busy on this ward.

During our visit we saw that the trust had increased the nursing workforce in this ward. We saw evidence that the changes to the workforce were being monitored and that there was zero tolerance of any expansion of the ward beyond its current establishment.

The trust provided a report documenting that the trust would aim to achieve supernumerary status for ward managers, as a general principle. The trusts operational standard documented that band 7 staff should undertake a minimum of 2 by 7.5hr shifts per week supernumerary status. During our visit staff told us that supernumerary time had improved. We saw evidence which confirmed that a budget allocation of 0.4 whole time equivalents had been maintained in ward budgets to support supernumerary status.

Our judgement

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

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

Our judgement

The provider is non-compliant with Outcome 16: Assessing and monitoring the quality of service provision. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke with people who use services when we visited. They did not make a comment on this outcome.

Other evidence

In October 2011 we reviewed this outcome and had moderate concerns with the trust's compliance. In view of the concerns identified in this outcome area the Care Quality Commission served a Warning Notice on the Registered Provider on the 9th December 2011 and requested a report under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The trust provided a report in January 2012 which documented what action they were going to take to achieve compliance with this essential standard.

The report documented that the trust had requested a review of patient documentation in use at Tameside Hospital, by a neighbouring trust, to ensure that patient assessment is carried out correctly, documented appropriately, and that any patient risks identified are followed through properly. This had been followed by a "Back To Basics" Educational Programme for Ward Managers. Daily "learning audits" of nursing records had also been initiated in all areas.

Checks on existing medicines security measures and records storage had been carried out in all parts of the hospital and additional measures put in place where required.

The Care Quality Commission has had regular communication with trust managers during 2012. As part of this communication, managers have explained the trust's assurance framework and how incidents relating to safety, quality and standards are investigated and addressed.

The trust had a formal risk management structure in place. This structure should enable the trust board to manage the delivery of safe quality care. The Trust Board has delegated overall responsibility for clinical risk management to the quality and clinical governance committee.

The trust has a system in place to ensure risks are escalated, by staff, to the senior managers, medical leads and matrons. These risks are placed on departmental risk registers. All departments and corporate risk registers detail the areas of concern, the level of risk and likelihood of occurrence, along with the actions taken to eliminate, reduce or control the risk. The trust's corporate risk register was last updated on 23rd February 2012. The trust provided reports and committee minutes which showed that departmental risk registers were updated and a system was in place to escalate risks to the corporate register.

During our visit we looked at the care plans of eleven patients across four wards and departments. Our review of the documentation and risk assessments showed that case notes were generally poorly collated and difficult to follow. Some case notes we reviewed had a number of inconsistencies and inaccuracies in the assessment records. This meant that people may not always be on the correct care pathways. We discussed this with nurses and they agreed that there were inconsistencies in care planning and incomplete recording. For example, one patient's nursing care plan was only partially completed, the patient was diabetic but this was not documented. One patient had scored as no risk for pressure sores as only part of the assessment had been completed. Completion of all the assessment data may have put the patient into a risk category. We looked at medicine charts and saw that doses of painkillers had not been recorded. There was nothing written in the nursing or medical notes to show why these medicines had been omitted. Doses of antibiotics had been changed from 500mg three times a day to 250mg twice a day. The changes had not been signed to indicate who had changed the prescription. A dose of ferrous sulphate had not been given to one patient as the prescribing doctor had failed to circle the time of administration.

We reviewed the case records of three people who had been recently discharged from the hospital. We found that the discharge information was incomplete. For example, discharge letters either did not detail medication or wrongly stated that there had been no changes to medication. In all three records the discharge destination of the patient had not been documented in the discharge letter.

Increased audit programmes had not identified these errors. We discussed the audit programmes with staff and were told that in one area that had a throughput of approximately 350 patients a week a sample of only two records a week were being audited.

The trust had a manual incident reporting system in place. We spoke with staff who said they understood the system and could describe the types of incident that should be reported and the process for raising concerns.

In January 2012 the trust carried out an audit, at the request of the Care Quality Commission, of compliance with the trust medicines policy. The trust identified 15 areas of compliance with a small number of breaches and 9 areas of non compliance. Local action plans were developed and implemented by the trust.

In March 2012 the trust notified the Care Quality Commission about an incident of pharmaceutical fluids being stored and left unattended in a loading bay. A member of staff raised concerns about the appropriateness of the storage area with senior staff, providing an opportunity for the risk to be addressed. This was not acted on and senior staff were unaware, at the time, of the exact location where the product was being stored. At the time of our visit action had been taken by the trust to control this risk.

The trust's systems to assess and monitor the quality of services were improving but needed to be further developed to ensure that all risks were identified and managed.

Although concerns were still identified in this outcome area, there was evidence to demonstrate that the trust has made efforts to reduce the impact on patients by the actions they have taken to date. Therefore, the decision has been made to remove the warning notice served by the Care Quality Commission on the registered provider on 9 December 2011.

Our judgement

The provider was not meeting this standard. The trust's systems to assess and monitor the quality of services were improving but needed to be further developed to ensure that all risks were identified and managed. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

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.

What we found

Our judgement

The provider is non-compliant with Outcome 21: Records. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke with people who use services when we visited. They did not make a comment on this outcome.

Other evidence

During our visit we looked at the care plans of eleven patients across four wards and departments. Our review of the documentation and risk assessments showed that case notes were generally poorly collated and difficult to follow. Some case notes we reviewed had a number of inconsistencies and inaccuracies in the assessment records. This meant that people may not always be on the correct care pathways. We discussed this with nurses and they agreed that there were inconsistencies in care planning and incomplete recording. For example, one patient's nursing care plan was only partially completed, the patient was diabetic but this was not documented. One patient had scored as no risk for pressure sores as only part of the assessment had been completed. Completion of all of the assessment data may have put the patient into a risk category and required action which reduced the risk.

We looked at medicine charts and saw that doses of painkillers had not been recorded. There was nothing written in the nursing or medical notes to show why these medicines may have been omitted. Doses of antibiotics had been changed from 500mg three times a day to 250mg twice a day. The changes had not been signed to indicate who had changed the prescription. A dose of ferrous sulphate had not been recorded as

being given to one patient as the prescribing doctor had failed to circle the time of administration.

We reviewed the case records of three people who had been recently discharged from the hospital. We found that the discharge information was incomplete. For example, discharge letters either did not detail medication or wrongly stated that there had been no changes to medication. In all three records the discharge destination of the patient had not been documented in the discharge letter.

We found that medical records were stored securely in all of the areas we visited.

Our judgement

The provider was not meeting this standard. People were not protected from the risks of unsafe or inappropriate care and treatment. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Action

we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	How the regulation is not being met: The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.	
Surgical procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	How the regulation is not being met: The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.	
Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	How the regulation is not being met: The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.	
Diagnostic and screening procedures	Regulation 10	Outcome 16: Assessing

	HSCA 2008 (Regulated Activities) Regulations 2010	and monitoring the quality of service provision
	<p>How the regulation is not being met: The provider was not meeting this standard. The trust's systems to assess and monitor the quality of services were improving but needed to be further developed to ensure that all risks were identified and managed. We judged that this had a minor impact on people using the service and action was needed for this essential standard.</p>	
Surgical procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>How the regulation is not being met: The provider was not meeting this standard. The trust's systems to assess and monitor the quality of services were improving but needed to be further developed to ensure that all risks were identified and managed. We judged that this had a minor impact on people using the service and action was needed for this essential standard.</p>	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>How the regulation is not being met: The provider was not meeting this standard. The trust's systems to assess and monitor the quality of services were improving but needed to be further developed to ensure that all risks were identified and managed. We judged that this had a minor impact on people using the service and action was needed for this essential standard.</p>	
Diagnostic and screening procedures	Regulation 20 HSCA 2008 (Regulated Activities)	Outcome 21: Records

	Regulations 2010	
	<p>How the regulation is not being met: The provider was not meeting this standard. People were not protected from the risks of unsafe or inappropriate care and treatment. We judged that this had a minor impact on people using the service and action was needed for this essential standard.</p>	
Surgical procedures	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>How the regulation is not being met: The provider was not meeting this standard. People were not protected from the risks of unsafe or inappropriate care and treatment. We judged that this had a minor impact on people using the service and action was needed for this essential standard.</p>	
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>How the regulation is not being met: The provider was not meeting this standard. People were not protected from the risks of unsafe or inappropriate care and treatment. We judged that this had a minor impact on people using the service and action was needed for this essential standard.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of

compliance.

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

What is a review of compliance?

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

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

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

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

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

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

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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