



# Review of compliance

## Tameside Hospital NHS Foundation Trust Tameside General Hospital

<b>Region:</b>	North West
<b>Location address:</b>	Fountain Street Ashton-under-Lyne Lancashire OL6 9RW
<b>Type of service:</b>	Acute services with overnight beds
<b>Date of Publication:</b>	September 2012
<b>Overview of the service:</b>	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 09 - Management of medicines

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, carried out a visit on 20 August 2012 and talked to people who use services.

### What people told us

People we spoke to were mainly 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 smashing', 'My care here has been excellent', 'They tell you everything you need to know'; 'the staff are excellent and the ward is very clean'.

Information we received prior to our visit and people we spoke to during our visit identified that people who were transferred to sit out and escalation areas of the trust were not always monitored during and after transition. We were told, 'staff ignore you if you are in this bay', 'I think you get forgotten here'.

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

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

The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

**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 meeting this standard. The provider had effective systems in place to regularly assess and monitor the quality of service that people receive.

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

The provider was meeting this standard. People were protected from the risks of unsafe or inappropriate care and treatment because medical records were accurate and fit for purpose.

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

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take. 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 non-compliant with Outcome 04: Care and welfare of people who use services. We have judged that this has a moderate impact on people who use the service.

#### Our findings

##### What people who use the service experienced and told us

People we spoke to were mainly 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 smashing', 'My care here has been excellent', 'They tell you everything you need to know'; 'the staff are excellent and the ward is very clean'.

Information we received prior to our visit and people we spoke to during our visit identified that people who were transferred to sit out and escalation areas of the trust were not always monitored during and after transition. We were told, 'staff ignore you if you are in this bay', 'I think you get forgotten here'.

People we spoke to were happy with the time taken to see a doctor following admission to the hospital.

##### Other evidence

The information we held about Tameside Hospital prior to our visit showed that there was a risk that they were not meeting this outcome.

We visited four wards and departments in the hospital, spoke to 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 trust had implemented new nursing documentation to improve standards of effective patient assessment and care planning.

During our visit we looked at the care plans of twenty patients across four wards and departments. Assessments and care plans had been completed and transfer documentation from the trusts accident and emergency department was of a good standard.

At the time of our visit the trust's escalation beds were located in the womens health unit, ward 27 and ward 46. Escalation beds and sit out areas are used to free up beds in the medical assessment unit when there are admission pressures within the Trust. All escalation beds and sit out areas are managed and staffed by the the division of medicine.

We talked to people who had been transferred to either escalation beds in wards or sit out areas in the medical assessment unit. People told us that they didn't know what was happening and had been left for long periods of time without being assessed or monitored. In one case we observed that a patient had been sent to the sit out area from another department within the trust, staff did not have any records or details for this patient. This meant that care programmes were not in place. In another case we were told that a patient was transferred to a sit out area from the medical assessment unit and had not been monitored for over five hours. There was not always clinical ownership or continuity of care treatment and support when escalation and sit out areas were utilised. Arrangements to respond to increased bed demands need to be strengthened to effectively manage risks.

### **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 moderate impact on people using the service and action was needed for this essential standard.

## 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 compliant with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

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

##### Other evidence

In April 2012 we reviewed this outcome and had minor concerns with the trust's compliance. In view of the concerns identified in this outcome area the Care Quality Commission asked the trust to provide a report, detailing what action they were going to take to achieve compliance with this essential standard. The trust provided a report and confirmed that action to achieve compliance, with this outcome, had been completed on 6th August 2012.

We visited six 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.

Our observations and written evidence confirmed that the trust had agreed and implemented changes to its domestic service contract arrangements. These changes eliminated the identified risk of uncontrolled access to medicine storage rooms.

During our visit we reviewed medicine charts in sixteen case records. We saw that medication records had been completed.

We saw that audits by pharmacy and other senior trust staff had taken place to check adherence to storage policies and the completion of medication records.

We reviewed the case records of five people who had been recently discharged from the hospital. We found that the medicine management discharge information had been completed. Discharge letters detailed medication programmes which were consistent with medicine charts in case records.

**Our judgement**

The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

## 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 compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

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

##### Other evidence

In April 2012 we reviewed this outcome and had minor concerns with the trust's compliance. In view of the concerns identified in this outcome area the Care Quality Commission asked the trust to provide a report, detailing what action they were going to take to achieve compliance with this essential standard. The trust provided a report and confirmed that action to achieve compliance, with this outcome, had been completed on 6th August 2012.

The trust had a formal risk management structure in place. This structure had been reviewed and improved to 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 had a system in place to ensure risks are escalated, by staff, to the senior managers, medical leads and matrons. These risks were placed on departmental risk registers. All departmental 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 in August 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 saw that there had been an increase in audit programmes by senior staff. Outcomes from ward level audits were reported to the trust board. We saw that any non compliance with policy or procedure had been followed up.

We were told by staff that there had been an increase in meeting frequency between ward based and senior staff. The director of nursing told us that, to improve clinical governance and risk management the medical director of the trust had reduced his clinical duties and a new deputy director of nursing had been recruited.

The trust had a manual incident reporting system in place. We spoke to staff who said they understood the system and could describe the types of incident that should be reported and the process for raising concerns. A quarterly risk management report detailing the level and type of incidents reported had been submitted to the trust board for review.

The trust's systems to assess and monitor the quality of services had improved and systems were in place to identify and manage risks.

**Our judgement**

The provider was meeting this standard. The provider had effective systems in place to regularly assess and monitor the quality of service that people receive.

## 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 compliant with Outcome 21: Records

#### Our findings

##### What people who use the service experienced and told us

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

##### Other evidence

In April 2012 we reviewed this outcome and had minor concerns with the trust's compliance. In view of the concerns identified in this outcome area the Care Quality Commission asked the trust to provide a report, detailing what action they were going to take to achieve compliance with this essential standard. The trust provided a report and confirmed that action to achieve compliance, with this outcome, had been completed on 6th August 2012.

During our visit we looked at the care plans of twenty patients across four wards and departments. Our review of the documentation and risk assessments showed that all wards and departments were using new nursing documentation. This nursing documentation and all risk assessments had been completed in all of the care plans we reviewed.

We saw that a programme of audits had been carried out by senior staff to check adherence to the records management policy.

We reviewed the case records of five people who had been recently discharged from the hospital. We found that all discharge information had been completed.

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

**Our judgement**

The provider was meeting this standard. People were protected from the risks of unsafe or inappropriate care and treatment because medical records were accurate and fit for purpose.

## 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 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>How the regulation is not being met:</b> 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 moderate impact on people using the service and action was needed for this essential standard.</p>	
Surgical procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>How the regulation is not being met:</b> 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 moderate impact on people using the service and action was needed for this essential standard.</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>How the regulation is not being met:</b> 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 moderate impact on people using the service and action was</p>	

	needed for this essential standard.
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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 28 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

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## Care Quality Commission

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