

# 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>	March 2013
<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 meeting all the essential standards of quality and safety inspected.**

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 13 - Staffing

### How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 13 February 2013.

### What people told us

People we spoke with were 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 here are great', 'I have no complaints about my care at all', 'They tell you everything you need to know'; 'the staff are excellent and the ward is very clean'.

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 meeting this standard. People were protected from the risks of unsafe or inappropriate care and treatment.

#### **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.

## **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

People we spoke with were 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 here are great', 'I have no complaints about my care at all', 'They tell you everything you need to know'; 'the staff are excellent and the ward is very clean'.

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

##### Other evidence

In August 2012 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 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 in January 2013. The CQC had received some concerns highlighting that there were still some risks with the escalation arrangements at the trust.

When we reviewed this outcome in August 2012 the the trust's escalation beds were located in the womens health unit, ward 27 and ward 46.

We saw that the trust had relocated all escalation beds to the day surgery and endoscopy unit. The unit had four beds and a number of trolley beds in separate bay areas. We saw that the bays had toilet and limited shower facilities. Hot meals were

provided in line with the trusts contract catering arrangements and facilities were available to provide hot drinks.

A new system to assess patients suitability for transfer to the escalation area was in use. Assessments were completed by medical staff and detailed a criteria that must be met before patients were transferred to the escalation area.

Bed management meetings were held three times a day with medical staff and senior trust managers. During these meetings patients length of stay in the escalation area was monitored and reviewed. We reviewed the data in the monitoring tool and saw that the average length of stay for patients in escalation was twelve hours.

We reviewed incident reports relating to patients in escalation areas. These incidents included reports of patients being transferred to escalation without the risk assessment having been completed, changes to a patients medical condition when they were in escalation, a patient fall from a trolley and a lack of bed capacity which blocked admissions to the medical assessment unit. All of the reports showed that immediate action had been taken to reduce and manage the risk to patient safety.

We reviewed patient pathways from the accident and emergency department to the medical assessment unit and admission to an appropriate ward. We saw that on occasions the accident and emergency department experienced high attendance and activity levels. For example 250 patients attended on the day prior to our visit. We saw that there were times when patients had to wait on trolleys. During this time patients were monitored and supported by accident and emergency staff. Action had been taken by the trust to reduce risk by monitoring and reviewing patient numbers at bed management meetings held at 8.30am, 12.30pm and 4.00pm each day.

Arrangements to respond to increased bed demands had been strengthened to effectively manage risks.

### **Our judgement**

The provider was meeting this standard. People were protected from the risks of unsafe or inappropriate care and treatment.

## 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

In April 2012 we reviewed this outcome and judged that the trust were compliant. Since the April review we had received two concerns relating to staffing levels at the trust.

During our visit we saw that the trust had carried out a risk assessment of staffing levels on each ward. Data including ward activity and level of patient dependency in clinical specialties had been sourced and used by the trust to inform the risk assessment process.

We saw that the trust had increased the nursing workforce. Recruitment activity was also ongoing to further increase the nursing workforce. We saw evidence that the changes to the workforce were being monitored.

We spoke to staff and they told us that that they felt very positive about the increases to staffing levels. Staff also told us that a new rota system had recently been implemented which was working well.

We observed that on all of the departments and wards we visited there were enough qualified, skilled and experienced staff to meet people's needs.

**Our judgement**

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

# 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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