

Review of compliance

Barts and The London NHS Trust St Bartholomew's Hospital	
Region:	London
Location address:	St Bartholomew's Hospital West Smithfield London EC1A 7BE
Type of service:	Acute Services Hospice Services
Publication date:	August 2011
Overview of the service:	<p>St Bartholomew's hospital (Barts) specialises in cardiology and oncology, but also offers treatments for Ear, Nose and Throat, and Endocrinology. Patients are referred to Barts from other hospitals in London and other parts of England. Barts provides a combination of inpatient and day patient treatment services. There is a minor injuries unit at Barts, but no Accident and Emergency service.</p> <p>As part of its New Hospitals programme, the Trust is replacing many of its ageing buildings with new healthcare facilities. A new Cancer Centre at the Barts site opened in December 2010, complementing the existing Breast Care Centre. The second half of the new hospital at Barts, a Cardiac Centre, is due to open in 2014.</p>

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

What we found overall

We found that St Bartholomew's Hospital was not meeting one or more essential standards. Improvements are needed.

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

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out visits on 29 and 30 June 2011 where we observed how patients were being cared for, talked with people who use services, talked with staff and looked at patients' records. During our visits, we went to a range of wards providing inpatient, short stay and day patient services, as well as the hospital's minor injuries unit.

The specialities of the areas we visited included cardiology (Harvey Ward, the Cardiac Day Ward), oncology (Rahere - 5A Ward and Gordon Hamilton – 5B Ward), haemoncology (Bodley Scott Ward), endocrinology (Garrod Ward and Francis Fraser Wards), surgical (Henry Butlin Ward), mixed specialities (Lawrence Ward, Radcliffe Day Unit and Bedford Fenwick Ward) and we also went to the Smithfield Renal unit.

What people told us

Patients told us they felt involved in their care and treatment and had sufficient information to make informed decisions.

Patients spoke highly of the hospital and of its reputation for providing excellent specialist care, and praised the hard work and positive attitude of the staff.

The main complaint patients reported was of experiencing postponed or delayed treatments. Also due to the ongoing building works and relocation of some patient areas, some people found it difficult navigating the hospital site.

What we found about the standards we reviewed and how well St Bartholomew's Hospital was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Overall, we found that St Bartholomew's Hospital was meeting this essential standard. People's privacy and dignity was respected, and their care and treatment choices were explained to them in a way they would understand.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Overall, we found that St Bartholomew's Hospital was meeting this essential standard. St Bartholomew's Hospital has suitable arrangements in place to seek and obtain patients' consent to care and treatment.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

Overall, we found that improvements were needed for this essential standard. St Bartholomew's hospital ensures patients experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights. However some patients experienced postponed and delayed treatments, without the additional support to understand when to expect their treatments.

Outcome 5: Food and drink should meet people's individual dietary needs

Overall, we found that St Bartholomew's Hospital was meeting this essential standard but to maintain this, we suggested that some improvements were made. Patients are provided with food and hydration to meet their needs. However we found that protected mealtimes was not observed in one ward we visited. We also found evidence that some patients were not provided all the support they needed with making meal choices, and preferred options were not always available.

Outcome 6: People should get safe and coordinated care when they move between different services

Overall, we found that St Bartholomew's Hospital was meeting this essential standard. We found that St Bartholomew's hospital had appropriate arrangements in place to ensure people receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services. However we found an example of where delays in care may have led to adverse readmission for one patient.

Outcome 7: People should be protected from abuse and staff should respect their human rights

Overall, we found that St Bartholomew's Hospital was meeting this essential standard but to maintain this, we suggested that some improvements were made. People who used the service felt safe and were protected from abuse or the risk of abuse. Staff understood how to recognise and respond to concerns in relation to safeguarding vulnerable adults. However we found that not all members of staff providing direct patient care confirmed that they had received training in safeguarding.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

Overall, we found that St Bartholomew's Hospital was meeting this essential standard but to maintain this, we suggested that some improvements were made. St Bartholomew's hospital has suitable arrangements in place to protect people against identifiable risks of acquiring health care associated infections. However, we found a few areas where improvements in cleanliness were needed.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

Overall, we found that St Bartholomew's Hospital was meeting this essential standard. St Bartholomew's hospital has suitable arrangements in place for the obtaining, recording, handling, using, safekeeping, administration and disposal of medicines.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

Overall, we found that St Bartholomew's Hospital was meeting this essential standard but to maintain this, we suggested that some improvements were made. St Bartholomew's hospital provides suitable premises for people who use services., but some patients and relatives found that there was inadequate building signage and location information on the hospital site.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

Overall, we found that St Bartholomew's Hospital was meeting this essential standard. Suitable arrangements are in place to protect people who use services and others from the risks of unsafe equipment.

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

Overall, we found that improvements were needed for this essential standard. We found that there were sufficient numbers of suitably qualified staff in some areas we visited. However we found evidence that some wards and departments had insufficient skilled staff available to provide cover for shift shortages.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Overall, we found that St Bartholomew's Hospital was meeting this essential standard.

St Bartholomew's hospital has suitable arrangements in place to ensure members of staff are supported to meet their responsibilities in delivering safe care and treatment to patients.

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

Overall, we found that St Bartholomew's Hospital was meeting this essential standard.

St Bartholomew's hospital has arrangements to regularly assess and monitor the quality of services. The Trust identifies, assesses and manages risks to the health, welfare and safety of patients and others.

Outcome 17: People should have their complaints listened to and acted on properly

Overall, we found that St Bartholomew's Hospital was meeting this essential standard.

St Bartholomew's hospital has an effective system in place for identifying, receiving, handling and responding appropriately to complaints.

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

Overall, we found that St Bartholomew's Hospital was meeting this essential standard.

St Bartholomew's hospital keeps accurate and appropriate records in relation to the care and treatment of patients.

Action we have asked the service to take

We have asked the provider to send us a report within **7 working days** of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with outcome 1: Respecting and involving people who use services.

Our findings

What people who use the service experienced and told us
St Bartholomew’s Hospital provides a range of specialist treatments, particularly in the areas of cardiology and oncology, and most of the patients receiving treatments in those areas told us the services were of a high standard:

A patient in Bodley Scott Ward (Haemoncology) told us, “I was first treated at this unit in 1990. I feel this ward is excellent and unique in its treatment and care”.

In Bedford Fenwick Ward (mixed specialities), another patient said they felt they had been involved in decisions about their treatments and had received ‘brilliant explanations from the doctors and nurses’.

Another patient in Gordon Hamilton Ward told us, “I’ve been told what was happening by the doctors and the chemo nurses, and about the side effects. The support I’ve received has been good. They’ve respected me and have given me privacy when I needed it”.

Throughout most areas of the hospital that we visited, patients and their relatives expressed that they were given lots of information about their treatments and the

choices available to them.

Patients and relatives consistently said they felt very involved in the treatment process and found the doctors and nurses were available to answer any questions they had.

Other evidence

Doctors and nurses told us about the assessment clinic sessions that are carried out with patients before elective (planned) treatment procedures. At these sessions, patient history is taken, the treatment process is talked through and patients have the opportunity to have any questions answered. Patients are told what to expect from the treatments, side effects, medication and who to contact if they have any problems.

We found that the hospital had computerised feedback stations in its ward areas, which were well positioned for people to access them, typically by the entrance / exit or in waiting areas. Patients, relatives and visitors could share their experiences of the services through the feedback stations. Managers told us that they received regular reports based on this feedback and were able to make improvements in response to issues raised.

We found that there was a variety of patient information displayed in the different areas we visited, such as visiting times, meals times and menus, staff boards, and health promotion materials tailored to the specialities of the ward area.

Patients told us they felt their privacy and dignity was respected. There was no mixed sex accommodation in the areas we visited. There were also designated male and female toilets and bathroom facilities that were easily accessible to patients.

Our judgement

People's privacy and dignity were respected, and their care and treatment choices were explained to them in a way they would understand.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us
Patients we spoke to throughout the hospital told us their consent was sought where it was required.

Where English was not the first language of the patient, an interpreter supported them in understanding the care and treatment to be provided.

Other evidence
The Trust has a consent policy, which is based on the Department of Health’s model policy. The consent policy and associated processes are regularly reviewed and audited. The Trust also told us that clinical staff receive training in consent as part of their induction, and then as the need arises. Training in capacity and incapacity is also included in safeguarding training.

We found that members of staff understood when consent was needed, and used the Trust’s consent forms for different treatments, which prompted them to discuss important aspects of treatment, such as side effects, with patients.

For patients who lacked capacity to make decisions, members of staff involved their families, the Trust’s social work department and / or a psychotherapist.

Our judgement
St Bartholomew’s Hospital has suitable arrangements in place to seek and obtain patients’ consent to care and treatment.

Outcome 4: 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

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

Our findings

What people who use the service experienced and told us
Care and treatment provided was well documented in patients' care plans and daily notes, which we saw members of staff referring to as needed.

We found that the members of staff were highly dedicated to their duties and were attentive to patients in the areas we visited. Some wards worked closely together, and patients were transferred between them as part of their care pathways.

The majority of patients we spoke to were very happy with the care, treatment and ongoing support received at St Bartholomew's Hospital. They spoke highly of the staff and the reputation of the hospital for providing excellent specialist care.

Among the many positive comments we received were "The care and attention is unbelievable. It's great." (Patient on Harvey ward); "I like it here. The doctor comes and sees me during dialysis or afterwards, they keep me up to date about transplants" (Patient on Smithfield Renal unit); "The medical treatment has been really good here, and there haven't been any delays in my treatment (Patient on Rahere Ward, 5B).

In some wards of the hospital we visited, some patients expressed frustration and anxiety at their procedures being delayed or rescheduled. Patients told us of such experiences particularly in Harvey and Henry Butlin Wards, and Radcliffe Day Unit.

We found that whilst some patients understood why their treatments were delayed, others were unclear about the reasons and were concerned and worried as a result.

Patients waiting for treatments on the Minor Injuries Unit also told us they felt they had had to wait for a long time, approximately 2 hours, without any members of staff coming to assess their conditions. Members of staff we spoke to in the Unit told us they worked to the A&E target of less than 4 hours wait for patients. We found no information about expected waiting times for patients in the Minor Injuries Unit. This information may have been helpful in setting patient expectations of the service.

Our judgement

St Bartholomew's hospital ensures patients experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights. However some patients experienced postponed and delayed treatments, without the additional support to understand when to expect their treatments.

Outcome 5: 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

There are minor concerns with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
Protected mealtimes were observed in most of the inpatient areas and the Trust has a 'red tray' system so that ward staff can more easily identify those patients who need special support at mealtimes. Where patients were at risk of poor nutrition, dehydration or had swallowing difficulties, we saw that nutrition assessments were carried out and dieticians were involved in their care.

Responses received from patients about the food at the hospital were varied. We found that most patients' enjoyed the food across wards and were complimentary about the range and quality of the food, but some patients didn't like the food or complained of not always getting the meals they ordered.

In the short stay surgical unit, Henry Butlin Ward, some patients we spoke to were not able to eat as they were waiting for operations, but understood the reasons why this was the case. Other patients who had had recent operations were happy about the food and said they were offered something to eat and drink after their procedures.

On the oncology wards, 5A and 5B, and the mixed specialities, Lawrence Ward, we found there were a higher proportion of patients on special diets or who needed help eating. On Ward 5A, we found that the lunch mealtime didn't seem protected, as per the Trust's policy. There were lots of visitors observed on the ward who were not assisting patients with meals, and members of staff were carrying out tests and observations on patients. We didn't observe lunch being served on Ward 5B but patients were fairly positive about the meals, their main complaint being not being

able to see the food first before they choose their meals. On Lawrence Ward, we saw that feeding tubes were used more than regular meals, but the regular meal options looked healthy and appetising, and we observed patients who were well enough to walk going to choose their own meals, whilst others who needed the help had their food brought to their bedside.

Other evidence

Where we observed lunch being served, there was a variety of meal options to meet patients' dietary and cultural needs.

The menus included symbols explaining if the food was suitable for vegetarian, gluten free, soft, low fat, high energy and gastro diets (for patients who had had gut operations). Halal and Kosher meals were also indicated.

There were hot meals options that included vegetables, and also a choice of sandwiches.

In the ward areas, patients had access to jugs of water and cups at their bedsides. Some patients also had their own drinks and snacks.

Our judgement

Patients are provided with food and hydration to meet their needs. However we found that protected mealtimes was not observed in one ward we visited. We also found evidence that some patients were not provided all the support they needed with making meal choices, and preferred options were not always available.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us
Patients and relatives we spoke to told us the hospital wrote to their GP about their treatments, and that they were provided with copies of these letters.

Patients also received post operative assessments, follow up appointments and check ups for a set period after their procedures at the hospital, or with community based teams local to their homes.

Other evidence
St Bartholomew’s hospital accepts specialist referrals and emergency cases from other hospitals. Patient referral information was received in most cases, and assisted hospital staff in carrying out pre-admission assessments. There was good information flows as patients received continued care across providers.

Members of staff told us that their ward clerks provided very good support with accessing and sharing patient information as part of the admission, transfer or discharge process.

In Lawrence Ward one patient expressed that they felt their discharge arrangements were not done properly when they were in the hospital recently at a different ward. The patient reported that his community based follow up appointment was delayed, and he felt this led to his readmission to hospital.

Our judgement

Overall we found that St Bartholomew's hospital had appropriate arrangements in place to ensure people receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services. However we found an example of where delays in care may have led to adverse readmission for one patient.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are minor concerns with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
None of the patients or relatives we spoke to raised concerns in relation to their safety at the hospital. People generally felt the members of staff were caring and good at their jobs.

Other evidence
Members of staff were clear about who they would speak to should any concerns about abuse arise. Members of staff told us they have a good support network of social workers and were able to seek advice from them, as well as escalate any concerns to managers.

Staff members told us that mandatory annual training sessions included the topic of Safeguarding. Some staff members who had completed a National Vocational Qualification (NVQ) Level 3 in Health and Social Care told us that Safeguarding was also covered as part of their training. A few staff members however said they had not received training in Safeguarding or were unfamiliar with the Trust's Safeguarding policy on the Smithfield Renal Unit and Ward 5A.

Our judgement
People who used the service felt safe and were protected from abuse or the risk of abuse. Staff understood how to recognise and respond to concerns in relation to safeguarding vulnerable adults. However we found that not all members of staff providing direct patient care confirmed that they had received training in safeguarding.

Outcome 8: Cleanliness and infection control

What the outcome says

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

What we found

Our judgement

There are minor concerns with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

Patients and relatives we spoke to told us they thought the hospital was very clean.

Patients were screened for infectious diseases, such as MRSA, on admission and there were arrangements in place to protect other patients from acquiring infectious disease, such as barrier nursing and caring for those infected in side rooms.

Other evidence

We saw hand cleansing gel dispensers fixed to the walls at entrances to wards, ward bays and single rooms. In some areas, there were also posters displayed about how to maintain hand hygiene.

Patients' bedding was regularly changed, and they had access to bathroom and shower facilities in the ward areas.

We found a few areas where improvements in cleanliness were needed, mainly in the older parts of the hospital buildings: in Harvey Ward, the male shower had a large pile of dirty laundry left on a chair, which was not removed in the time we remained on the ward (approximately 3 hours). In Ward 5B, a patient felt that the single toilet on their bay of 4 beds was insufficient, and was unhappy that visitors apparently used the toilet too. In Radcliffe Day Unit, we found that there were no hand gel dispensers or other hand washing equipment at the entrance and exit to the ward. In the treatment room, there was flaking paintwork around the base of the sink, the shower was dirty and the mattress on the treatment couch had a tear.

Our judgement

St Bartholomew's hospital has suitable arrangements in place to protect people against identifiable risks of acquiring health care associated infections. However, we found a few areas where improvements in cleanliness were needed.

Outcome 9: 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 9: Management of medicines

Our findings

What people who use the service experienced and told us

Patients told us they were able to get the medicines they needed, and that they had enough information about the medicines they received.

Some patients had their own medicines, which they were supported to take and store away safely.

Other evidence

The wards work closely with the hospital pharmacy to provide the required medication to patients as appropriate and suitable medication records were kept on the wards for patients.

Our judgement

St Bartholomew’s hospital has suitable arrangements in place for the obtaining, recording, handling, using, safekeeping, administration and disposal of medicines.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are minor concerns with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
Most of the patients we spoke to found the ward areas comfortable and clean. There are some older, worn areas on the hospital site, but those patient areas will be relocating to new areas of the hospital or to the Royal London Hospital site.

Other evidence
We found the ward areas to have restricted access, so only staff members with appropriate access rights could freely enter the ward areas.

The hospital site is undergoing major redevelopment as part of the Trust’s new hospitals programmes. We found that there was inadequate signage on the site to help people find their way around, and some patients and relatives told us they had had difficulties finding where they needed to go.

Patients told us that the members of staff at the main hospital and buildings reception areas were not always able to accurately direct them to their destinations within the site. We also found this to be the case when we requested assistance in locating a number of wards in the hospital site.

Our judgement
St Bartholomew’s hospital provides suitable premises for people who use services, but some patients and relatives found that there was inadequate building signage and location information on the hospital site.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us
Throughout the areas we visited, the equipment used for patient care was found to be available, suitable and well maintained.

Other evidence
Members of staff told us that they carried out regular equipment checks, and had access to a maintenance department who carried out any necessary repairs promptly and provided new equipment where necessary.

In Henry Butlin Ward and Smithfield Renal Unit, patients told us they would like to have access to a TV or a radio in the treatment area, as they were waiting for long periods of time for their treatments. TVs were in the Renal Unit, but they positioned at a high level, and difficult for patients to see. No other concerns were raised about equipment, medical or otherwise, in patient areas.

Our judgement
Suitable arrangements are in place to protect people who use services and others from the risks of unsafe equipment.

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

There are moderate concerns with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
On the Cardiac Day, Henry Butlin, Gordon Hamilton (5A) and Garrod Wards, staff members felt that there were enough staff on the wards and they didn't have problems with shortages. Where shift shortages did occur they found that they could fill them with the internal staff bank, or agency staff. On these wards patients were also satisfied with the staffing arrangements. For example on Ward 5A, patients described the staff as 'always available', 'very good and knowledgeable', 'caring'. One patient told us, "I was an unexpected short notice admission last night. Everything's been handled very calmly and smoothly by staff".

However we found that periodic shift shortages and / or vacancies were reported in Lawrence, Bodley Scott, Harvey, Radcliffe and 5B Wards. Due to the specialities of the wards, shortages were reported by staff and managers as being difficult to fill and the high dependency of some of the patients meant that members of staff had increased demands placed on them. For example, on the female oncology Ward 5B, members of staff told us that they sometimes experienced shift shortages that they found difficult to fill, even with approval to secure agency staff. The night shifts were reported to be particularly challenging, as only one healthcare assistant was on duty, which some staff members did not feel was enough.

In the Smithfield Renal Unit, staff told us that although they had enough staff, it was a real challenge if any sickness absence was taken as it was almost impossible to get cover, so they had to manage with a reduced number of staff.

Other evidence

The Trust's Performing for Excellence programme has led to some restructuring throughout all the hospitals in the Trust. Some of the staff members we spoke to were concerned about the security of their jobs, although none reported being at risk of redundancy.

We reported our findings regarding staffing levels to senior managers in the Trust at the end of our inspection, and they were aware of the concerns raised by members of staff. The Chief Nurse told us that following redeployment of 'at risk' staff to existing vacancies, any remaining nurse vacancies would then be recruited to.

Our judgement

We found that there were sufficient numbers of suitably qualified staff in some areas we visited. However we found evidence that some wards and departments had insufficient skilled staff available to provide cover for shift shortages.

Outcome 14: Supporting workers

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 competent staff.

What we found

Our judgement

The provider is compliant with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
Patients were generally very satisfied with the care and treatment they received, and praised the work of the staff teams at the hospital.

Other evidence
Members of staff confirmed to us that they took part in the Trust’s mandatory training on an annual basis. Topics covered in the mandatory training sessions included Safeguarding, Infection Control and Health and Safety.

Members of staff also receive annual appraisals where team and individual objectives were reviewed and evaluated. Although members of staff told us they took part in team meetings, these varied in degree of formality, from informal conversations during breaks to scheduled planned meetings, across wards.

Staff felt able to discuss any issues of poor practice with their colleagues and managers. While staff mentioned that the nature of their work generally meant they experienced some ‘standard work stresses’, they told us they felt able to cope.

Shift handover meetings were standard practice in all the areas we visited. This allowed shift teams to communicate so that there was continuity of care for patients across shifts.

Overall, members of staff told us they felt supported at work, and got on well with

their colleagues. Staff members on one ward reported feeling bullied and not getting the right support to develop in their roles. We communicated this isolated finding to the Trust who said they would address this matter immediately.

Our judgement

St Bartholomew's hospital has suitable arrangements in place to ensure members of staff are supported to meet their responsibilities in delivering safe care and treatment to patients.

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 did not ask people who use services about this outcome on this occasion.

Other evidence

Members of staff we spoke to were aware of the Trust's incident reporting system, which they told us was accessible via their intranet site. We found that arrangements were in place to report and investigate incidents, as well as share learning from such events.

We found that Real Time feedback stations were available throughout the hospital and people knew how to use them. Responses from the Trust's feedback stations were reviewed at Trust, hospital and ward levels. Senior members of staff told us they get the results via the intranet and provide feedback session to the members of staff on their wards, highlighting good practice and areas for improvement.

The Trust Board holds regular public meetings, providing the opportunity for staff, patients and the public to attend and to ask questions of its members. The Trust Board has overall responsibility for the strategic direction of the Trust, monitoring its performance against objectives, ensuring high standards of corporate governance and helping to promote links between the Trust and the local community.

Our judgement

St Bartholomew's hospital has arrangements to regularly assess and monitor the quality of services. The Trust identifies, assesses and manages risks to the health, welfare and safety of patients and others.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us
No patients told us they wanted to make any formal or informal complaints.

Other evidence
Some patients were aware of the complaints process, although they did not feel they wanted to raise any issues through the complaints process.

The members of staff were aware of the Trust’s complaints process, and said they tried to resolve any concerns and complaints locally. Where patients’ concerns could not be resolved locally, they were referred to the Trust’s formal complaints process and the Trust’s Patients Advisory Liaison Service (PALS).

Our judgement
St Bartholomew’s hospital has an effective system in place for identifying, receiving, handling and responding appropriately to complaints.

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 reviewed a sample of patient records and medication charts in most areas we visited. We found that comprehensive records of care and treatment were kept.

Members of staff were able to show us evidence of discussions which involved the patient, other healthcare professionals and their families or next of kin if appropriate.

Our judgement
St Bartholomew’s hospital keeps accurate and appropriate records in relation to the care and treatment of patients.

Action we have asked the provider to take

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
Treatment of disease, disorder or injury	14	5 (Meeting nutritional needs)
	<p>Why we have concerns: Patients are provided with food and hydration to meet their needs. However we found that protected mealtimes was not observed in one ward we visited. We also found evidence that some patients were not provided all the support they needed with making meal choices, and preferred options were not always available.</p>	
Treatment of disease, disorder or injury	11	7 (Safeguarding people who use services from abuse)
	<p>Why we have concerns: People who used the service felt safe and were protected from abuse or the risk of abuse. Staff understood how to recognise and respond to concerns in relation to safeguarding vulnerable adults. However we found that not all members of staff providing direct patient care confirmed that they had received training in safeguarding.</p>	
Treatment of disease, disorder or injury	12	8 (Cleanliness and infection control)
	<p>Why we have concerns: St Bartholomew's hospital has suitable arrangements in place to protect people against identifiable risks of acquiring health care associated infections. However, we found a few areas where improvements in cleanliness were needed.</p>	
Treatment of disease, disorder or injury	15	10 (Safety and suitability of premises)
	<p>Why we have concerns: St Bartholomew's hospital provides suitable premises for people who use services, but some patients and relatives found that there was inadequate building signage and location information on the hospital site.</p>	

The provider must send CQC a report about how they are going to maintain 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 within **7 working days** of this report being received.

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

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
Treatment of disease, disorder or injury	9	4 (Care and welfare of people who use services)
	<p>How the regulation is not being met: St Bartholomew’s hospital ensures patients experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights. However some patients experienced postponed and delayed treatments, without the additional support to understand when to expect their treatments.</p>	
Treatment of disease, disorder or injury	22	13 (Staffing)
	<p>How the regulation is not being met: We found that there were sufficient numbers of suitably qualified staff in some areas we visited. However we found evidence that some wards and departments had insufficient skilled staff available to provide cover for shift shortages.</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 within **7 working days** of this report being received.

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.

When making our judgements about whether services are meeting essential standards, we 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 or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement 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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